

Notice of Meeting



Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 23 November 2023 at 10.00 am
Room 2&3 - 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](#).
However, that will not allow you to participate in the meeting.

Membership

Chairman - Councillor Jane Hanna OBE
Deputy Chairman - District Councillor Elizabeth Poskitt

<i>Councillors:</i>	Nigel Champken-Woods	Nick Leverton	Freddie van Mierlo
	Jenny Hannaby	Mark Lygo	Michael O'Connor
<i>District Councillors:</i>	Paul Barrow	Katharine Keats-Rohan	
	Sandy Douglas	Lesley McLean	
<i>Co-optees:</i>	Siam Ahmed	Barbara Shaw	

Date of next meeting: 8 February 2024

Notes:

For more information about this Committee please contact:

Scrutiny Officer: Dr Omid Nouri

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Scrutiny Team Email: scrutiny@oxfordshire.gov.uk

Martin Reeves
Chief Executive

November 2023

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 - 24)**

To approve the minutes of the meeting held on 21 September 2023 and to receive information arising from them.

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.

To facilitate 'hybrid' meetings we are asking that requests to speak or present a petition are submitted by no later than 9am four working days before the meeting i.e., 9am on Friday 17 November. Requests to speak should be sent to omid.nouri@oxfordshire.gov.uk and scrutiny@oxfordshire.gov.uk

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

5. **Children and Young People's Emotional Wellbeing and Mental Health - Progress Update (Pages 25 - 78)**

Anne Coyle (Corporate Director of Children's Services); Ansaf Azhar (Corporate Director of Public Health & Community Safety); Daniel Leveson (BOB ICB Place Director, Oxfordshire); Caroline Kelly (Lead Commissioner- Start Well, Oxfordshire Health, Education and Social Care Joint Commissioning across Oxfordshire County Council and the BOB ICB); Donna Husband (Head of Public Health Programmes – Start Well, Public Health & Community Safety Directorate, Oxfordshire County Council); have been invited to present a report with a progress update on Children and Young People's Emotional Wellbeing and Mental Health.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

6. **Oxfordshire Child and Adolescent Mental Health Service (CAMHS) Update** (Pages 79 - 98)

Vicky Norman (Head of Service Oxfordshire CAMHS & Eating Disorders); Katrina Anderson (Service Director, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Directorate); Emma Fergusson (Associate Medical Director CAMHS Oxfordshire); have been invited to present a report with data and development updates from Oxfordshire Child and Adolescent Mental Health Services (CAMHS).

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

7. **Chair's Update** (Pages 99 - 106)

Cllr Hanna will provide a verbal update on relevant issues since the last meeting.

The Committee is recommended to **NOTE** the Chair's update having raised any relevant questions.

There are TWO key documents attached to this item:

1. The Letter sent on behalf of HOSC to the Secretary of State for Health on Dentistry Provision in Oxfordshire.
2. A document containing a response from the Department of Health to a letter sent on behalf of HOSC on Primary Care within Oxfordshire.

8. **Response to HOSC Recommendations** (Pages 107 - 122)

HOSC has received responses to recommendations made as part of the following scrutiny items:

1. Dentistry Provision in Oxfordshire.
2. Local Area Partnership SEND.
3. Oxfordshire Healthy Weight.
4. Health and Wellbeing Strategy.

HOSC has also received an additional progress update response to the following recommendation made to BOB Integrated Care Board in its November 2022 meeting as part of the Primary Care Item:

Specified roles are filled within the ICB with the primary responsibility to work with District Councils at Place Level to coordinate use of CIL funds held by the ICB and from executed Section 106 funds for Primary Care.

Progress Update Response from BOB ICB: We are delighted to say that we have managed to recruit a Primary Care estates manager who will have a key role in working with Districts in terms of planning for new housing developments. The successful candidate starts in December 2023. Unfortunately, recruitment was delayed due to lack of suitable candidates.

9. Healthwatch Oxfordshire Update Report (Pages 123 - 130)

Veronica Barry, Executive Director of Healthwatch Oxfordshire will present the Healthwatch update report. The Committee is invited to consider the report and **NOTE** it having raised any questions arising from the contents.

10. Oxfordshire Place-Based Partnership Update (Pages 131 - 140)

Daniel Leveson (BOB ICB Place Director, Oxfordshire) has been invited to present a report with an update on the Oxfordshire Place-Based Partnership.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

11. Wantage Community Hospital Update (Pages 141 - 176)

Daniel Leveson (BOB ICB Place Director, Oxfordshire); Lucy Fenton (Transformation Lead – Primary, Community & Dental Care Oxford Health NHS Foundation Trust); Susannah Butt (Transformation Director-Primary, Community and Dental Care, Oxford Health NHS Foundation Trust); Dr Ben Riley (Executive Managing Director-Primary, Community and Dental Care, Oxford Health NHS Foundation Trust); have been invited to present a report providing an update on the Public Engagement Exercise around Wantage Community Hospital.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

N.B A report detailing the recommendations of the HOSC Substantial Change Working Group is to follow and to be published as an addendum. The Committee is invited to consider this report on the Public Engagement Exercise around the future of the Hospital, and is recommended to **AGREE** to the following recommendations made by the Working Group:

1. Defer the decision as to whether the closure of beds at Wantage Community Hospital constitutes a Substantial Change.
2. Defer the decision on whether to refer to the Secretary of State for Health and Social Care the matter of the closure of beds at Wantage Community Hospital.
3. Agree an extra HOSC meeting to be scheduled in mid-January to make a final determination as to whether to make a referral to the Secretary of State is necessary in relation to the removal of beds at Wantage Community Hospital, and as to whether declare the removal of the beds as a Substantial Change.

12. Forward Work Plan (Pages 177 - 180)

To **AGREE** the Committee's work programme for the upcoming meetings throughout the remainder of the 2023/24 civic year, having raised any questions.

13. **Actions & Recommendations Tracker** (Pages 181 - 198)

The Committee is recommended to **NOTE** the progress made against agreed actions and recommendations having raised any questions.

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

- a) Any unpaid directorships
- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

Agenda Item 3

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

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

Present:

Voting Members: Councillor Jane Hanna OBE – in the Chair

District Councillor Elizabeth Poskitt (Deputy Chair)
Councillor Nigel Champken-Woods
Councillor Imade Edosomwan
Councillor Jenny Hannaby
Councillor Damian Haywood
Councillor Nick Leverton
Councillor Dan Levy
City Councillor Sandy Douglas
District Councillor Katharine Keats-Rohan
district Councillor Diana Lugova

District Councillor Lesley Mclean (virtual)

Co-opted Members: Siama Ahmed

**Other Members in
Attendance:**

Officers: Stephen Chandler (Executive director–People,
Transformation and Performance)
Anne Coyle (Interim Corporate Director for Children’s
Services)
Victoria Baran (Deputy Director for Adult Social Care)
Daniel Leveson (BOB ICB Place Director, Oxfordshire)
Rachel Corser (Chief Nursing Officer, BOB ICB)
David Munday (Consultant in Public Health)
Derys Pagnell (Consultant in Public Health)
Lily O’ Connor (Programme Director- Urgent and
Emergency Care for Oxfordshire)
Ben Riley (Executive Managing Director- Primary,
Community and Dental Care at Oxford Health NHS
Foundation Trust)
Lisa Glynn (Director of Clinical Services Oxford
University Hospitals Foundation Trust)
Sara Randall (Oxford University Hospitals NHS
Foundation Trust)

26/23 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

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

Apologies had also been received from Barbara Shaw.

27/23 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

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

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

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

28/23 MINUTES

(Agenda No. 3)

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

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

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

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

29/23 LOCAL AREA PARTNERSHIP SEND REPORT

(Agenda No. 5)

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

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

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

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

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

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

The Chair invited the registered speakers to address the Committee.

1. Statement by Terez Moore:

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

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

2. Statement by Kimberly Morgan:

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

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

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

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

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

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

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

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

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

Claire concluded by proposing some key recommendations which were:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30/23 REPORT ON OXFORDSHIRE HEALTHY WEIGHT

(Agenda No. 8)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

31/23 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

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

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

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

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

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

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

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

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

32/23 CHAIR'S UPDATE

(Agenda No. 6)

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

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

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

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

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

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

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

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

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

33/23 HEALTHWATCH OXFORDSHIRE UPDATE REPORT (Agenda No. 7)

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

The Executive Director of HWO made the following points:

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

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

34/23 OXFORDSHIRE HEALTH AND WELLBEING STRATEGY UPDATE (Agenda No. 9)

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

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

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

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

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

1. A lot had changed since the publication of the last Health and Wellbeing Strategy.
2. The occurrence of the Covid-19 pandemic had a significant impact on public health overall.
3. The cost-of-living crisis had also emerged since the previous version of the strategy, with significant implications on health and wellbeing.
4. The way the strategy was formulated was that it was an objective plan, built out of the Joint Strategic Needs Assessment (JSNA).
5. The Strategy also drew in the voices and experiences of residents and how they felt about the priorities around Health and Wellbeing.
6. The Integrated Care System's strategy also informed the wider Health and Wellbeing Strategy for Oxfordshire.

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

1. There was an ageing population in Oxfordshire.
2. There had been an increase in people living with long-term conditions.
3. There were more challenges with children being able to learn age 5.
4. There were unequal impacts relating to Healthy Weight
5. Challenges around loneliness had also increased.

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

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

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

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

1. That the report emphasised the wider determinants and building blocks of health, and that residents should increasingly recognise the importance of these blocks.
2. That there were challenges around inequalities, and that the strategy revolved around tackling such inequalities that could raise susceptibility to ill health.
3. That interlocking between partners in the Oxfordshire system was pivotal to the strategy's effectiveness and deliverability. Partners should perceive each other as cohesive elements of a system as opposed to operating as separate entities as much as possible.

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

1. The ICS strategy described the avenues of access to healthcare support and the ICB was committed to pursuing this.
2. The Joint Forward Plan outlines how the NHS would, in the next five years, work on reducing waiting times.
3. The work around the Primary Care Strategy would also help to improve access to primary care services for residents, which could help improve their overall health and wellbeing.

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

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

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

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

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

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

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

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

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

35/23 WINTER PLANNING

(Agenda No. 10)

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

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

1. There had been immense work with all Primary Care partners to develop a more integrated approach with additional resources added to help them manage frail or complex individuals in their own homes.
2. There was an OPEL (Operational Pressures Escalation Levels) framework and process that is utilised to assess whether existing demand is being met, with scorings from 1 to 4. The ICB was working with SCAS, Oxford Health, Oxford University Hospitals and the local patient transport service as part of this OPEL framework process.

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

1. There was a need to simplify the complexity for people to understand the services available to them.
2. Prevention was a key principle, to preclude surges of demand, both within the winter as well as in other seasonal periods.
3. Community services were being pulled together to ensure that there was one single team to call when patients require help, who could then arrange the appropriate response and prevent patients being passed around; this work was a key element of the projects around the single point of access.

4. There needed to be clarity regarding the right place to go when needing to be seen by a professional. People were finding it difficult to access care, walking into different services such as a minor injuries unit or Accident and Emergency, only to be informed that they have to go elsewhere for help after having waiting for several hours.
5. It was important that there were staffing resilience measures, and it might be necessary to think about how to pool and organise staffing on a wider scale to avoid abrupt closures of services caused by staff absences.

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

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

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

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

- 1.The number of people in an emergency department waiting to be seen.
- 2.The number of intensive care beds available.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Committee **NOTED** the above.

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

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

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

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

..... in the Chair

Date of signing

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Divisions Affected – N/A

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

23 November 2023

CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH – PROGRESS UPDATE

**Report by Corporate Director of Children's Services, ICB Place
Director for Oxfordshire and Corporate Director of Public Health &
Community Safety**

RECOMMENDATION

The Committee is RECOMMENDED to acknowledge the

1. Progress on the actions within the strategy and to support the continuation of the partnership working across the system.

Executive Summary

2. This report summarises the work completed to date on the development and implementation of the emotional mental health and wellbeing strategy and action plan.
3. The emotional mental health and wellbeing strategy has been developed within a preventative framework and identifies four key aims supported by objectives covering:
 - Provide early help and create supportive environments
 - Develop a confident workforce
 - Ensure positive transitions
 - Improve Access
4. The strategy is also embedded within the I-Thrive model of delivery of child and adolescent mental health services developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families.

5. The emotional mental health and wellbeing action Plan outlines key deliverable areas:
- Digital offer and directory of services
 - Family Learning and support programmes
 - Whole school wellbeing resilience programme
 - Development of system performance dashboard to track progress of the implementation of the action plan
 - 16-25 transition service
 - Training Programme for the children and young people's workforce
 - Wider determinants of health
6. Key progress so far will include the procurement of a digital app service designed to enable early access to support for children and young people's emotional mental health and wellbeing. Other areas of progress include work to develop an Oxfordshire whole school resilience framework; public health work on addressing the wider determinants of health that cover a diverse range of social, economic and environmental factors which influence people's mental and physical health e.g. school readiness and tackle the economic inequalities.
7. The report further outlines some of the constraints that will impact on delivering the emotional mental health and wellbeing strategy but also some of the opportunities for service transformation.

Background

8. Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care Partnership (ICP) are a group of organisations who plan and provide health and care services for the people who live and work in the local authority areas of Buckinghamshire, Oxfordshire and Berkshire's three westerly local authority areas of West Berkshire, Reading and Wokingham (known as 'Berkshire West'). Members include local NHS organisations and GPs, local authorities, public health, Healthwatch, care providers, voluntary and community groups, as well as academic and research partners. The Partnership wants to ensure that children and young people have the best possible start in life and that everyone can live a happy and healthy life for as long as possible.
9. The Strategy¹ for BOB includes an action to 'Improve emotional, mental health and wellbeing for children and young people'. Actions ² to achieve this include improving timely access and early intervention in universal care and support across our system. As well as developing a population health approach to identify and support CYP most at risk of mental ill health focusing on early intervention, early support and prevention.

¹ <https://www.bucksoxonberksw.icb.nhs.uk/media/2933/integrated-care-strategy.pdf>

² <https://www.bucksoxonberksw.icb.nhs.uk/media/2915/bob-joint-forward-plan-full-document-june-2023.pdf>

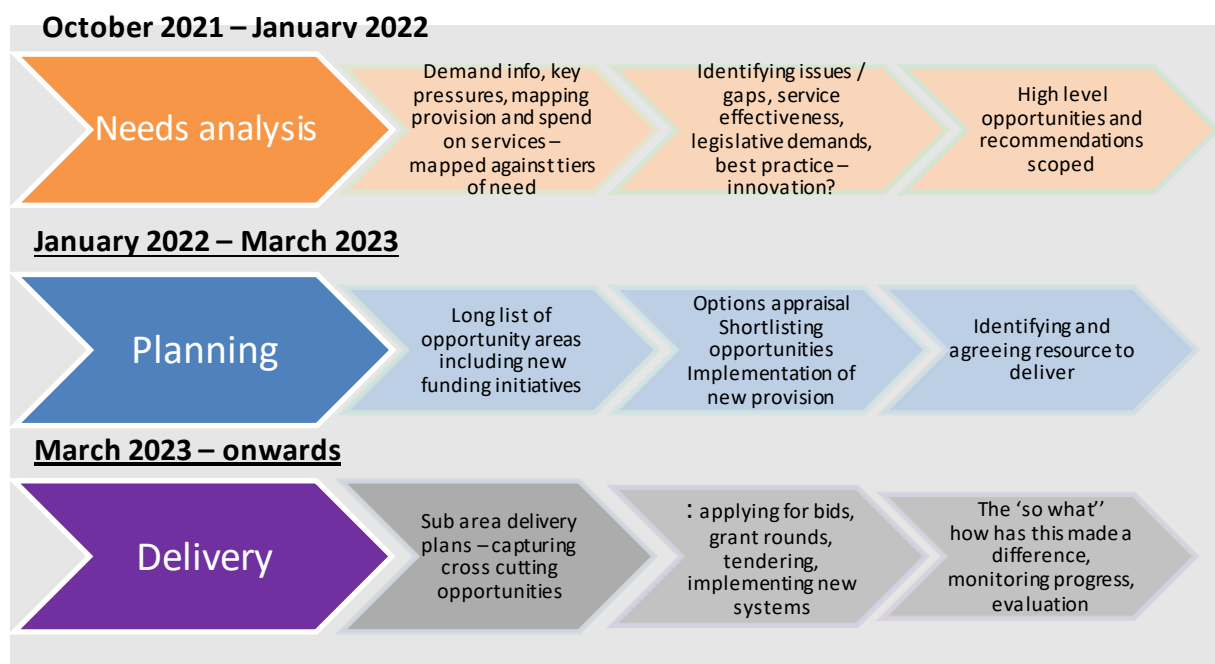
10. Oxfordshire County Council Strategic Plan 2023 - 2025 sets out its vision to lead positive change by working in partnership to make Oxfordshire a greener, fairer and healthier county. A priority within the plan is to 'create opportunities for children and young people to reach their full potential'. This includes an action to support the emotional mental health and wellbeing of children and young people by increasing the number of interventions in schools and places which young people frequent.
11. Oxfordshire's Children and Young People's Emotional Health and Wellbeing Strategy was presented at Health Overview Scrutiny Committee in June 2022 and with the Health and Wellbeing Board in December 2022. This report will provide an update on progress against the action plan.
12. The action plan³ and implementation of the strategy is overseen by the Oxfordshire Children and Young People's Emotional Wellbeing and Mental Health Board which means bi-monthly, alongside other key system partnerships as well as reporting progress to the Joint Commissioning Executive and Health and Wellbeing Board when requested.

Progress Update

13. At the June 2022 Health Overview Scrutiny Committee meeting, the Lead Commissioner reported that:
 - The planning phase (detailed below) of the development and implementation of the emotional wellbeing and mental health strategy was near completion. This process also included system partners, children and young people and parents and carers making recommendations to short list options to take forward to business case stage to implement the strategy and address the gaps in the system.

³<https://mycouncil.oxfordshire.gov.uk/documents/s63656/CYP%20emotional%20wellbeing%20promotion%20and%20mental%20ill%20health%20prevention%20strategy%20update.pdf>

Fig 1. key milestones chart



14. Engagement through the organisation of five focus groups with children and young people and parents and carers were organised to provide feedback on the options listed below. The focus group meetings took place throughout April and May 2022 with the following groups:

- ✓ 22 April – a focus group with 15 young people from the Sweatbox Youth Group in Wantage at the Buzz Café in Wantage.
- ✓ 5 May – an online focus group with 5 members of the Oxford Young People Advisory Group (YPAG) co-facilitated by the University of Oxford
- ✓ 11 May – two online focus groups with 10 members of the Oxfordshire Parent Carers Forum (OxPCF) co-facilitated by OxPCF
- ✓ 13 May – an in-person focus group with 3 Mental Health Ambassadors, part of the Mental Wealth Academy service, co-facilitated by Oxfordshire Youth
- ✓ Another focus group with has been organised for June 2022 with CYP who identify as LGBTQI+.

Options:

- A digital mental health platform for children and young people
- Enhanced integrated Single Point of Access (SPA)
- Interactive directory of mental health and wellbeing services
- Whole-school wellbeing and resilience programme
- 16-25 transition service(s) to support young people with their mental health who are being discharged from CAMHS and are not eligible for Adult Mental Health Services

- Family learning and support programme(s) to support children with neuro diverse conditions pre and post diagnoses
 - Training programme(s) for children and young people workforce in how to better support children and young people mental health and wellbeing
 - Young person's preventative mental health and wellbeing support – community Youth Offer
15. The Priority opportunities that were shortlisted by children and young people and parents and carers were as follows:
- Teacher training in MH and autism/ADHD training – needs to be mandatory
 - Digital support for CYP mental health
 - 16-25 transitions services
 - Family and Learning Support programmes
 - Single point of access (SPA) for all services
16. The feedback was shared with the system partners in a shortlisting session which took place 19 May 2022 that informed the opportunities that were finally short listed to business case stage which were as follows:
- A digital platform
 - 16-25 transitions service
 - Family learning and support programmes
 - Training programmes for the children and young people's workforce and whole school wellbeing resilience programme

Progress to date

17. Progress against the key milestones for finalising the strategy and action plan is detailed below.

Activity	Timeline
Finalise the action plan and deliverables for the strategy	November 2022 - complete
Deliver actions in the strategy including starting the activity on the action plan	From January 2023
Implementation and mobilisation of new services	From March 2023
Review impact and progress against priorities	Six monthly and on an annual basis

Progress against key areas of the strategy is detailed below:

The development of an emotional wellbeing and mental health strategy

18. The strategy focuses on both promoting emotional wellbeing, which can be understood as how people feel and function and deal with the ups and downs of everyday life, and on preventing mental ill health, which is defined clinically

and includes depression and anxiety, for example. It aims to take a public health approach to the emotional wellbeing and mental health of children and young people (aged 0 to 25 years old) which includes considering where people live, work, and play – the wider determinants of health – as well as access to services that provide support when needed.

19. The vision, aims, and objectives have been developed with input from a wide range of stakeholders in Oxfordshire including children, young people, parents/carers, and professionals from across the local public sector partnership including NHS, local authority, and voluntary and community sector colleagues and in response to a local gap and needs analysis.
20. The aims and objectives respond to specific challenges and opportunities in Oxfordshire in the context of increased demand for support for children and young people's wellbeing and mental health over the past five years, which was compounded by the COVID-19 pandemic. This is also mirrored nationally which shows an increase in prevalence over the last three years where one in six children and young people (5 to 16 year olds) have a probable mental disorder in 2020 compared to one in nine in 2017; additionally one in five 17 to 22 year olds have a probable mental disorder in 2020.¹ Applying this to the Oxfordshire population suggests there are 16,159 children aged 5 to 16 years old and 11,069 children and young people aged 17 to 22 years old with a probable mental disorder in the county.
21. Certain groups have been impacted more than others, such as those with a disability, those from less affluent backgrounds, those who identify as LGBTQI+, young carers, those from ethnic minority backgrounds, and young carers, and as an area we will focus resources to these groups to help tackle key local health inequalities.
22. The vision, aims and objectives are summarised below.

Vision

“All children and young people in Oxfordshire can achieve good mental health and wellbeing with access to the right support at the earliest opportunity when they need it. “

Aim 1: Provide early help and create supportive environments

Objectives:

- Improve the wellbeing and resilience of all children, young people, and families, including focusing on the wider determinants of health
- Targeted support to those with the most need to tackle local health inequalities
- Providing early support to everyone to prevent problems from getting worse

Aim 2: Develop a confident workforce

Objectives:

- Building capacity and confidence in the workforce to support children, young people, and families' wellbeing and mental health, and create supportive environments that are positive for wellbeing and mental health.
- Better understanding by the workforce of how and where to apply interventions and strategies to meet children and young people's needs and to ensure the workforce understand who to signpost and refer children and young people too to support their wellbeing and mental health.

Aim 3: Ensure positive transitions

Objectives:

- Building emotional wellbeing and resilience of young people aged 16 to 25 years old, including supporting recovery
- Children and young people have and are prepared for positive transitions between children and adult mental health services

Aim 4: Improve Access

Objectives:

- Increase the amount of support available across the County to children, young people, and families to promote positive wellbeing and support mental health problems
- Increase the range of options to include a mix of face-to-face, telephone, and digital support
- Support is easy to access via a single integrated pathway
- Children and young people get directed to the right place at the right time

23. The strategy is also embedded within the I-Thrive model of delivery of child and adolescent mental health services developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families (see figure 2)

Fig 2



- **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.
- **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.
- **Getting help:** This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support.
Getting more help: This group is a small number of children who may benefit from extensive intervention.
- **Getting risk support:** This grouping comprises those children, young people and families who will benefit from evidence-based treatment but remain a significant concern and risk.

Access to mental health support

HOSC question - Whether there is a single point of access that is available for a range of services related to children's emotional wellbeing and mental health.

24. The CAMHS Single Point of Access (SPA) is open 9-5pm Monday to Friday and accepts self-referrals, family/carer and professional referrals and is open for information, advice about services, where there are concerns about emerging mental health problems. The SPA will also offer consultation to families and other stakeholders. The SPA already signposts a large volume of referrals who are not eligible for support under CAMHS to the Voluntary and Community sectors and this process is working well.
25. The idea of expanding the remit of the CAMHS (SPA) was discounted due to the various ways that the voluntary sector operates and meeting the cost of the potential increased staffing resources required to triage and manage the increased volumes of referrals for all services. However, a directory of services will be included in the new digital peer support app for children and young people of secondary school age.

An Emotional wellbeing and mental health action plan

26. We have taken a partnership approach to the development and implementation of the action plan to deliver on the aims and objectives within the strategy. This is to ensure that we make best use of public resources and working within set budgets across the system.
27. The following workstreams have been established to deliver the strategy aims and objectives and were agreed with children, young people and parents /carers:
 - Digital offer and directory of services
 - Family Learning and support programmes
 - Whole school wellbeing resilience programme

- Development of system performance dashboard to track progress of the implementation of the action plan
- 16-25 transition service
- Training Programme for the CYP workforce
- Wider determinants of health

28. Leads have been assigned to each workstream supported by working groups that provide progress reports for the Emotional Mental Health and Wellbeing Board. A progress update is provided below on the implementation of the action plan.

Digital offer and directory of services

29. To deliver a three-year programme of early intervention digital mental health support for children and young people to use anonymously in secondary schools via the procurement of a digital counselling platform. It is recognised that digital solutions to early intervention support for mental health are likely to widen access to support and enhance opportunities for self-care. Early access to support for emotional mental health and wellbeing will have wide long-term benefits, including the potential to reduce long term costs associated with health and social care need.

Progress Update

30. The procurement of a 3-year digital app service commenced in August 2023 because of funding primarily identified by Public Health and the utilisation of a DfE grant awarded to Children's Social Care. The Invitation to Tender closed on 31st October 2023 and the evaluation process has commenced. Providing a successful bidder is identified, the contract is due to commence from 1st December 2023 and will include a period for mobilisation so that the new service commences from 1st April 2024.

Family learning and support programme(s)

31. This involves scoping out existing family learning and support offers and attendance rates across Oxfordshire and identifying gaps and linkages into the Family Hub development. We are also working with Oxford Parent Carer Forum to provide feedback on the quality of courses available and if these courses provide parents and carers with the skills that are required to be able to better care and support a child with mental health concerns.

Progress Update

32. A survey questionnaire has been sent to 64 providers of family and parenting courses. Currently 15 completed questionnaires have been returned. An analysis of the returned questionnaires indicates the following:

- The most popular courses accessed are in relation to family links - supporting parents with children with challenging behaviours and talking teens - managing and supporting teenagers. Attendance at these courses totalled 253.

- Courses focusing on early years to primary school age have been the most popular
- Courses being accessed the most are provided free of charge primarily through a mixture of face 2 face and online.

Once all survey questionnaires have been returned then a more detailed analysis will be undertaken to identify the gaps in service provision.

33. Oxford Health School In-Reach Team⁴ is holding several webinars for parents to share how to support children and young people with some of the commonly seen emotional and mental health concerns. The first was on anxiety in October and topics in November and December include supporting young people who self harm, teenage anxiety and talking to distressed young people, low mood.

Whole-school wellbeing and resilience programme

34. Whole-school approaches to wellbeing and supporting children and young people with their mental health to be rolled-out to primary and secondary schools this will be based on the I-Thrive model whereby services will be mapped according to the tiers of need on the I-Thrive model, this has proved to be successful for schools in London and Surrey whereby they were able to clearly list available resources at each tier and make recommendations for improvements to be developed to address gaps and inequalities. Interventions include focusing on developing social, emotional and mental health literacy skills and instilling good behaviours in children and young people along with having a directory of resources to involve when children's needs escalate.

Progress Update

35. A working group has been established to review frameworks to be used to benchmark schools' ability to support children and young people with their emotional mental health. It has also been agreed that a survey questionnaire to be sent to all Oxfordshire schools in order to understand any frameworks that are being used by schools to build on an Oxfordshire wide school resilience framework and to understand what mental health training schools are accessing and the impact this having on children and young people's mental health.

36. On the 2nd November 2023 an I-Thrive event led by CAMHS colleagues with the Anna Freud Centre completed a system wide I-Thrive benchmarking exercise. This information will be used to build on any chosen framework across the Oxfordshire system.

⁴ [Parent webinars | Oxford Health CAMHS](#)[Oxford Health CAMHS](#)

Development of system performance dashboard

37. This involves creating system wide measures to evaluate the effectiveness and the impact of the strategy against achieving its aims and objectives. With the aim of demonstrating how services are working to reduce demand into acute mental health services. Therefore, system wide metrics will be developed based around the I-Thrive model and impact measures will be drawn from:

- The Office for Health Improvement and Disparities' (OHID) [Children and Young People's Mental Health and Wellbeing Profiling Tool](#),
- System key performance indicators, that track outcomes, spend, referral pathways, service outputs, and inequalities data.
- asking children and young people, by using qualitative evaluation methods such as storytelling, case studies, and 'mystery shopping'.

Progress Update

38. Initial draft metrics against each pathway of the I Thrive model (Getting Advice, Getting Help, Getting More Help and Getting Risk Support) have been identified covering volume, flow and effectiveness across key service provision areas (CAMHS, OCC, the Provider Collaborative and voluntary sector). The next stage is compiling a dashboard of existing metrics from the current Oxford Health CAMHS performance digest once reporting is resumed following the cyber-attack.

16 to 25 year old transition service(s)

39. The purpose of this area of work is to review the services available for those young people that are not eligible for accessing adult mental health services who were previously accessing CAMHS.

Progress Update

40. As part of the transformation work with Adult Mental Health Services a series of in-person leadership program workshops were conducted across system partners in May-August 2023 which included a series of SPRINT workstreams on specific issues identified in the system. Transitions was a specific SPRINT workstream to support the transformation of both CAMHS and Adult Mental Health Services with a particular focus on three areas covering: the experience of 16+ transition to adulthood, workforce skills and knowledge and models of practice. The outputs from this piece of work will feed into a wider proposal of an all-age mental health services. Oxford Health are leading on the transformation of these services.

HOSC question - The process and efficacies around transitions.

The degree to which transitions from primary to secondary schools are handled sensitively and incrementally.

41. As children approach 5 years of age, a review of their records is undertaken by the Health Visiting Service, to identify vulnerable children who will need support as they transition over to the School Health Nursing (SHN) Service. All parent/carers of children who enter Reception Class receive a leaflet outlining the SHN service and an offer of a health review. From April 2024, there will be a new 4yr old universal review, before children start school and will highlight any areas of concerns that need to be addressed and give the child and the family more time to prepare for school.
42. Vulnerable children who are approaching transition from primary to secondary school, are known to the primary SHNs and they will link with the appropriate secondary SHN to ensure that these children are supported during the transition. The primary SHNs link with the Mental Health Support Teams around PSHE for transitions. The SHNs and HVs workforce have received trauma informed practice training and receive 6 weekly supervision from CAMHS. The Oliver McGowan Training on Learning Disability and Autism has also been added to the mandatory training of all staff.
43. In relation to transition from CAMHS to Adult Mental Health Services (AMHS), Oxford Health Foundation Trust Adult Mental Health Services have realigned their services, using primary and secondary care criteria. All transitions from CAMHS referrals go to the transitions panel and are discussed with the CAMHS transitions Manager and Adult Mental Health Team (AMHT) managers who can ask for further detail or decline the assessment. They will also support CAMHS in sign posting to other external services for post 18, which in Oxfordshire we call 'bridging the Gap' for young people.
44. There is an ADHD AMHT pathway which does not need to come to transitions panel, instead, the referral goes directly to the GP who will liaise as and when needed with the ADHD AMHT clinic. Kingswood is for post 18 ASD support and is not accessed via the AMHT, but referrals can be made by the patient or family/ carers / Children We Care For teams.
45. Referral to primary care is accessed through the AMHT via the transitions panel and is managed by Keystone Hubs mental health and wellbeing support. Referral to secondary care is for a more complex organic diagnosis.
46. Not all young people who come to the transitions panel will be eligible for the AMHT. Currently, only approximately 10% will not meet the threshold for referral into the AMHT.
47. What is noticeable is that the majority of CAMHS patients are being referred and signposted to the complex needs service which is in the primary care

sector of the AMHT. This is for ongoing work in dysregulation/emotional unstable personality disorder related to complex trauma.

Wider determinants of health

48. The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. The quality of the built and natural environment such as air quality, the quality of green spaces and housing quality also affect health. Educational attainment is linked to health behaviours and outcomes throughout a person's life and varies considerably by socioeconomic position.

Progress Update

49. **School Readiness:** The Early Years dashboard within the 2023 [Oxfordshire JSNA](#) shows that over 87.2% of the 86 middle level super output areas are rated red or amber for the indicator 0-4 years, Speech Language and Communication needs. Early language acquisition impacts on all aspects of young children's development. It contributes to their ability to manage emotions and communicate feelings, to establish and maintain relationships, to think symbolically, and to learn to read and write. Oxfordshire County Council is committed to delivering a joint initiative between Early Years and Public Health to target speech and language communication to children before they go to school. This proposal also includes the development of a graduated response with a particular focus on narrowing the gap for children in areas of disadvantage. This forms part of the work of the Oxfordshire Early Language Pathway Group.
50. **The Oxfordshire Inclusive Economy Partnership (OIEP)** is working together in partnership to tackle the economic inequalities and are working to create opportunities for all people in Oxfordshire, making use of everyone's potential, so that we can all benefit from Oxfordshire's success. The partnership has developed a Charter which is a way for employers to demonstrate support for and commitment to making Oxfordshire a fairer and more inclusive place to live and work. The partnership has 4 working groups focusing on education attainment, place shaping, inclusive employment and social value procurement which contributes to improve the health and wellbeing of children and young people and local communities.
51. There are also other initiatives underway in local communities following the publication of Community Insights Profiles⁵. These include projects such as Oxford Clothes Hub which provides families with second hand clothing to improved self-esteem and wellbeing, providing support to Saturday Club and Wellbeing activities in The Leys. Reading support in primary schools and setting up physical activity sessions in Abingdon. Good Food Oxfordshire are also delivering food poverty training to leaders of frontline organisations from each

⁵ <https://insight.oxfordshire.gov.uk/cms/community-insight-profiles>

District area. This training will then be cascaded to frontline staff and volunteers who are working with people experiencing food insecurity. There is also a project where air quality is being monitored outside a selection of primary schools across the county and this is being delivered in conjunction with Travel Plans and School Streets Initiative.

Training programme(s) for the children and young people's workforce

52. The aim is to identify resources to ensure frontline staff across all our services (social care, health, education) are trained in the early identification of and can support mental health issues and provide appropriate support and signposting.

Progress Update

53. Public Health have commissioned Oxfordshire MIND to deliver a comprehensive and co-ordinated all-ages Mental Health and Suicide Prevention Training offer in Oxfordshire for professionals and volunteers. The training will be targeted around unmet need and equip people with the knowledge and skills they need to help their families, friends and individuals that they work or volunteer with. A Mental Health Aware Network/Community of Interest will also be established to embed learning and facilitate peer-to-peer support. This was an area of action from the Prevention Concordat for Better Mental Health and Oxfordshire's Suicide Prevention Strategy.
54. **Making Every Contact Count (MECC)** Training has been delivered to primary schools and early years settings. It is an approach that uses evidence-based behaviour change techniques to help everyday conversations with people to improve their health and wellbeing. Key issues being raised in these training sessions by attendees include food banks, housing, cost of living, sleep routines for children.

Other training Initiatives

55. The Department for Education⁶ is offering a grant of £1,200 for eligible state-funded schools and colleges in England to train a senior mental health lead to develop and implement a whole school or college approach to mental health and wellbeing. This training is not compulsory, but it is part of the government's commitment to offer this training to all eligible schools and colleges by 2025. The latest figures show take-up across Oxfordshire is 55%, compared to 62% across South-East, and approximately 60% nationally. We are keen to encourage further take up of the grant across the county, as having a trained senior mental health lead in a setting plays an important role in the whole school/college approach and therefore the mental health and wellbeing support available to children and young people. This is a great opportunity for schools and colleges to access funded training which offers full flexibility to meet the

⁶ <https://www.gov.uk/guidance/senior-mental-health-lead-training>

needs of the individual setting. We will continue to promote this opportunity locally.

56. The Department for Health and Social Care have also produced resources⁷ for education settings for staff to teach mental wellbeing topics to both primary and secondary students, with flexible, ready-to-use content co-created with teachers and young people.

57. Mind-Ed⁸ is a free, multi-professional online training resource on the mental health of children, young people, adults and older people, developed by Health Education England in partnership with the NHS and professional bodies including Royal College Psychiatry and Royal College of Paediatrics and Child Health. It includes sessions on a number of topics relevant to early years mental health as well as a specific public mental health training module.

HOSC question - Details of any extended elements of basic Mental Health First Aid training that could be part of the core curriculum for all school staff, as well as other relevant support services which work within schools or with children.

58. As stated in the roll out of the training for CYP workforce workstream MIND will be delivering training to staff working with people of all ages to better support them with their mental health. Training recommendations for schools to adopt will also feature in the benchmarking of the I-Thrive model under the Wellbeing and School Resilience workstream. The Anna Freud centre has developed a range of free training⁹ for school staff which is actively promoted to schools via Schools News.

Identified funding sources to deliver the prioritised opportunities

HOSC question - Details on whether it is felt that there is sufficient funding and resource allocated towards Children's emotional wellbeing and mental health

59. Funding has been made available from Public Health for a range of actions on the action plan as detailed in the progress section. There will be a need to invest in more early intervention and prevention services along with statutory services which is being addressed in the SEND Priority Action Plan (PAP) following the OFSTED inspection in July 2023. This will particularly benefit the school resilience, parenting courses and transitions workstreams which are all a priority on the PAP.

Further collaborative work with system partners

HOSC question - The level of engagement that has continued with Children and Young People as well as their parents/carers.

⁷ <https://campaignresources.phe.gov.uk/schools/topics/mental-wellbeing/overview>

⁸ <https://www.minded.org.uk/>

⁹ [Training in Schools \(annafreud.org\)](https://www.annafreud.org/training-in-schools)

60. Engagement with children and young people, parents and carers continue to be a priority for implementing the aims and objectives of the emotional wellbeing and mental health strategy. Plans are in place to involve children and young people, parents and carers in the “doing and reviewing” stages of the commissioning cycle and this includes working with Oxford parent carer forum to review the outputs of the parenting courses delivered across the County. Whilst it was not possible to involve children and young people and parents and carers in the procurement of the digital app service due to constraints in procurement regulations, they will be involved in all future service reviews and implementation of the action plan.

HOSC Question - *The degree to which there has been further/continued collaborative work between Children’s Services and Public Health to improve Children’s emotional wellbeing and mental health.*

61. This needs to be a whole system approach with all organisations working in partnership. A single organisation, initiative or project will not achieve the strategy on its own.
62. A recent report from Royal College of Psychiatrists¹⁰, ‘Infant and early childhood mental health: the case for action’ October 2023 highlights that the mental health needs of babies and young children under 5 are intimately linked with their general health and wellbeing, and are most effectively met by a multi-disciplinary, multi-agency approach which considers a child’s development in the context of their relationships with primary caregivers and the wider environment. There are a number of interventions already in place in Oxfordshire that will continue to support parents and identifying needs early through the Health Visiting Service and the Specialist Health Visitors in Perinatal and Infant Mental Health, Family Nurse Partnership, Early Help and Family Solutions Plus Model which will promote attachment between parent and baby as attachment difficulties are associated with mental health problems throughout childhood and adolescence.

Constraints and Opportunities

Constraints

63. Data and information presented in the emotional wellbeing and mental health strategy highlighted a local growing trend in increased need and access for mental health support and services. For example, over a four-year period from 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:

- +83% for people aged 0 to 9 years

¹⁰ https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr238--infant-and-early-childhood-mental-health.pdf?sfvrsn=1d8d5efd_12&utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=NEWSL_HMP_Lib

- +58% for people aged 10 to 19 years
- +36% for people aged 20 to 24 years
- +22% for people aged 25 years and over.

64. In 2020/21 there was an increase in both demand and acuity – meaning an increase in the severity of the presenting illness. In 2021, Oxfordshire had a higher proportion of all school age pupils with social emotional and mental health needs (3.25%) compared to the England average (2.79).

65. This pattern of increased need and demand continues to be identified in the Joint Strategic Needs Assessment (JSNA) 2023 for Starting Well:

- Oxfordshire continues to have a higher than average proportion of pupils with Special Educational Needs (SEN) support, although the gap with England has narrowed
- The number of mental health referrals for young people has increased significantly
- Similar to the national trend (4.2% for boys), Oxfordshire has an increasing percentage of children with social, emotional, and mental health needs, with a higher prevalence in boys (4.8%).
- Between 2020-21 and 2022-23, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 23% for people aged 0-4
- The proportion of pupils with autism was above the England average in Oxfordshire's state-funded secondary schools (2.7% compared with 1.8%), however, the total prevalence (all schools) is similar.
- The number of Children Looked After (CLA) in key stage 2 with SEN support and with Autistic Spectrum Disorder was 9 percentage points above the percentage for England (16% in Oxfordshire vs England 7.3%).

OxWell Survey¹¹

66. In the 2023, 7,206 students in years 5 to 13 took part from 13 primary schools, 15 secondary schools and 3 Further Education colleges. Separate reports have been generated for each of the primary schools, secondary schools (years 7 to 11) and sixth forms/colleges who participated. The overall OxWell Student Survey collected data from February - March 2023; 43,734 students took part in the survey from 105 primary schools, 70 secondary schools and 10 Further Education colleges across six different regions in England – Berkshire East, West Berkshire, Liverpool, Milton Keynes, Sandwell and Oxfordshire.

67. Early results

- 1 in 4 regularly skip meals because of weight concerns
- 1 in 3 have a problem with sleepiness
- 18% often feel lonely
- 1 in 4 often feel sad or empty
- 1 in 5 asked for support from a parent/carer and most found it helpful
- Most of those who turned to a friend (in person) found it helpful

¹¹ <https://oxwell.org/2023-results/>

- 1 in 10 asked a school counsellor/nurse for help and over help found it helpful

Workforce challenges

68. There continues to be recruitment challenges for the local community CAMHS which is not dissimilar to the other CAMH services across the BOB ICS footprint. At the start of 2022, BOB concluded a detailed review of workforce challenges which showed recruitment to getting more help services, crisis and T4 inpatient services to be of particular concern. A key BOB project is to develop a CAMHS Academy to expand workforce and assessment capacity for the CAMHS and neurodevelopmental pathways.

Financial Challenges

69. It is noted that both the ICB and Oxfordshire County Council Children services have significant financial challenges and any new investments into service provision will require the reallocation of funding from within the system.

Opportunities

70. The Healthy Child and Young Person Public Health Service will provide an integrated 0-19 years public health service across Oxfordshire will include the mandated developmental reviews for 0-5 years and nationally recommended contacts for 0-19 years, a Family Nurse Partnership (FNP) programme, Vision Screening for 4–5-year-olds, the National Child Measurement Programme (NCMP), and a Personal Safety/Protective Behaviours programme. This new service will become operational from 1st April 2024, it will be needs led with a 'Think Family Approach' and will feature service improvements that include an additional universal school readiness review at age 4 years, a targeted focus on transitions, bringing Home Start into the service delivery offer to provide targeted support, and having a single point of access for families and young people.

71. Emotionally School Based Avoidance Project Oxfordshire MIND are working alongside Primary Care Networks to support children and young people supported aged 7-17 yr olds who fall into the category of 'Emotionally Based School Avoidance (EBSA).' Emotionally-based school avoidance is a term referring to reduced or nonattendance at school by a child or young person and rather than the term 'school refusal', the term EBSA recognises that this avoidance has its root in emotional, mental health or wellbeing issues¹². The project involves an initial assessment and then 5 short sessions with a trained

¹² <https://www.annafreud.org/resources/schools-and-colleges/addressing-emotionally-based-school-avoidance/#:~:text=Emotionally-based%20school%20avoidance%20is%20a%20term%20referring%20to,2022%20Attendance%20Audit%20from%20the%20Children%E2%80%99s%20Commissioner%20>

CYP Wellbeing Worker to hear what support a child or young person needs and develop a wellbeing toolkit with them. Supported Self-Help has been developed with young people and their trusted adults and can be delivered in a GP Surgery or community setting. In Oxfordshire it is currently being delivered from 5 Primary Care Networks, (Bicester, Banbury Alliance, Didcot, Kidlington, Islip, Woodstock, Yarnton and Wantage), working with 7-17 year olds and their trusted adults.

72. **Oxford Health CAMHS Service** hosted a whole system engagement event on 2nd November 2023 facilitated by the National **I-THRIVE Programme** and completed a self-evaluation for system change, identifying good practice already happening locally as well as looking at opportunities to work more effectively across all sectors going forward. The National I-THRIVE Programme¹³ is working with over 70 areas in England to improve services for children and young people's mental health. It is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

Service Transformation

73. It is acknowledged that with new financial resources being extremely limited across the local system opportunities to improve services will have to be because of service transformation and increased partnership/multi-agency working. This will involve e.g. learning from system wide service partnerships such as the Thames Valley Link Project that is providing multi-agency support for the most vulnerable children and young people with complex needs across multiple domains between the ages of 0-18 across the Thames Valley region. The aim being to work with professionals across all settings to provide care that is integrated, trauma-informed and systemic.
74. The Oxfordshire based team went live on 12th December 2022 and have worked with 170 cases up to October 2023, and are offering advice, consultation, assessment and direct interventions. Berkshire team are due to go live January 2024 and Buckinghamshire are due to go live November 2023.
75. Special Education Needs and Disability (SEND) also provides further opportunities for service transformation and early intervention to improve outcomes for children and young people. Stakeholder views in relation to mental health in The Oxfordshire Education Commission 2023 report highlighted that there was a "lack of early diagnosis of needs as well as long waiting lists and high thresholds to access specialist support, including CAMHS". The report also highlighted the need to take a more "preventative, early intervention approach" to achieve better outcomes and the lack of understanding and training around the impact that trauma can have on young people's development and lives."

¹³ <http://implementingthrive.org/>

SEND Priority Action Plan

76. In July 2023, during the Local Area inspection, OFSTED and CQC identified five priority actions and four areas for improvement which are required to be addressed in the Priority Action Plan (PAP). Oxfordshire is awaiting approval from the DfE to begin implementing the system wide task and finish groups which will address the actions in PAP.

Corporate Policies and Priorities

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

Inequalities

- Tackle inequalities in Oxfordshire.

Health and Wellbeing

- Prioritise the health and wellbeing of residents.

Social Care

- Support carers and the social care system.

Children and Young People

- Create opportunities for children and young people to reach their full potential.

Financial Implications

78. There are no financial implications to content of the report at this stage. Detailed financial implications will be identified as part of the finalisation of business cases when required for specific workstreams in the action plan.

Legal Implications

79. There are no legal implications to the content of the report at this stage. Legal colleagues have been engaged to ensure compliance with the Contract Procurement Regulations in respect of the commissioning of the mental health digital app.

Staff Implications

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

Equality & Inclusion Implications

81. One of the primary aims of the emotional wellbeing and mental health strategy is to reduce health inequalities in a range of priority groups. The views and input from the main beneficiaries of the content of the report – children, young people and families continue to be sought as the development of the work.

Sustainability Implications

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

Risk Management

83. There is a risk that gaps will not be met causing further detriment to children and young people, however this is being addressed through the Emotional Mental Health and Wellbeing Board and SEND PAP following the OFSTED inspection.

Corporate Director of Children's Services
ICB Place Director for Oxfordshire
Corporate Director of Public Health & Community Safety

Contact Officer

Caroline Kelly
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Annex:

Background papers: Emotional Mental Health and Wellbeing Strategy 2022



CYP WBandMH
strategy Oxfordshire

Oxfordshire's Better Wellbeing and Mental Health Strategy for Children and Young People

2022 to 2025

Foreword

In Oxfordshire we want to make it everyone's business to support children and young people to achieve good mental health and emotional wellbeing whether you are a parent, carer, young person, friend, practitioner, commissioner, or service provider. To this end, our emotional wellbeing and mental health strategy for children and young people outlines our vision, priorities and plans based on the principles of taking a preventative approach and involving young people, families/carers and local service providers in its development and delivery.

We are aspiring to put children and young people at the centre of the decision making around their own mental health and emotional wellbeing and that is why the strategy is embedded within the i-Thrive model of delivery of child and adolescent mental health services. By taking this approach, we hope to provide a solid foundation for all Oxfordshire children and young people to be able to realise their ambitions but also to address their own challenges through access to appropriate and timely support.

1. Executive Summary

This vision for this strategy is to ensure that all children and young people in Oxfordshire can achieve good mental health and wellbeing. It aims to take a public health approach to the emotional wellbeing and mental health of children and young people which includes considering where people live, work, and play – the wider determinants of health – as well as access to services that provide support when needed.

The strategy focuses on both promoting emotional wellbeing, which can be understood as how people feel and function and ensuring that services are working together to reduce the likelihood of people needing support for mental health difficulties such as depression and anxiety.

In developing the strategy, an analysis of local need has demonstrated that children and young people's emotional wellbeing and mental health needs has been increasing over the past five years, which was compounded by the COVID-19 pandemic.

From our recently published Mental Wellbeing Needs Assessment we know that things such as body image and appearance, loneliness, bullying, social media, struggling to concentrate, worries around money, and sleep, are all issues that our children and young people are concerned about and are experiencing and that impact on their wellbeing.¹

¹ Oxfordshire [Mental Wellbeing Needs Assessment](#)

Nationally, one in six children and young people (5 to 16 year olds) have a probable mental disorder in 2020 compared to one in nine in 2017.² Our local needs assessment shows us that this has impacted certain groups more than others, such as those with a disability, those from less affluent backgrounds, those who identify as LGBTQI+, those from ethnic minority backgrounds, and young carers, and as an area we will focus resources to these groups. The strategy will take a data-driven proportionate universalism approach working to improve the health of all children and young people while targeting resources at the most disadvantaged groups, to help tackle key local health inequalities.

The pandemic restricted children and young people's access to many services in person that support wellbeing and mental health and restricted positive social activities that they would usually build into their everyday lives. This has contributed to an increase on demand for statutory and non-statutory services, often during times of crisis. Services are still in recovery from the pandemic and some services in the voluntary and community sector have sadly not survived leaving gaps in provision and an inability to meet needs earlier and prevent crisis.

However, the pandemic has also brought about new opportunities to support children and young people's wellbeing and mental health in different ways, such as receiving services and support digitally.

The strategy will seek to build on the success of the innovative and creative ways of working in universal and targeted services. It will also build upon the current approaches within Oxfordshire that seeks to address the wider determinants of health which in turn create the conditions for good mental health and wellbeing, such as access to green spaces, poverty, or housing – and that children and young people can access support easily to meet their needs in a timely way. The strategy will be used to inform early intervention strategies and services to ensure that services work together to support families, children and young people so that they can be empowered to improve their resilience and wellbeing and to help prevent the onset of mental health difficulties.

2. Introduction: what influences our health and wellbeing

The World Health Organization defines mental well-being as relating to an individuals' ability to cope with everyday stressors of life, contribute to their local community, work productively and achieve their full potential.³

The terms mental health and mental wellbeing do not necessarily always refer to the same thing. Mental health is profoundly important to growth, development, learning and resilience. Mental wellbeing is a valuable resource for individuals, families, and communities. It is associated with better physical health, positive interpersonal relationships, and socially healthier societies. It helps people to achieve their potential,

² [Mental Health of Children and Young People in England, 2020 - Wave 1 follow up to the 2017 survey](#)

³ WHO. Strengthening mental health promotion. Geneva, World Health Organization, 2001: Fact sheet, No. 220

realise ambitions, cope with adversity, work productively and contribute to their community and society.⁴

As with other health outcomes, our mental health and wellbeing is determined by a complex mix and interaction between our biology, which includes our genes and the ways they are expressed, our environment, such as the places where we are born, live, work and age, and our personal experiences.⁵

Inequalities in health are largely due to inequalities in society. It is the unequal distribution of the social determinants of health, such as education, housing, and employment, which drives inequalities in physical and mental health, although the mechanisms by which this happens can be complex and inter-related. Disadvantage can start even before a child is born and can accumulate over time and impact on future generations. Factors include:

- adverse childhood events such as being a victim of abuse
- insecure or poor-quality housing
- poverty
- traumatic events
- insecure, poor working conditions and unemployment
- children facing multiple risks have a heightened risk of multiple and sustained childhood mental health difficulties.⁶
- Being a member of a protected characteristic group

Our approach recognises that there are a number of social, environmental, physical and economic enablers that promote better mental wellbeing and mental health, and these take place in a variety of settings across the life course (this is illustrated in figure 1 below).

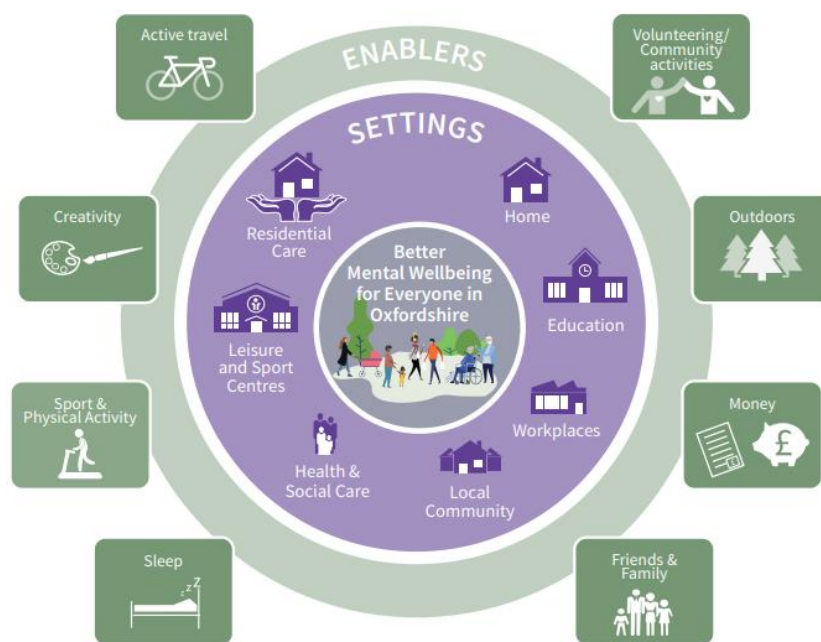
Figure 1: Enablers and settings that can help support good wellbeing and mental health in Oxfordshire⁷

⁴ Better Mental Health For All: A public health approach to mental health improvement, Mental Health Foundation, 2016

⁵ [MHF Prevention Report ONLINE-VERSION.pdf \(mentalhealth.org.uk\)](#)

⁶ [PHE: Health matters: reducing health inequalities in mental illness, December 2018](#)

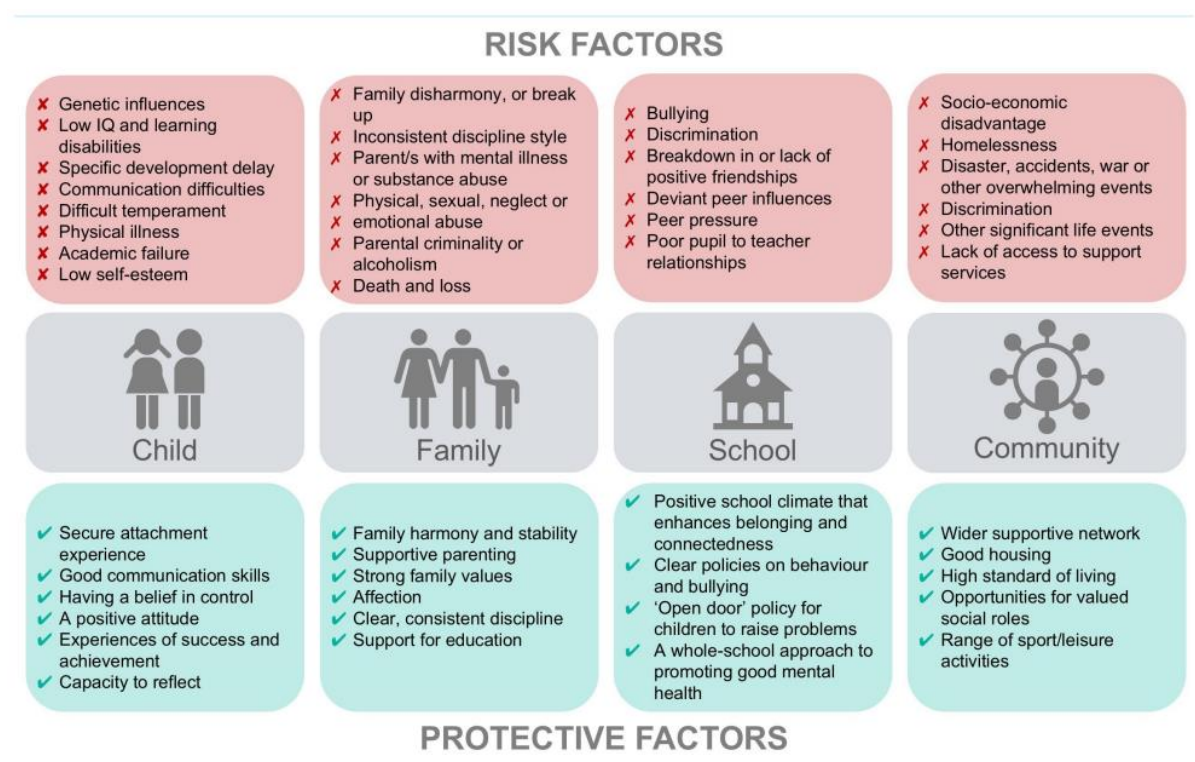
⁷ [Oxfordshire Mental Health Prevention Framework 2022-2023](#)



Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to people themselves, to their family, or to their community or life events. Research suggests that there is a complex interplay between the risk factors in people's lives, and the protective factors which can promote their resilience. The key protective factors which build resilience to mental health problems in children and young people specifically, are shown alongside the risk factors in figure 2, below.⁸

Figure 2: risk and protective factors for children and young people's resilience, wellbeing and mental health

⁸ [PHE: Mental health of children in England, December 2016](#)



Mental health illnesses can have adverse long-lasting effects. Those who experience mental ill health as children and young people are more likely to experience poor mental health into adulthood.⁹ Those who experience mental ill health are more likely to practice health risk behaviours such as smoking, alcohol and substance misuse, and less likely to practice positive health behaviours such as being physically active and eating well. They are also less likely to do well at school, build positive social relationships, and will have reduced employment prospects.¹⁰

As well as the distress on individuals and families, mental health problems have a significant cost to the health and care system and to wider society. Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child (across a variety of agencies, e.g., education, social services and youth justice).¹¹ Taking a wider societal viewpoint, it has been estimated that the overall lifetime costs associated with a moderate behavioural problem amount to £85,000 per child and with a severe behavioural problem £260,000 per child.¹²

In England in 2020 rates when one in six children aged 5 to 16 years have a probable mental disorder compared to one in nine children in 2017. The likelihood of a probable

⁹ Dunedin Multidisciplinary Health & Development Research Unit. Welcome to the Dunedin Multidisciplinary Health and Development Research Unit (DMHDRU). <http://dunedinstudy.otago.ac.nz/>

¹⁰ [Mental health of children in England \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429130/2901304_CMO_complete_low_res_accessible.pdf)

¹¹ [2901304_CMO_complete_low_res_accessible.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429130/2901304_CMO_complete_low_res_accessible.pdf)

¹² Parsonage M, Khan L, Saunders A (2014). Building a better future: the lifetime costs of childhood behavioural problems and the benefits of early intervention. London: Centre for Mental Health.

mental disorder increases with age; one in five young people aged 17 to 22 years were identified as having a probable mental disorder in England in 2020.¹³

Investing in preventing children and young people's mental ill health and promoting wellbeing and resilience and meeting needs earlier will have wide long-term benefits, e.g. children and young people are less likely to fall into crisis, reductions in the use of public services (e.g., adult mental health services, adult social care, and the criminal justice system).¹⁴

The coronavirus pandemic has resulted in fundamental changes to the lives of children and young people. While some studies show that children and young people have coped relatively well, other evidence suggests that some, especially those with certain characteristics, such as those who are disadvantaged economically, females, and those with pre-existing mental health needs and special educational needs and disabilities (SEND), appear to have experienced greater negative impacts on their mental health and wellbeing.¹⁵

3. Strategic Context

3.1 National strategies

[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).

[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.

[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.

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.

¹³ Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital

¹⁴ [Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](#)

¹⁵ Public Health England. 'COVID-19 mental health and wellbeing surveillance report, Chapter 7: Children and young people' London: 2021

Public Health Guidance PH40 (2012) - social and emotional wellbeing; early years; outlines the importance targeting investment in early intervention to support health and wellbeing. The recommendations cover home visiting, early education and childcare for vulnerable children outlining what action should be taken.

Nice Guidance 223 (2022) - recommends that positive social, emotional and mental wellbeing in schools should be promoted through the adoption of a [whole-school approach](#).

3.2 National Data from the NHS digital survey 2020

NHS digital ran a survey on the mental health of children and young people in 2020 in follow up to a similar survey in 2017. Applying national prevalence rates of children and young people who have a probable mental disorder from 2020 (16% of 5 to 16 year olds and 20% of 17 to 22 year olds) to the mid 2020 estimated Oxfordshire population suggests there are 16,159 children aged 5 to 16 years old and 11,069 children and young people aged 17 to 22 years old with a probable mental disorder in Oxfordshire (see figure 5).¹⁶

Figure 5: Estimated populations and prevalence of children and young people with a probable mental disorder, 5 to 16 year olds and 17 to 22 year olds in Oxfordshire, 2020



Source: [Office for National Statistics \(ONS\)](#) and [NHS Digital](#)

¹⁶ 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](#)

Emotional, anxiety and behavioural disorders are the three most common probable mental disorders in children and young people across aged 5 to 19 years old in Oxfordshire (see table 1 below).¹⁷

Table 1: *Estimated count of probable mental disorders in Oxfordshire across age ranges, 2017 prevalence applied to mid-2020 population by the Oxfordshire Research Team*

	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	887	987	198	2,069
Pervasive Developmental Disorder (PDD)/Autism Spectrum Disorder (ASD)	761	605	122	1,493
Tics/other less common disorders	588	311	154	1,062
Eating disorders	28	292	194	502

Source: [ONS](#) and [NHS Digital](#)

Inequalities

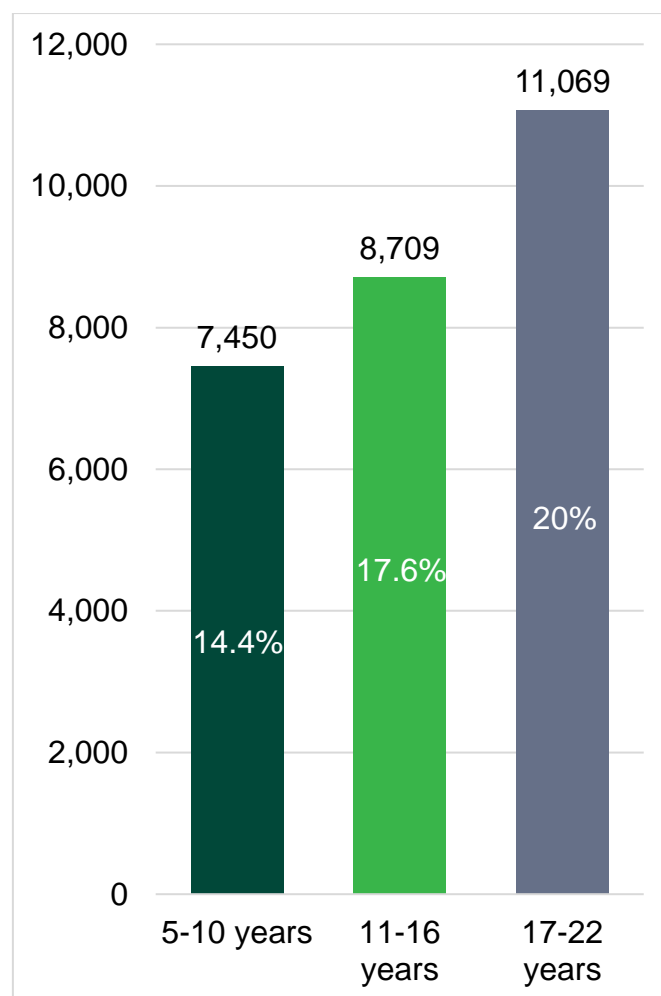
The following estimates have been made by applying the results from the recent national NHS digital Mental Health of Children and Young People surveys to local population datasets. Please note that the national data does not wholly reflect the specific experiences of children and young people in Oxfordshire.

Age

The number of children and young people with a probable mental disorder increases with age. Applying the national estimated prevalence to the Oxfordshire population shows that 11,069 young people aged 17 to 22 years old, 8,709 children aged 11 to 16 years old, and 7,450 children aged 5 to 10 years old have a probable mental disorder in Oxfordshire (see figure 6 below).

Figure 6: estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by age bands

¹⁷ 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. 2020 data was not broken down by type of disorder.



Source: [ONS](#) and [NHS Digital](#)

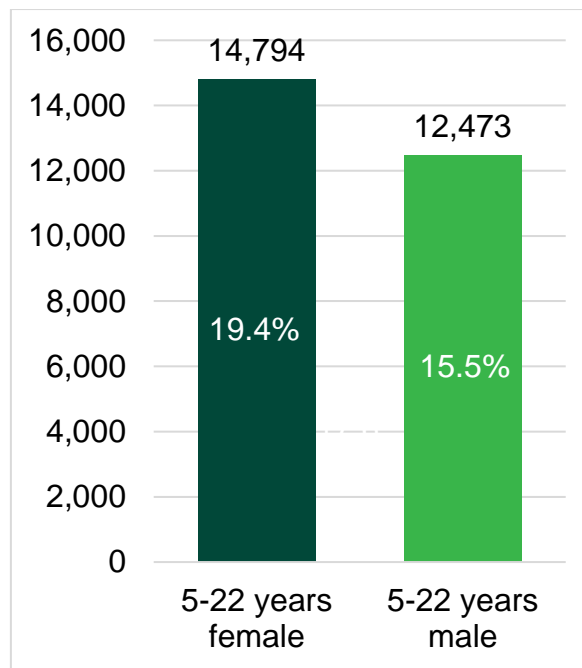
Sex¹⁸

Overall, more females aged 5 to 22 years old have a probable mental disorder compared to males of the same age, accounting for 19.4% of females (14,794) and 15.5% of males (12,743) in Oxfordshire (see figure 7 below).

When looking at the age bands by sex, probable mental disorders increase with age for females, but decrease with age for males (see figure 8). More females aged 17 to 22 years old have a probable mental disorder compared to any other age band and sex, totalling 7,319 (27.2%).

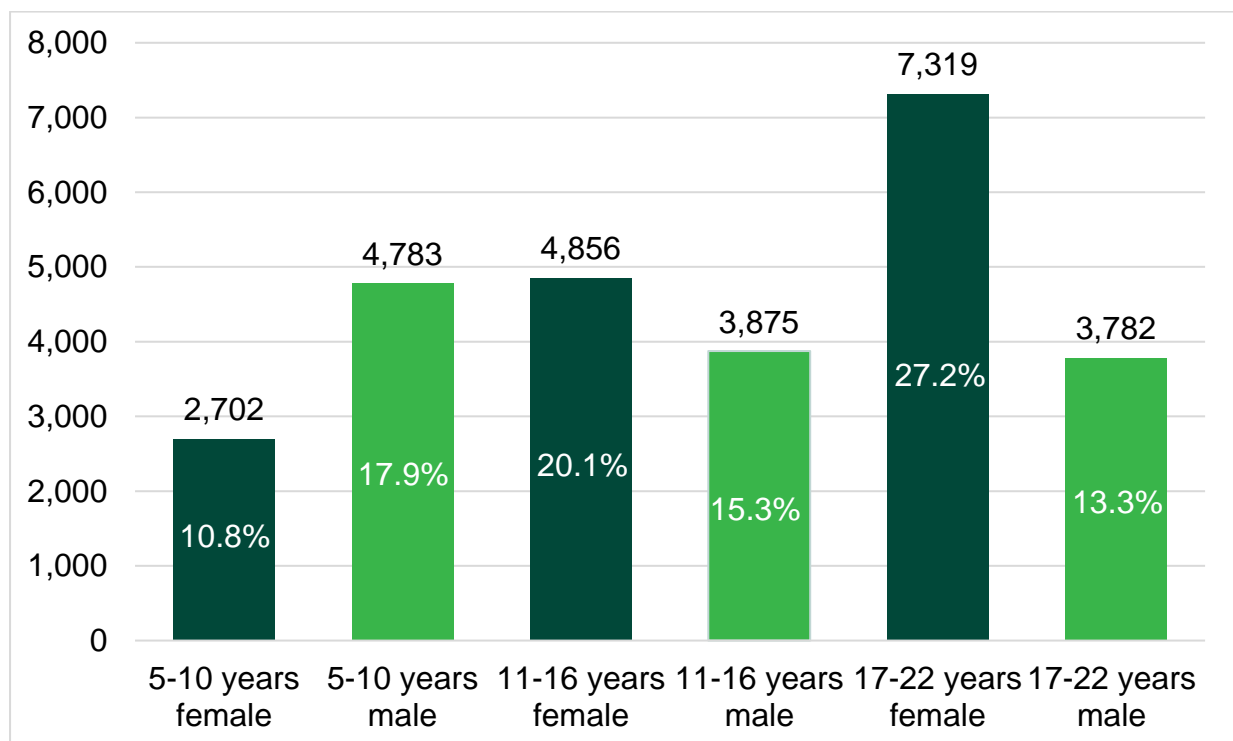
Figure 7: estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by sex

¹⁸ Category of 'sex' and 'male/female' fields were determined by NHS Digital survey, a separate category of 'gender' or 'gender identity' was not available in the survey.



Source: [ONS](#) and [NHS Digital](#)

Figure 8: estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by sex and age bands

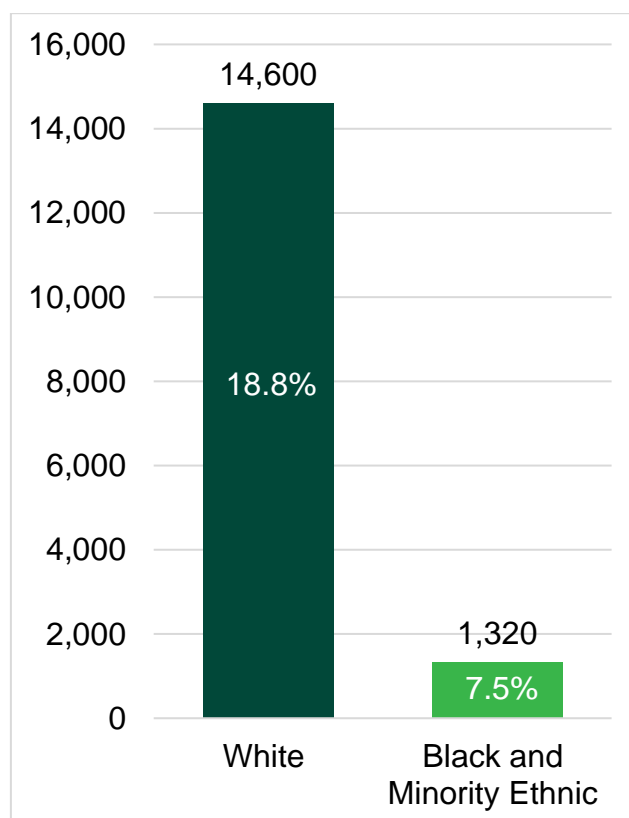


Source: [ONS](#) and [NHS Digital](#)

Ethnicity

For 5 to 16 year olds, 18.8% of children of White ethnic backgrounds had a probable mental disorder in 2020, compared with 7.5% of children of Black and Minority Ethnic backgrounds (see figure 9).¹⁹ In Oxfordshire this equates to 14,600 children of White ethnic backgrounds and 1,320 children of Black and Minority Ethnic backgrounds.

Figure 9: estimated number and proportion of children aged 5 to 16 years old by broad ethnic group with a probable mental disorder, Oxfordshire 2020



Source: [Department for Education](#) and [NHS Digital](#)

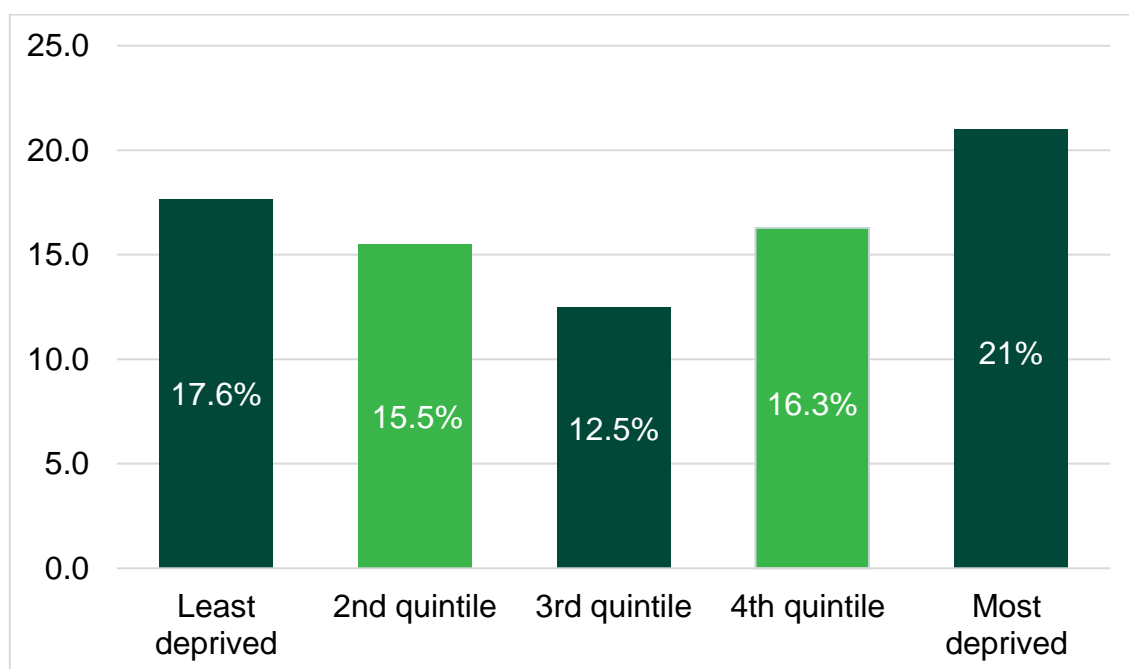
For 17 to 22 year olds, 20.8% of children and young people of White ethnic backgrounds had a probable mental disorder in 2020, compared with 17.3% of children and young people of Black and Minority Ethnic backgrounds. There is no data available by this specified age band and ethnicity locally.

Deprivation

For 5 to 16 year olds, 21% of children and young people who live in the most deprived neighbourhoods had a probable mental disorder, compared to 17.6% in the least deprived (see figure 10). Sample sizes from 17 to 22 year olds in the survey were too small to report on accurately.

¹⁹ Ethnic groups were combined due to small sample sizes. 'White' refers to individuals who identified as 'White British' or 'White Other'. 'Black and Minority Ethnic' refers to individuals who identified as 'Black/Black British', 'Asian/Asian British', 'Mixed' and 'Other'.

Figure 10: Proportion of 5 to 16 year olds with a probable mental disorder by neighbourhood deprivation, England, 2020



Oxfordshire has relatively low levels of deprivation, it is the 10th least deprived of 151 upper-tier local authorities in England – up from 11th in 2015. However, Oxfordshire contains 17 (out of 407) Lower Super Output Areas (LSOAs) within the two most deprived IMD deciles. These are mostly contained within 10 wards, one in Abingdon, three in Banbury and six in Oxford.²⁰

Disability

In 2021 in England more than half of 6 to 16 year old children with a special educational need or disability (SEND) had a probable mental disorder (56.7%), compared with 12.5% of those without SEND; this was an increase from 43.9% and 8.2% in 2017 for these respective groups.

Around 19,000 children and young people in Oxfordshire have identified Special Educational Needs (2015) which means that by applying the England levels above there approximately 11,000 of those have a probable mental disorder.

LGBTQI+

Data on mental health outcomes and LGBTQI+ status is not routinely available at a national or local level. Stonewall completed a survey in 2018 of 5,000 people aged 18 and over that can be used as a proxy estimate what might be the wellbeing and mental health experience for children and young people who identify as LGBTQI+ in the county. Over half of LGBT respondents (52%) to the survey reported that they had experienced depression in the last year. Two-thirds of trans people (67%) reported that they had experienced depression in the last year. Seven in ten non-binary people

²⁰ [Oxfordshire's 10 most deprived wards 2020 - Oxfordshire insight bitesize JSNA](#)

(70%), more than half of LGBT women (55%) and more than two in five GBT men (46%) had also experienced depression in the previous year.²¹ For comparison in Oxfordshire in 2019/20 the prevalence of the total adult population diagnosed with depression was 11.86%.²²

Target groups: summary

There is a need to promote good mental health for all while targeting support to those who need it most to tackle health inequalities. Local data and stakeholder engagement highlighted specific target groups to include:

- CYP with autism/ADHD,
- CYP with disabilities,
- CYP who identify as LGBTQI+,
- CYP from low-income families,
- CYP with adverse childhood experiences (ACEs)²³,
- CYP and families from ethnic minority backgrounds,
- young carers.

The above list is not exhaustive, and we will monitor and assess data that indicates where inequalities exist and target support where it is needed.

Local Strategies

The emotional wellbeing and mental health of children and young people is a key cross-cutting public health priority in Oxfordshire covering the health, education, and care system. It is a key priority of the local Health and Wellbeing Board.

This strategy dovetails with and complements key priorities and deliverables within Oxfordshire's [Mental Health Prevention Framework 2020-23](#), [Suicide and Self-Harm Prevention Strategy 2020-24](#), the recently updated [CAMHS Local Transformation Plan \(LTP\) Refresh 2020-22](#), and Oxfordshire's [Healthy Place Shaping](#) programme.

There are several other key local strategies and plans that support children and young people's emotional wellbeing and mental health and will help to support the delivery of this strategy:

- [Joint Health and Wellbeing Strategy 2018-23](#)
- [Prevention Framework 2019-24](#)
- [Children and Young People's Plan 2018-23](#)
- Early Help Strategy – June 2022
- Oxfordshire Local Area Special Educational Needs and Disability (SEND) Strategy (0-25) 2022-2025
- Thames Valley Police Violence Reduction Unit (VRU) programme

²¹ [LGBT in Britain Health Report, Stonewall, 2018](#)

²² [Oxfordshire Joint Strategic Needs Assessment 2021](#)

²³ [Practitioner Toolkit | Family Information Directory \(oxfordshire.gov.uk\)](#)

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.

4. Needs analysis

4.1 Local intelligence and needs assessments

Oxfordshire Mental Wellbeing Needs Assessment

A full wellbeing needs assessment for Oxfordshire was completed in 2021 and the recommendations have been used to steer the development of this strategy including to:

- Take a systems approach to mental wellbeing, given the broad range of enablers and environments that impact mental wellbeing across the life course
- Better understand the mental wellbeing of our communities
- Ensure that wellbeing is considered in all policies
- Reduce inequalities in wellbeing, by using inclusive language, reducing stigma, and making sure services are inclusive and accessible
- Focus on areas of most need
- Take forward lessons learnt and build back fairer from COVID-19.

The needs assessment includes chapters on:

- Mental wellbeing and background data on common mental illness
- Impact of COVID-19 on mental health and wellbeing
- Wider determinants of mental wellbeing
- Recommendations

The report is available here: [Mental Wellbeing Needs Assessment for Oxfordshire, Oxfordshire Insight.](#)

Oxfordshire Mental Health Needs Assessment

A full Mental Health Needs Assessment was completed in February 2018, including chapters on:

- Mental Health Conditions
- Use of Mental Health Services
- Work, affluence and deprivation
- Adult wellbeing and lifestyles
- Maternity, children and young people
- Population groups
- Housing and homelessness
- Physical and social environment
- Population changes and implications for future demand.

The report is available here: [Mental Health JSNA February 2018 | Oxfordshire Insight.](#)

OxWell School Survey 2021

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.

OxWell School survey 2021 key highlights:

- Self-reported wellbeing (Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score) gets worse with age with 49% and 44% of those in years 12 and 13 (16 to 18 year olds) reporting low wellbeing compared to 20% in year 5 (9 to 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 to 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.
- ~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 to 13 (ages 12 to 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.
- Students across most age ranges are doing more exercise compared to before the first lockdown
- 48% are playing computer games for four hours a day / 37% on social media for four hours a day
- Range across ages between 22% and 37% that are too worried to sleep often and for year 12s (16 to 17 year olds) 37% are too worried to sleep often
- Bullying decreases with age from 9% in year 5 to less than ~5% in year 12.²⁴

5. Emotional wellbeing and mental health indicators

Office for Health Improvement and Disparities (OHID) – Children and Young People's Mental Health and Wellbeing health

The Office for Health Improvement and Disparities (OHID) publishes key data relating to children and young people's mental health and wellbeing from various sources. Key indicators for Oxfordshire are summarised below²⁵:

²⁴ OxWell School Survey 2021 – preliminary summary report – University of Oxfordshire

²⁵ [Children and Young People's Mental Health and Wellbeing – OHID Fingertips](#)

- In 2020/21 in Oxfordshire 390.2 per 100,000 people aged 10 to 24 years old were admitted to hospital after a self-harm incident, lower than the England average of 421.9.
- In 2021, Oxfordshire had a higher proportion of all school age pupils with social emotional and mental health needs (3.25%) compared to the England average (2.79).
- In 2019/20 in Oxfordshire 37% of looked after children's emotional wellbeing was a concern, similar to the England average of 37.4%.

Also included in the profile are indicators under the following topic areas:

- Identification of need
- Protective factors (including school readiness and educational attainment)
- Primary prevention (including family income and children in need)
- Services
- Inequalities

6. Access and CAMHS

In the four year period from 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:

- +83% for people aged 0 to 9 years
- +58% for people aged 10 to 19 years
- +36% for people aged 20 to 24 years
- +22% for people aged 25 years and over.²⁶

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 2020.²⁷

In 2022, 48% of referrals made into the local single point of access (SPA) were not appropriate for the service. Feedback from CAMHS following assessment and liaison with appropriate services in SPA, concluded that these referrals were inappropriate and should have been signposted to social care or SEN and in some cases, a CAMHS input was not required. ,²⁸

In 2020/21 there was an increase in both demand and acuity – meaning an increase in the severity of the presenting illness. There was a 63% rise in referrals compared to the previous year. The rise in acuity was seen most for eating disorders, where there was a 41% increase in referrals to the Crisis Resolution Home and Treatment Teams for eating disorders, a 94% increase of emergency department presentations to paediatrics for eating disorders, a 77% increase in admissions, and a 112% increase in paediatric bed days (partly due to lack of specialist beds).²⁹

²⁶ [Joint Strategic Needs Assessment | Oxfordshire Insight](#)

²⁷ As above.

²⁸ Oxford Health CAMHS

²⁹ As above.

7. Impact of COVID-19

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. Children and young people with a probable mental disorder were more likely to experience anxieties about the pandemic than those unlikely to have a mental disorder.³⁰

A series of reports by Young Minds demonstrated that the pandemic has had a significant harmful effect on the wellbeing and mental health of children and young people with existing mental health needs.³¹

Locally, the 2020 OxWell survey conducted across the South-East during the first lockdown showed that for respondents in years 9 to 13 the highest proportion reported that their general happiness and sleep had worsened, and that they were lonelier during lockdown.³² The recently completed [Mental Wellbeing Needs Assessment for Oxfordshire](#) gives greater detail about the impact of COVID-19 on the wellbeing of children and young people in Oxfordshire.

Since the pandemic there has been a continued rise in both the number and acuity of referrals into local services, including CAMHS (as above in section 9).

8. Services and gaps mapped against THRIVE framework

From October 2021 to February 2022 a survey was open to statutory and non-statutory providers of children and young people's emotional wellbeing and mental health services. The Youth in Mind Guide was used to identify services and projects from the voluntary and community sector.

Table 2: Survey return results from provider engagement, Oxfordshire, 2021/22

Total returns	20
Total organisations contacted	55
% returned	36
Projects/services	47

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.

There were two main local commissioners: The Buckinghamshire, Oxfordshire and Berkshire West Integrated care Board and Oxfordshire County Council, as well as

³⁰ [Mental Health of Children and Young People in England, 2020 - Wave 1 follow up to the 2017 survey](#)

³¹ [Covid Impact On Young People With Mental Health Needs, YoungMinds](#)

³² [OxWell school mental health summary report 2020](#)

district councils. Various services or projects were either funded nationally or self-funded.

The i Thrive Model

Oxford Health CAMHS provide services across different aspects of the iThrive model that includes a Single Point of Access.

Figure 4: *The i-THRIVE framework*



The i-THRIVE framework was developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families (see figure 3 above). The framework has been adopted by the local CAMHS in Oxfordshire and is a set of principles built on child and young person need, moving away from defining the system in terms of the services organisations provide in a 'tiered' model.

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 i-THRIVE framework in this way will give us a broad overview of the gaps in need and inform recommendations on what our local offer should be.

The framework includes the following segments:

- **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.

- **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.
- **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.
- **Getting more help:** This is a small group of individuals who may require particular attention and coordination from those providing services across the locality.

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.

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.

The spend and number of projects in 'Getting Advice' is one of the lowest areas of spend – demonstrating a low level of early intervention and prevention interventions across Oxfordshire (see table 3 below).

It is important to note that the mapping exercise does not provide a complete picture of services or projects but only those that were known to commissioners or who were identified from local directories and those who responded to the survey. There are also many services or projects that were out of scope in this mapping exercise that support emotional wellbeing and mental health, especially those in the 'Thriving' category of the i-THRIVE framework. This includes prevention and promotion universal provision, such as the public health School Health Nursing and Health Visiting services, as well as work on the wider determinants of health. For this reason, the organisations that reported in the survey that they provide services at the 'Thriving' level have not been included in the table below.

Table 3: Survey returns – number of organisations and services and projects that support children and young people's emotional wellbeing and mental health in Oxfordshire, 2021/22, aggregated budget by i-THRIVE framework, 'Getting Advice' to 'Getting Risk' support category

	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

Source: OCC Public Health

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

**total number of organisations exceeds number in each i-THRIVE category as organisations provide services across different categories.

All statutory clinical children and young people mental health services – CAMHS – are commissioned by the CCG and delivered by Oxford Health. For more info on local CAMHS see the latest [Oxfordshire CAMHS Transformation Plan 2020-22 Refresh](#).

Figure 11: Survey returns – number of local services/projects mapped against the i-THRIVE framework – 'Getting Advice' to 'Getting Risk Support'



9. Prevention approach PRINCIPLES BEHIND THE STRATEGY:

9.1. TAKING A PREVENTATIVE APPROACH

For our mental health and wellbeing strategy, we will apply a prevention approach across the system with the aim of promoting wellbeing and supporting the prevention of mental ill health. The Oxfordshire Prevention Framework (2019-24) adopted by the Health and Wellbeing Board is based on an approach that seeks 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).

As well as improving health outcomes in the short and long term for children and young people there is a compelling economic argument to invest in early prevention activity. In addition to mental health and wellbeing improvements, investing in prevention interventions will likely see young people use public services less and be in education, training and employment into adulthood.³³

Mental health and wellbeing is an important priority within the Early Help strategy that outlines a plan with clear objectives for all partners in relation to the delivery of early help services. One of the expectations within the Early Help strategy is that staff across the whole system are confident to deliver mental health and well-being interventions. This will be achieved by agencies resourcing the provision of training to ensure front-line/designated staff across all services are trained in the early identification and support that can be offered in relation to mental health and well-being.

9.2. PRINCIPLES BEHIND THE STRATEGY : INVOLVING YOUNG PEOPLE AND FAMILIES/CARERS and local service providers

The below surveys and consultations were used as a starting point to inform the workshop and focus group topic areas below, and where applicable have been used to help inform the vision, aims and objectives of the strategy:

- [2021 'Be Supported' questionnaire engagement report](#)
- Oxfordshire Youth 'Assessment of Youth Services Study' April 2021
- [OxWell School Survey 2021](#)

³³ [Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](#)

Children, young people, and parent/carers focus groups, round 1

A focus group was conducted in August 2021 with young people from the Sweatbox Youth Group in Wantage. This group gave an initial strategic steer to the engagement work that followed, covering what works for children and young people's emotional wellbeing and mental health, and things that didn't work so well. The group also focused on some of the causes of poor mental health, stress and anxiety, and generated some potential solutions.

In this focus group, young people felt that exam stress, lack of sleep, social media, the COVID-19 lockdowns, and social relations could be the causes of poor wellbeing, mental health, stress and anxiety for young people in the county.

They felt that support from schools, including making adaptations for exams, online therapy and forums, positive social media profiles, peer support and face-to-face counselling, helped their wellbeing and mental health.

They felt that long waiting lists, unsupportive or stigmatising responses from adults – including teachers and parents, the lack of services available county-wide, and generic 'wellbeing advice', were not helpful to children and young people's wellbeing and mental health.

Children, young people, and parent/carers focus groups, round 2

Five additional focus groups took place throughout April and May 2022 with the following groups:

- 22 April – a focus group with 15 young people from the Sweatbox Youth Group at the Buzz Café in Wantage.
- 5 May – an online focus group with 5 members of the Oxford Young People Advisory Group (YPAG) co-facilitated by the University of Oxford
- 11 May – two online focus groups with 10 members of the Oxfordshire Parent Carers Forum (OxPCF) co-facilitated by OxPCF
- 13 May – an in-person focus group with 3 Mental Health Ambassadors, part of the Mental Wealth Academy service, co-facilitated by Oxfordshire Youth
- Another focus group with has been organised for June 2022 with CYP who identify as LGBTQI+

All groups were asked for feedback on each opportunity area discussing both positives, negatives and any areas for improvement, and if they had any other suggestions.

Key feedback from the children and young people focus groups:

General feedback

- CYP did not feel that there was anything missing from the long list but emphasised that the services would need to have enough capacity to meet need, they did not want to be transferred from the CAMHS waiting list to another waiting list elsewhere.

- In general, young people use a number of strategies to maintain and improve their wellbeing from a wide range of sources, including solo activities (accessing nature and green spaces, journaling), taking part in clubs/activities with others, and spending time with friends and family.

Access

- They wanted easy access to all services including any new services, felt that one place to access all provision was the right thing to do to reduce confusion and be triaged and referred to the right service according to their needs.
- Young people would like to see physical and/or digital signposting resources in schools and other places they go.
- Young people would seek support for their wellbeing and mental health from their trusted relationships with e.g., teachers, parents or peers, and would go to different people with different needs.
- Young people sometimes do not seek support because they do not think their issues are serious enough.
- Another barrier is long waiting lists.

Schools

- Support for mental health at school is essential, CYP gave examples of where they felt schools had failed them and were not putting in any strategies to support CYP mental health and were only listened too during a crisis or when doing something extreme such as self harm to an extent that needed medical treatment. They explained that any resilience programmes needed to be delivered by well trained people, not their teachers, and from those who have been through the same experience were valued e.g., other young people or adults who have learned to manage their mental health to give support and advice is valued.
- Young people would like distinct spaces for mental health that are confidential and good quality, separate from school, including online spaces. Schools and youth groups should be supportive and positive spaces for mental health, where staff, children and young people are empowered and have the skills to spot signs, give advice, and signpost to relevant services outside of the school environment.

Family and learning support

- Support should ideally be offered to parents for their own wellbeing and mental health, where they need it, and for parents of children who are experiencing mental ill health on specialist topics.
- Support for parents and families was well supported, some CYP reported that they felt that they were burdening their parents with issues that they knew they did not have any knowledge of or would not discuss their worries with their parents at all. If they knew their parents had training to support or could access joint training this would be of great benefit to help manage triggers and be given help support and strategies to better manage their mental health at home.

Digital support

- Digital support was seen as essential as that is a popular way that CYP like to communicate e.g., through phones or tablets. Young people felt that this should

not replace face to face contact but be offered in addition to support those who prefer to communicate this way. CYP also offered a number of ways apps could be designed and promoted. They felt that instant support would be of great benefit so CYP could access help when they needed it without the need for an assessment or wait.

- Young people would want to access an online platform that was anonymous, moderated, and safe, available 24 hours that provides both ad-hoc and scheduled counselling.
- The online platform ideally would provide bespoke support and content to its users, covering topics relevant to them, with safe peer support.
- Material should cover a broad age range, each age group seeing material appropriate to their age on the platform, and the platform should be welcoming, validating and of a good quality.

16-25 transitions

- Transition was very important and CYP felt there was a need for a 16 to 25 year old transition service, however, not many young people knew about the existing offer and felt it wasn't very well promoted. Some young people who turn 18 are not eligible for adult mental health services and we need to continue to fund and promote services for this age group to ensure all those exiting CAMHS at adulthood are offered support if they have on-going mental health requirements.

Key feedback from the parent/carers engagement focus groups:

General

- Services and support should be evidence-based and adapted to be welcoming and appropriate to support a wide range of needs, including children and young people who are neuro divergent.
- Language and terminology are important when trying to engage parents, e.g., mental health prevention should be mental ill health prevention or mental health protection, wellbeing promotion and resilience. E.g., support services at the prevention level could use terms like 'wellbeing' over 'mental health'. This might help reduce stigma and increase engagement.

Access

- Parent/carers are 'time-poor' and so want to be able to find relevant support and services quickly, ideally from a single source. They would ideally want a single point of access for wellbeing and mental health support services.
- In general parent/carers said that children and young people go to a wide range of sources for help or support for their emotional wellbeing and mental health, including their friends, parents, school staff, websites, and youth leaders. Parent/carers highlighted that children and young people would seek support from their trusted adult relationships.

Schools

- Parents/carers suggested that children and young people should be taught emotional wellbeing literacy in schools, and that schools should be a supportive environment for wellbeing and mental health, e.g., including evidence-based

wellbeing interventions, such as forest schools, walks, nurture rooms, and staff dedicated to student wellbeing (e.g., Pastoral Support Workers).

- Parents/carers felt that school staff and youth workers should be trained to spot signs of poor wellbeing and mental health and given the confidence to help make adaptations, provide options for appropriate onward support – outside of school – and communicate this early to parents/carers.

Digital support

- Parent/carers were largely supportive of an online platform that could support children and young people's wellbeing and mental health, including peer support, a range of media content (including peer articles and podcasts), that was anonymous, available 24 hours, and with counselling sessions available via video or a chat function.
- Any digital platform would need to be embedded within the current health, care and safeguarding pathways to ensure it was safe and that appropriate onward referrals could be made.

Family and learning support

- Parents/carers said they would like to access a strengths-based programme of support that was expert-led either in a peer group or as a one-to-one, either online or in-person.
- Specific support should be made available to parent/carers of children/young people who are neuro-divergent or who are awaiting diagnosis.
- The language used in these programmes will be important in effectively engaging parents, e.g., use more positive language such as 'Family and Learning Support Programmes' rather than 'Parenting Programmes or Lessons', which can come across as stigmatising or condescending.

Service Providers Workshop 1: identifying challenges and opportunities

In addition to the engagement with service providers via the survey exercise, a workshop meeting with provider organisations and other system partners took place on 18 January 2022. The aims of the workshop were to share what we know so far, to get input on system gaps, needs, target groups and conditions, and on what interventions or changes to current ways of working might better support children and young people in Oxfordshire. Additional engagement took place with stakeholders at various partnership meetings such as at the Children and Young People's Emotional Wellbeing and Mental Health Partnership Board, and the VCS Children and Young People Mental Health Partnership. The main outputs of the workshop and stakeholder engagement at this stage were the generation of the overall strategic themes, aims and objectives of the strategy, and key priority areas listed below:

- **Digital platform for wellbeing and mental health** – access to an anonymous and confidential digital counselling platform that offers ad-hoc and scheduled

therapeutic interventions provided by a qualified counsellor. The platform could also include a peer support function and self-help resources.

- **Enhanced or integrated single point of access** – expanding the SPA to integrate voluntary and community sector (VCS) organisations alongside statutory services, this could include a signposting helpline to support parents, and social prescribing.
- **Interactive directory of services** – digital, dynamic, and interactive directory of services with the full range of national and local wellbeing and mental health support and services available to children, young people and families, including signposting to self-help resources, from a single source.
- **Whole-school wellbeing and resilience programme** – whole-school approaches to wellbeing promotion to be rolled-out to primary and secondary schools. Interventions to focus on developing social, emotional and mental health literacy skills and instilling good behaviours in children and young people.
- **16 to 25 year old transition service(s)** – non-clinical service or intervention to support transitions between child and adult services for young adults who do not meet adult mental health service requirements, and/or those who are exiting CAMHS and would benefit from support with their recovery. This could be a combination of non-clinical 1:1 CBT, group sessions, or co-produced ‘lessons’ on wellbeing/mental health topics.
- **Family learning and support programme(s)** – programmes support parents of children with or at risk of developing a conduct disorder (including children with ASD/ADHD pre/post diagnosis) and are designed to improve parenting styles and parent-child relationships.
- **Training programme(s) for the children and young people’s workforce** – identify resources to ensure frontline staff across all our services (social care, health, education) are trained in the early identification of and can support mental health issues and provide appropriate support and signposting, informed by positive attachment, trauma informed and linked to the whole family. Scope and coordinate the existing offer to identify gaps.
- **Wellbeing and preventative mental health support within the OCC Youth Offer** – one trained mental health worker for each district within the new OCC Youth Offer. Six personalised sessions, delivering a programme of support on self-management tools and goals-based using a CBT-informed approach. Sessions led by young person need. Mild-moderate needs such as exam stress, low mood, or anxiety. Education of Youth Workers from the trained mental health worker to provide ongoing support.

Workshop 2: prioritisation exercise 3: MULTIAGENCY CONSULTATION to consider priorities

A wide-ranging stakeholder group met online on 19th May 2022 to take part in a prioritisation exercise, shortlisting a longer list of priorities to be taken forward as part of the action plan for the strategy. The criteria for taking priority areas forward were those that best supported the aims and objectives in the strategy, would best meet the needs of our children and young people and families (using insight from the focus groups), be most feasible, and have the greatest impact.

The long list of priority areas considered were:

- A digital mental health platform for children and young people
- Enhanced integrated Single Point of Access (SPA)
- Interactive directory of mental health and wellbeing services
- Whole-school wellbeing and resilience programme
- 16-25 transition service(s) to support young people with their mental health who are being discharged from CAMHS and are not eligible for Adult Mental Health Services
- Family learning and support programme(s)
- Training programme(s) for children and young people workforce in how to better support CYP mental health and wellbeing
- Young person's preventative mental health and wellbeing support – community Youth Offer

The output of this workshop and the focus groups was the generation of a list of prioritised areas to identify funding and develop the deliverables for in the action plan of the first year of the strategy.

10. Vision

This vision for this strategy is to ensure that all children and young people in Oxfordshire can achieve good mental health and wellbeing with access to the right support at the earliest opportunity when they need it. It aims to take a public health approach to the emotional wellbeing and mental health of children and young people which includes considering where people live, work, and play – the wider determinants of health – as well as access to services that provide support when needed.

We will achieve this by

- 1. Multiagency working to ensure service provision in the County is coherent**
- 2. Ensuring a good universal approach by services**
- 3. Ensure targeted approaches which respond to identified needs/vulnerabilities**

11. Aims and Objectives

The following aims and objectives were created in response to a local gap and needs analysis and stakeholder engagement including with Oxfordshire children, young people, and families.

Aim 1: Provide early help and create supportive environments

Providing support at the earliest opportunity was a key aspiration voiced during stakeholder engagement. This also chimes with what we know about how taking a prevention approach to health can help reduce the need for care and resolve issues early on before they may escalate. This includes considering how we can work together on the wider determinants of health, including for example access to green spaces and nature, making Oxfordshire a place that is positive for wellbeing and mental health. We want to ensure that all children, young people, and families have

access to positive wellbeing and preventative mental health support to improve their resilience, while targeting support at those that need it most.

Objectives:

- We will work to improve the wellbeing and resilience of all children, young people, and families, including focusing on the wider determinants of health
- We will target support to those with the most need to tackle local health inequalities
- We will provide early support to everyone to prevent problems from getting worse

Aim 2: Develop a confident workforce

There are many passionate people in Oxfordshire who care for and want the best for the children, young people, and families that they work with. We want to ensure that staff in schools, education, early years, healthcare, youth clubs, and wherever staff work with children, young people, and families, are confident and understand how to support them with wellbeing and mental health needs, including knowing where to go should they require additional support.

Objectives:

- We will build capacity and confidence in the workforce to support children, young people, and families' wellbeing and mental health, and create supportive environments that are positive for wellbeing and mental health, in schools, colleges, youth clubs and early years settings.
- We will improve the understanding of the workforce of how and where to apply interventions and strategies to meet children and young people's needs and to ensure the workforce understand who to signpost and refer children and young people too to support their wellbeing and mental health.

Aim 3: Ensure Positive transitions

The recent coronavirus pandemic impacted us all and this was acutely felt by those aged between 16 to 25 years old locally, a key age where children transition into adulthood, either leave or continue education and training and start to find their feet in employment. We want to focus on providing children and young adults a positive transition into adulthood, and, where applicable, a smooth transition between services so that they can access the support that they need and stay well.

Objectives:

- We will help build the emotional wellbeing and resilience of young people aged 16 to 25 years old, including supporting recovery
- We will ensure that children and young people have and are prepared for positive transitions between children and adult mental health services

Aim 4: Improve Access

Having access to the right support and services at the right time and in the right place was routinely cited in stakeholder engagement as a key aim for the local system. A lack of coordination between the current support available, a limitation based on geography, and at times confusing pathways were all raised as issues to be resolved. The objectives below, subsequent action plan and applying the i-THRIVE needs-based model will seek to ensure that there is a fuller range of options that are easy to access and navigate and can support children, young people, and families in a timely and effective way.

Objectives:

- We will increase the amount of and quality of support available across the County to children, young people, and families to promote positive wellbeing and support mental health problems
- We will increase the range of options to include a mix of face-to-face, telephone, and digital support
- We will ensure that children and young people get directed to the right place at the right time

12. Scope and Governance

The scope of this strategy is on promoting the wellbeing and resilience of all children and young people (aged 0 to 25 years old) and families and supporting mental health problems with a specific focus on prevention. It aims to take a public health approach to the emotional wellbeing and mental health of children and young people which includes considering where people live, work, and play – the wider determinants of health – as well as access to services that provide support when needed.

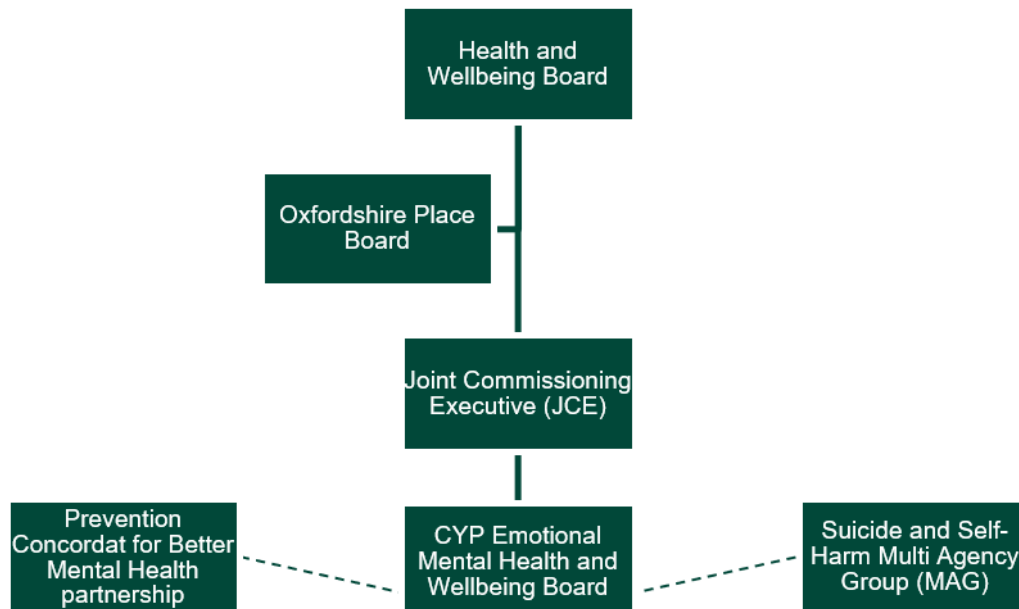
Centred around children and young people's needs using the THRIVE framework (see below), the new strategic approach will seek to address local gaps and issues relating to increased prevalence and acuity of poor wellbeing and mental ill health in Oxfordshire over the last few years alongside the added impact of COVID-19.

The deliverables within the recently published Oxfordshire Child and Adolescent Mental Health Services (CAMHS) Transformation Plan (2020-22) will be brought together with the new deliverables generated during the development of this strategy and be delivered through Oxfordshire's Children and Young People's Emotional Wellbeing and Mental Health Board and other local system partnerships.

The strategy will report progress on deliverables to the Joint Commissioning Executive (JCE) and Health and Wellbeing Board, with updates to other strategic partnership boards as requested, such as the Children's Trust Board, or Oxfordshire Place Board.

New local commissioning arrangements under an Integrated Care Systems (ICS) give fresh opportunities to consider a more integrated approach to how provision is delivered within Oxfordshire from 2022 onwards.

Figure 3: Governance, delivery, and partnership boards for children and young people’s wellbeing and mental health in Oxfordshire



13. Implementation

As outlined in the scope and governance section above, the action plan and implementation of the strategy will be overseen by the Oxfordshire Children and Young People’s Emotional Wellbeing and Mental Health Board, alongside other key system partnerships and will report progress to the Joint Commissioning Executive and Health and Wellbeing Board.

The action plan will be key in producing the deliverables to realise the vision, aims and objectives of the strategy whilst addressing the key gaps in the system. We will also develop a robust set of system KPI’s to ensure that we know we are delivering the best outcomes for our children and young people, meeting the vision, aims and objectives of the strategy including tracking spend, referral pathways, service outputs, performance measures, and key inequalities so that we target resources as effectively as possible and to understand if our commissioned services are making a difference to children and young people’s mental health and wellbeing.

We will use qualitative evaluation methods with children and young people such as case studies and storytelling to paint a richer picture of wellbeing and mental health outcomes. We will work with children and young people to get ongoing feedback on the implementation of the strategy, including mystery shopping on new services taken forward.

Using the data and insight will ensure that local needs will continue to drive the work of the strategy.

Table 4: Oxfordshire Children and Young People's Emotional Wellbeing and Mental Ill Health Prevention strategy implementation plan

Activity	Timeline
Present the draft strategy at the Health and Wellbeing board	7 July 2022
Informal consultation of the draft strategy	August 2022
Publish strategy	September 2022
Finalise the action plan and deliverables for the strategy	Mid-August 2022
Create business cases for the opportunities to be taken forward	End of August 2022
Identify funding source for opportunities and final decision making	August – September 2022
Develop evaluation and impact measures	September 2022
Deliver actions in the strategy including starting procurement activity	From September 2022
Implementation and mobilisation of new services	From December 2022-23
Review impact and progress against priorities	Six monthly and on an annual basis

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Oxfordshire Child and Adolescent Mental Health Service (CAMHS)

Members' briefing for Oxfordshire HOSC

November 2023

1.0 Introduction

This paper is providing data and development updates from Oxfordshire Child and Adolescent Mental Health Services (CAMHS). The aim of the paper is not to cover information already provided in previous updates.

Austerity over the last ten years, in all areas of life has reduced the resilience of families, communities and schools and their ability to support young people. Added to this the pandemic has resulted in a further increase in the mental health needs of young people. Prior to the pandemic 80% of young people were found to thrive, since the pandemic this has dropped to 60%. An already stretched CAMHS service has struggled to meet this increasing need as many young people who would previously have managed within their home, school and community are not longer doing so and seek our help. This is a national issue and is reflected in our local statistics. The total number of young people that we are looking after at any one time has doubled in the last five years.

We are a committed and passionate group of people and with the support of our partner agencies have worked hard to remain creative and change and adapt our services to try and meet the increasing and changing needs of young people. We are always looking to improve what we do and are confident that we are making the most efficient use of the resources that we have. It is increasingly hard to recruit and retain staff as the demands and expectations have increased so dramatically. In this report we describe the current situation and our efforts to adapt and meet the increasing complexity and need.

2.0 Update on Data Reporting

Following the national cyber incident in 2022 and Oxford Health NHS Foundation Trust's subsequent move to new clinical information systems a reporting recovery project was initiated. That project is progressing, and the Trust was able to make a submission of a 'light' version of MHSDS for August 22 to March 23 to NHSE on 19th October 2023. The 'light' version supports calculation of some of the LTP indicators. We plan to start making fuller MHSDS submissions for 23/24 from November onwards, when we will flow September and October data. Over the coming months we will then refresh back for April to August 2023. The reporting recovery project also supports the provision of local reporting which is being reinstated in a phased way from November 2023 onwards.

3.0 Digital Working

As previously documented our response to response to COVID-19 meant that we as a Trust rapidly introduced digital consultations using Microsoft teams. This enabled service provision to continue through COVID-19 restrictions and has meant we have grown our digital offer over the last 4 years.

The CAMHS teams continue to embrace the digital working and we have positive feedback from young people and parent/carers. We recognize that it is not for everyone and will always continue to offer a blended approach especially in relation to risk.

We continue to provide a high amount of digital work seen in the table below.

Financial Year	Face to Face	Phone	Digital	Total Appointments
2019/20	28,696	13,928	2,574	45,198
2020/21	4,714	22,714	28,094	55,522
2021/22	12,631	17,708	27,088	57,427

This way of working received positive feedback from young people and parents who valued not having to travel to face-to-face appointments.

This approach is part of a wider plan at Oxford Health NHS Foundation Trust to embed digital transformation across the service so more young people and their families can benefit.

The redesign of the CAMHS website includes self-help resources for parents, carers and young people, and up-to-date information and support around common mental health issues for young people.

We continue to work in partnership with Helios to allow better access, an online provider which continues to allow better access to assessments and treatment for young people.

We have also been involved in trials of specific APPS which support mental health *e.g. Sleepio (digital sleep-improvement program), and are continuing this with being part of a SPARXX trial (online digital therapy for depression).

We have funding to evaluate the online tool OVAAT (Oxford Virtual Autism Assessment Tool) which we developed during lockdown and enables the team to carry out Autism assessments digitally. We now have trust and ethics approval and are starting to recruit participants. This tool is unique as it is developing the evidence base for assessment of autism via digital means.








We have in addition developed a digital tool (the Berkshire Oxfordshire Buckinghamshire-Neuro Developmental Questionnaire-BOB-NDQ) to gather information about children and young peoples' development as part of our CAMHS Neuro Developmental Conditions (NDC) Service's autism assessments. We are working with academic partners to develop a Clinical

Decision Support Tool (CDST) that can analyse the BOB-NDQ information to triage cases and match the complexity of the case to the appropriate clinical assessment thus making the most effective and efficient use of the resources we have.

4.0 Referrals and waiting times/ Key Metrics

The below table shows the growth in referrals to Oxfordshire CAMHS over the 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.

Table 1. Performance Metrics - All Teams, excluding SPA - Oxfordshire CAMHS

Metric	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23*	2023/24*	Trend	% Change Yr 1 to Yr 8
Mean monthly Referrals	476	547	538	519	474	544	513	446		8%
Mean monthly Caseloads	4927	5593	6515	7513	7497	8353	9832	10838		120%
Mean monthly Discharges	465	473	433	484	456	457	432	473		2%
Median Length on Caseload (current patients)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	550	n/a	n/a
Median Length on Caseload (discharged patients)	209	204	228	276	283	420	262	376		25%
Mean appointments per episode	8	9	10	10	12	12	13			65%
DNA rate	7%	8%	8%	8%	7%	7%	7%			-6%
Cancelled by patient	6%	6%	6%	7%	4%	5%	6%			9%

There is no reportable waiting time data at present due to the cyber-incident outage and change in clinical system. There is work being completed at OHFT to develop the waiting list function within our new clinical system RIO that we hope to be in use in the new year.

5.0 Our Staff

The table below outlines the whole-time equivalents per service area in Oxfordshire CAMHS and current vacancies. The overall vacancy rate for the service is currently at 25%.

To support our recruitment, we have been attending recruitment fairs in Glasgow, Dublin and Belfast and are offering relocation packages as well as incentive payments.

Our staff turnover rate has reduced from 20% (October 2022) to 15.5% (October 2023).

5.1 Staff Training

All of our staff have robust mandatory training which we are currently at 85% compliance. We do an internal training programme for staff training in Cognitive Behavioural Therapy (CBT) skills, Solution Focused training, DBT skills, Family Therapy skills, gender identity and

specialised CAMHS risk assessment training. We train every year via the Charlie Waller Centre for various evidenced based training including CBT.

All of our staff have clinical supervision which is monitored and are at 94% completion rates for our Personal Development Plans which outlines each member of staffs training and development needs this year.

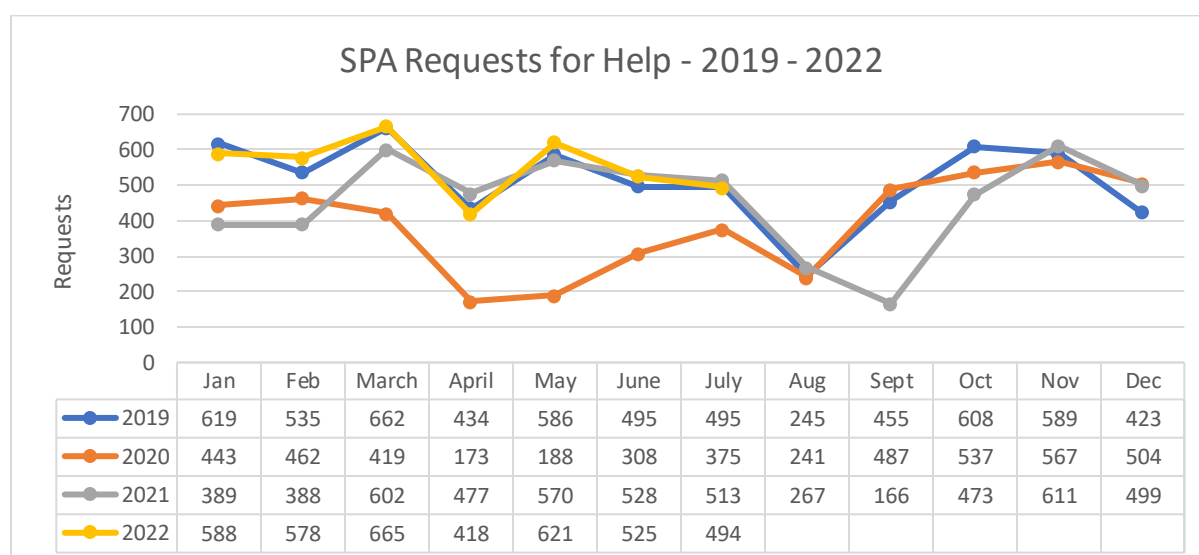
6.0 Children and Young People's feedback and Participation.

During November we will be welcoming our new Participation lead who will continue to work with our young people and families to gather feedback and input for our service and future developments.

All of our teams gather feedback from children & young people, families and from professionals we work with. We have included examples throughout the report and included more within Appendix 1.

7.0 Challenges for CYP and CAMHS

We are currently experiencing an increase of referrals and calls to our Single Point of Access team. We never refuse a referral always giving consultation and advice if CAMHS is not the best service to meet the young person's needs. This is not always easy to manage in terms of the volume of calls from families as well as professional referrers. We receive on average 55 phone calls a day.



The request for Neuro Developmental Assessments continues to be high, the service is commissioned to provide 50 assessments per month and currently receiving 150 referrals per month. However we have implemented a living well programme for all families so they can learn about the conditions and adapt the way they respond to their child if they believe they have a neurodiversity. Initially this wasn't taken up a lot by families, but we have since been offering webinars jointly with the Parent Carer Forum (PCF) which have been more popular.

The key pressures across our services are being addressed by the service developments detailed in the CAMHS Development section below:

Current Pressure	Service Developments
Continued demand for NDC services across Oxfordshire.	<ul style="list-style-type: none"> • Creation and development of the OVATT Tool • Implementation of a 'Living well' offer to families and working in partnership with the PCF • Contract with Owl Centre to support assessment • Developing our triage tools and process to increase efficiency of processing and assessment times
Increased waiting times within GH and GMH.	<ul style="list-style-type: none"> • Large scale improvement project • Helios contract • Caseload Review / Waiting List structure • Autism Champions Contract • Walking with You • Outreach Service (OSCA) Developments • Recruited to Parent Engagement Worker to focus on development of getting help offer and support for families waiting • Recruiting to 2 Parent Peer Support workers
Previous shortage of Tier 4 Mental Health inpatient beds for young people who require hospital admission.	<ul style="list-style-type: none"> • Partnership working with OUH continues to go well and evidence of quicker discharges for young people when presenting with mental health difficulties. • Meadow Unit, 8 bedded Psychiatric Intensive Care Unit has opened and is based at the Warneford Hospital site.

8.0 Tier 4 Inpatient Admissions

Oxford Health NHS Foundation Trust (OHFT) is the Lead Provider for the, Thames Valley CAMHS Provider Collaborative (TVPC), who is the responsible commissioner for CAMHS Tier 4 Mental Health inpatient provisions for the children and young people populations for the following ICB's and for Tier 4 Community Forensic CAMHS:

- BOB (Buckinghamshire, Oxfordshire, Berkshire (West))
- Gloucestershire
- BSW (Bath and North East Somerset, Swindon and Wiltshire)
- Frimley (East Berkshire)

Across the TVPC footprint there are the following providers:

- Berkshire Healthcare NHS Foundation Trust
- Oxford Health NHS Foundation Trust

Provider Collaboratives are an important change in the way services are planned, funded and

provided, those that use the services and the clinicians, in partnership, have greater influence and involvement. The key aims of TVPC:

- To jointly commission high quality, seamless pathways for those children and young people who may require Tier 4 care.
- Improved provision of care closer to home through reduced out of area placements.
- Improved clinical outcomes and reduced length of stay for children and young people.
- Improve the patient experience, making sure we involve people in service review design and listen to their views.
- Improve the quality of care and experience for young people and families.
- Work as a system, redesigning our services to fit the needs of people.

TVPC commissions a range of services for CAMHS Tier 4 across the footprint, through go live and sustaining the provider collaborative, TVPC has developed a strategy and annual commissioning intentions to sustain the range of services to meet the needs of locality populations. The below table illustrates the range of service provision commissioned during 2023/2024:

Provider	Tier 4 Unit/Service	Capacity
Oxford Health NHS Foundation Trust	Highfield GAU	18 beds
Oxford Health NHS Foundation Trust	Marlborough House GAU	12 beds
Oxford Health NHS Foundation Trust	CYP ED Hospital@Home	12-16 places
Oxford Health NHS Foundation Trust	Meadow PICU*	8 beds
Active Care Group	Taplow Manor ED **	20
Active Care Group	Taplow Manor GAU**	11
Active Care Group	Taplow Manor PICU**	29
Berkshire Healthcare NHS Foundation Trust	Phoenix Service	16 places
*Meadow Unit Open November 2023 with phased capacity		
**All Active Care- Taplow Manor provision ceased July 2023		

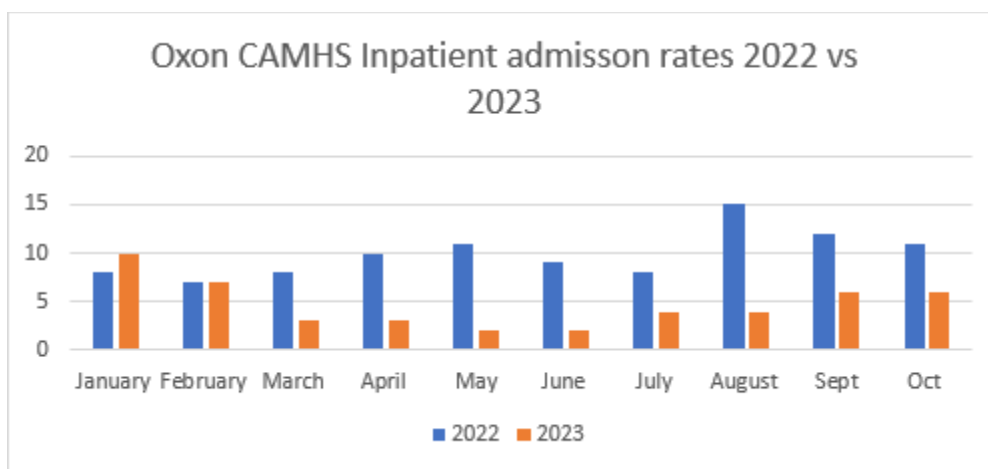
Active Care Group gave notice on ceasing all CAMHS inpatient provision at Taplow Manor, Maidenhead from the 31st May 2023. The unit officially closed on the 17th July 2023, when the last remaining patient was transferred to alternative provision. The loss of the 60 beds within the South East region has left a huge capacity gap in the market, the Provider Collaborative averaged a third of the Taplow usage. The Provider Collaborative is currently working on investment plans across the collaborative footprint to increase Tier 4 capacity.

The current workstreams include:

- Commissioning the new Meadow PICU Unit Oxford- open November 2023, will absorb the PICU demand for Thames Valley, further reducing out of area PICU placements.
- Developing business plan and capital funding for a new Tier 4 Day Hospital in Buckinghamshire, which will increase capacity for GAU and ED.

- Developing business plan and capital funding for Tier 4 day provision in Gloucestershire, will increase capacity for GAU and ED and bring equitable Tier4 access across the footprint.
- Developing clinical model and service for LD&A Hospital@Home, aligned to Transforming Care Agenda and reducing the number of CYP inpatients for LD&A. BOB is a national outlier for high numbers admitted. Pilot launching 2024.

The graph below outlines the reduction of inpatient Tier 4 beds within the last year. We have an excellent Crisis and Home Treatment team as well as the Enhanced Care Pathway within our eating disorders service who we believe have contributed to this reduction in the use of inpatient admission.



9.0 CAMHS Developments to Date

9.1 Neuro Developmental Conditions (NDC)

The demand for neurodevelopmental assessments continues to increase. The team's capacity to assess new cases has decreased as the caseload of young people being cared for has increased. The average wait for an ASD assessment with the CAMHS NDC pathway is 3.5 years.

9.2 'Living Well with Neuro Diversity' Offer

Over the last year the team have worked hard to implement a pre assessment offer to families. In collaboration with Autism Oxford and NDC CAMHS we have developed the Living Well with Neurodiversity support service.

This service is for young people and families who are on the waiting list for assessment or accessing treatment with Oxfordshire CAMHS NDC and Neuropsychiatry service. The offer involves Monthly "parents evening" style advice for parents pre and post assessment and support groups for parents who are waiting for a diagnostic assessment. Families are provided with a link to the website and a code. They can then book onto the support independently and access a range of resources/information.

9.3 Owl Centre

We have been able to gain additional monies to purchase 350 assessments from the Owl Centre (a private provider that offers Neuro Developmental Conditions assessments) to help with the service demand. During the contract work up, CAMHS NDC and the Owl centre were able to align the digital assessment structure being offered. So that we can ensure an equitable experience for our families, whether the assessment was offered by the Owl centre or NDC.

9.4 Single Point of Access (SPA) / Getting Help / Getting More Help:

We are currently in the process of conducting a large-scale service improvement project which will be reviewing the following areas:

- The current GH / GMH model.
- Our internal processes
- The package of support offered to young people and their families and initial universal and targeted offer
- The initial assessment offer
- Staff development and training needs

Upon launch, the purpose of this project was to identify any overlaps, gaps, and duplications in our processes and also the provision we offer to ensure teams are working collaboratively (releasing capacity) where appropriate to reduce our waiting times. We also wished to address feedback that systems were often difficult to navigate.

Specific work is also being undertaken regarding CYP who may be neurodiverse. Work within the service to address demand continues.

9.5 SPA Triage

For Children we Care for, children on a Child Protection plan or young people who are highlighted as concerning from a referring professional. The SPA team will triage these cases using 2 domains: complexity and contextual problems and using a tool we rate cases as:

Moderate – severe: THESE ARE **URGENT RED 0- 4 WEEKS**

Mild-moderate – THESE ARE **TO BE SEEN SOON AMBER 4-8 WEEKS**

None – mild – THESE CAN BE **ROUTINE GREEN 8-16 WEEKS**

9.6 Walking with you

“Walking with you” is a support group open to any parents or carers who are supporting children up to the age of 25 years with difficulties around their mental health. It is run with educational information as well as parents sharing their lived experience.

9.7 Outreach Service for Children and Adolescent's (OSCA)

The Outreach Service for Children and Adolescent's support young people whose level of complexity requires more intensive services than can be offered with the Community Child and Adolescent Mental Health Services (CAMHS) out-patient services. The service aims to meet the needs of those young people who are treatment resistant due to their Complex and Chronic Mental Health Needs. Outreach offers intensive individualised treatment packages based within the community that generates change and reduces the risk of escalation, underpinned by psychological interventions and an attachment-based model.

The core offer of the service is:

- Wraparound Community Support which offers increased levels of support for targeted interventions, whilst working alongside the young person's Core CAMHS team.
- Assertive Outreach, focusing on developing and maintaining engagement with services to assess and address their chronic, complex Mental Health Needs and professional systems, where other Teams within CAMHS have been unable to engage the young person and the system involved with the young person.
- Dialectical Behaviour Therapy (DBT) treatment, a treatment pathway within Outreach, which is a specific intervention for young people with emerging Emotionally Unstable Personality Disorder (EUPD), or who have emotional dysregulation.

Working with our voluntary sector partner Response we have introduced 5 Community In Reach Workers within the team as of the 1st February 2023.

We are developing the service, implementing a new trauma approach which will provide intervention and support for complex young people currently sitting in GMH. This will reduce the number of cases within GHM and allow more time for the team to focus on treatment.

9.8 Partnership working with the OUH

We continue to develop good working relationships with our acute hospital colleagues at the OUH and since August 2023 we have appointed a further Liaison post to join the Clinical Transitions Manager.

The team will work with those who present to A&E by triaging and discussing all young people in hours with EDPS and support with formulating a discharge plan from A&E in a prompt and timely manner. This has significantly reduced the times that young people have had to stay in hospital and means follow up plans are made directly with the right team when needed.

- If a child is presenting with more complex needs then multi agency meetings are called to work through care and discharge planning.
- These roles in addition work closely with their colleagues at our Place of Safety to ensure that all young people gain a personalised care plan during their stay and timely professional meetings where needed.

The Oxfordshire Improvement Partnership Board continues to run bi-monthly and now includes representatives from our social care colleagues. It is a space for building relationships as well as learning from incidents and good practice.

9.9 Mental Health Support Team (MHST):

The Oxfordshire MHST is a jointly delivered service between Response and OH who deliver Child and Adolescent Mental Health Services (CAMHS) in Oxfordshire. Response is commissioned to deliver the support roles within the team to complement the work of the Education Mental Health Practitioners (EMHPs) and expand the MHST service offer available to schools. We now cover 282 schools out of 364.

We now have two teams in each of the South, City, west and North localities. A structural review took place in the summer of 2022 with each of our localities now being led by a deputy team manager. The permanency of a clinical team manager has continued to add stability to the overarching service and has proven to strengthen relationships with our school colleagues.

MHST well-being youth workers will continue to support schools more broadly in their approach to mental health and well-being and will run well-being groups as identified by schools. When working with a young person, the MHST well-being youth worker may also do some work with parents/ carers to build their confidence and awareness at supporting their child with their well-being and will also support young people to access services in the community.

During the summer of 2022 – we held an away day for MHST, school health nurses, LCSS and Targeted youth team. The aim of the day was to support the team to network and to better understand each other's roles within the school setting. The day also focused on collaborating with one another and school colleagues to complete informed and meaningful strengths and needs assessments.

9.10 School In-reach Service

This service exists to offer input to schools which are not 'MHST' schools as there is not complete coverage across the county. This year (September 2022 – July 2023) has been the busiest year to date for the school in-reach service. We have delivered a total of;

51 therapeutic groups for young people,
36 mental health assemblies,
988 parents have attended mental health awareness sessions
957 staff trained in various mental health topics over the school year

What's gone well?

- Having a full-staffed enthusiastic and dedicated team who after induction are all fully trained and ready to deliver our interventions.
- A busy year, lots of engagement from schools in a variety of activities. Schools invite us to their policy development, or mental health planning for the school, and invites to events such as student workshops or carousel events tend to stem from these.

- Most secondary schools have been affected with teacher strikes; often the whole school has closed. Despite this we have been able to continue our groups with only one being rescheduled to next year.
- The Connections Group (developed last year) has been rolled out in most schools to good effect.
- Fully established with our training through the OSCB training platform, and recent quality assurance audit went well – we now offer 3 courses delivered this way reaching a wider-range of professionals working with young people.
- Good attendance at our county-wide staff training events and positive comments received. The topics covered appear to be at the right level for our audience, delivered in a useful way.
- Increased awareness with other services, increased attendance at CASO's and word of mouth recommendations.
- Other projects; new ideas have taken shape during the year, especially with our two OTs who have been able to see additional needs in our young people. This has resulted in two new courses being prepared for delivery from September 2023.
- Winning Oxford Health's Exceptional Team award in June 2023 has been a tremendous boost for the team after their hard work this year.

To support young people and families whilst waiting for our service, the School In-Reach team is holding several webinars for parents over the coming year. These awareness sessions are part of our early intervention offer and contain useful information about how to support your child with some of the commonly seen emotional and mental health concerns.

The webinar format allows parents to join from home. Cameras and microphones will be off, but questions can be asked through the chat function with handouts being sent on afterwards.

9.11 Eating Disorder (ED) Service

The Eating disorders community team have made a significant improvement with their waits for the service. In the past year they have reduced their waits for routine referral down to under the national target of 4 weeks. As part of the long-term plan, they have developed the Enhanced Community Pathway (ECP) which is a new clinical pathway within the Oxfordshire CAEDS.

- Eating Disorder Awareness Week: We successfully held a countywide event in February 2023 which was attended by 83 attendees and received excellent feedback. We are hoping to repeat the event again next year.
- ROMS. Return rate of our discharge Routine Outcome Measures (ROMS) has improved from 6.4% in 2022 to 46.8% in 2023.
- We have no waiting list for short-term psychological interventions, such as distress tolerance, body image work, anxiety management and self-esteem work.

9.12 Enhanced Community Pathway

The Enhanced Community Pathway has been developed to maximise the 4-week window in which research demonstrates that if there is positive behavioural change and weight restoration within 4 weeks then the longer-term prognosis is improved. The ECP aims to achieve the following.

- Provide a minimum of three weekly contacts tailored to the young person and their families' needs and goals for
- Reduce the referrals for crisis and home treatment interventions.
- Prevent admission to pediatric and psychiatric inpatient beds.
- Improve treatment outcomes.
- Support quicker discharges.
- Monitor outcomes and outputs as well as identifying risks and potential benefits of enhanced care.

We have early evidence of the positive impact that the ECP is having on reducing patient admissions and the need for crisis support. In the last 5 months the average number of young people being supported across the CAED and the crisis team has reduced from 10 to 2 at any one time.

Our key achievements:

- We have treated 13 young people in our first year.
- Weight increased on average by 7.5% from 84% to 91.5% Weight for Height.
- Number of ED patients under crisis has gone from 16 in March 2022 to 3 in March 2023.
- Crisis caseload was 7 in September 2023 but only two were receiving an active intervention (the other 5 were inpatients).
- Out of the 13 ECP patients only 1 required an inpatient admission.
- All routine outcome measures improved apart from one measure on risk (due to the very small number of returned questionnaires and one young person presenting with a non-ED crisis) and parental efficacy for dads (again the number of returned questionnaires was very small and the data possibly skewed).

"I couldn't fault the team and I felt they had x's best interests at heart and knew her well. I am so grateful for the care we have received" and "The amount of time given as a team was good and we could never have afforded the same care had we gone privately"

9.13 PEACE Pathway

Oxfordshire is the lead provider and part of this innovative work across the Thames Valley region that is piloting a new pathway for CYP called the 'Peace Pathway'. This is a service for young people who have an eating disorder and Autism (or suspected autism). The service is offering a range of interventions, including adapted treatment approaches and low intensity interventions, direct and indirect work, a wide online training offer to all staff working with CYP with eating difficulties and autism, including education, early help services, and CAMHS. A

screening tool is being implemented for any CYP coming into services, to ensure that early identification and support is recognised. A newsletter with details of all developments is available, and is widely circulated to colleagues working in this area (issue 3 of this newsletter has been published as a separate file as appendix 2 of this report).

- We are the only service in the UK doing this
- Improved identification, recognition and referral within community CAMHS of children & young people with eating difficulties/disorders
- Enhance pre-assessment and post-assessment support for those at high risk of developing an eating disorder or those already receiving eating disorder treatment in the community.
- Respond to the urgent need to identify and support children (and their parents/families) who have/may develop an eating disorder/disordered eating and are diagnosed with or suspected to be autistic
- To support any young person on a needs-led basis with or without an autism diagnosis.

Overall 46% (289 children) of cyp screened by the team using the AQ10 (screening tool for autism) met the threshold for autistic characteristics (an indicator for full assessment)

60% (Bucks), **38%** (Oxford) **27%** (Berkshire) of ED cases of young people with diagnosed or suspected autism have received PEACE support (e.g., consultation, assessment, interventions).

The project is in its third and final year and is producing some very promising outcomes, with positive feedback from staff, parents, carers and young people.



PEACE PATHWAY
NEWSLETTER- Issue 3

"Laura is an incredible psychologist- she is the first clinician to help (child) progress in a positive direction"

At last (child) feels that has found someone who truly understands her needs"

"She caused my daughter to say to me at home: "I really like Kim, she's lovely. I don't think anybody would be able to make me feel good about myself, or about my body, but she did. I though it would be impossible. But Kim managed it. She's really good. I like her a lot. I'm really looking forward to seeing her again"

9.14 Thames Valley Link Programme

'Supporting children & young people in complex situations'

In February 2022 Oxford Health as lead provider was successful in the bid for the Framework for Integrated Care. The vision, principles, and intended outcomes of the Framework for

Integrated Care and the services it will underpin, have been developed as a response to the NHS England & NHS Improvement Long Term Plan (LTP) commitment to provide additional support for the most vulnerable children and young people with complex needs across multiple domains between the ages of 0-18.

Our vision is to support children and young people with complex needs (CYP) in the Thames Valley (TV) to thrive in the community. We are committed to collectively improving our approaches to identifying and supporting these CYP early, to engaging them and their families (incl. carers) in creative ways to access the care they need, to support and work with professionals across settings and to provide care that is integrated, trauma-informed and systemic. We will achieve this by building upon the existing TV infrastructure, making it easier to navigate and access support.

The Oxfordshire based team went live on 12th December 2022 and have worked with 170 cases up to October 2023, and are offering advice, consultation, assessment and direct interventions. Berkshire team are due to go live January 2024 and Buckinghamshire are due to go live November 2023.

We have procured a third sector organisation 'RAW' to work in partnership with us to provide youth workers within the county-based teams.

"It is such a great space to discuss the risky/in between patients that feel a bit tricky. The team are so knowledgeable and helpful in unpicking complex cases and providing advice on next steps. Great team, great service."

"The Link Team have put actions in to place swiftly which has had a direct positive impact on the young person"

"Before I had a youth worker I didn't really like my life very much and I struggled to leave the house. I found school really difficult and stopped attending."

"I now leave the house more. I feel more confident to go outside and spend time with other young people. I am going to school more and don't feel as anxious about being there."

9.15 Keyworker (Learning Disability & Autism Community Liaison Service):

The service aims to develop greater resilience across services/agencies and improve outcomes and experiences for young people with Autism and/or LD, their families and carers. The service has been immensely successful at preventing admissions, reducing inappropriate admissions as well as at reducing the length of admissions.

We are currently actively working with 37 young people and their families as well as offering consultation and support to other organisations, including CAMHS, social care and the JR, on numerous others. During the last 12 months, the team has supported 48 young people, and offered consultation and support to other organisations, including CAMHS, social care and the JR, on numerous others.

During 2022 the service implemented Personal Health Budgets working with Continuing Health Care colleagues. The team have supported 10 young people with activities and equipment via the Personal Health Budgets, providing a range of activities and equipment that is bespoke to the young person inc. 1-1 support, sport club membership, cinema.

9.16 Autism Champions and Response Partnership working:

We continue to work in partnership with Response who are providing Social Prescribers who work within GMH and Autism Champions continue to provide some specialist Autism interventions which will help the recovery of young people with ASD that also present to mainstream CAMHS services.

Katrina Anderson, Service Director

Vicky Norman, Head of Service

Emma Fergusson, Associate Medical Director

09/11/2023

Appendix 1 – Feedback

PEACE PATHWAY PARENT FEEDBACK

"Laura is an incredible psychologist- she is the first clinician to help (child) progress in a positive direction"

"For the first time in two years we are talking about a future, which is incredible for us as a family"

"We fully support the programme and shall be working hard to ensure that this model is replicated nationally"

"These Sessions have been invaluable and have been a significant part of (child's) steps towards recovery"

"No one else, including me, would have identified (child's potential autism)"

At last (child) feels that has found someone who truly understands her needs"

"The involvement of the team has been key to successful outcome".

"She caused my daughter to say to me at home: "I really like Kim, she's lovely. I don't think anybody would be able to make me feel good about myself, or about my body, but she did. I though it would be impossible. But Kim managed it. She's really good. I like her a lot. I'm really looking forward to seeing her again"

Thames Valley Link Programme

Youth Worker Feedback

Can you tell us about some of the things that you do with your youth worker?

"My youth worker has started taking me to the gym which I really enjoyed. Although I think he struggled a bit with it and needs to work on his fitness! "

"Every week he takes me to do a different activity. My favourites have been Crazy golf and bowling. We have also been to a trampoline park, played golf at a driving range and sometimes we also go out to get food or a drink."

"My youth worker has taken me bowling and trampolining this week. He also picks me up from school and spends time with me in the afternoon before dropping me home. I'm trying really hard at school because we're going to do a bigger

Before you met your youth worker were you finding anything in your life difficult

"I had stopped attending school as I found the work too difficult and didn't get along with any of the teachers or other students. I felt a bit like I didn't belong there."

"My attendance at school was really low and when I was there, I was struggling to behave and do what the teachers asked me to do."

"Before I had a youth worker I didn't really like my life very much and I struggled to leave the house. I found school really difficult and stopped attending."

Since having a youth worker would you say anything has changed in your life?

"My attendance at school has got better and I have only missed a few days this term. I am also trying hard to work on my behaviour at school and at home."

"I now want to return to education. I have applied to go to college to study computer science, Math and English. I think with my youth workers support I will continue to be able to do that."

"I now leave the house more. I feel more confident to go outside and spend time with other young people. I am going to school more and don't feel as anxious about being there."

What is it that you have liked about having a youth worker?

"My youth worker is fun, has time for me and he also has a nice car!"

"I like that he has time to listen to me. I know he will be there every week."

"He has really helped me to attend my school more and I like that he takes me to do activities I wouldn't normally get to do."

PEACE NEWSLETTER

STAFF UPDATE

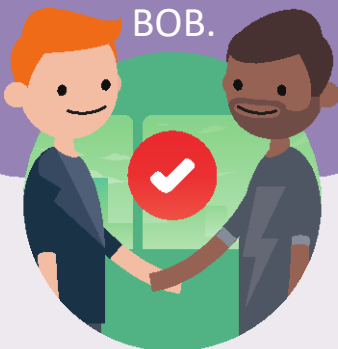


RESEARCH

THE PREVALENCE OF AUTISM IN CAMHS EATING DISORDER SERVICES

PEACE is investigating the prevalence of autism and autistic traits in our CAMHS Eating Disorder Services across Berkshire, Oxfordshire, and Buckinghamshire.

Prior to PEACE, there was **no clear data** about the prevalence of autism in CAMHS ED services across BOB.



SCREENING FOR AUTISM:

38% of 289 young people, presenting to our three eating disorder services, score above threshold on the AQ-10 screening measure.

	% of Total Autism Cases (Diagnosed or Suspected)	% of CYP with Existing Autism Diagnoses	% of CYP with Suspected Autism	% of CYP on the Neurodevelopmental Waitlist or accessing a Private autism assessment
BUCKS	40% (65 out of 164)	14%	26%	12%
OXFORD	48% (66 out of 137)	17%	31%	5%
BERKS	51% (63 out of 124)	12%	39%	13%

OVERALL:

46% of young people have diagnosed or suspected autism across our three CAMHS Eating Disorder Services.

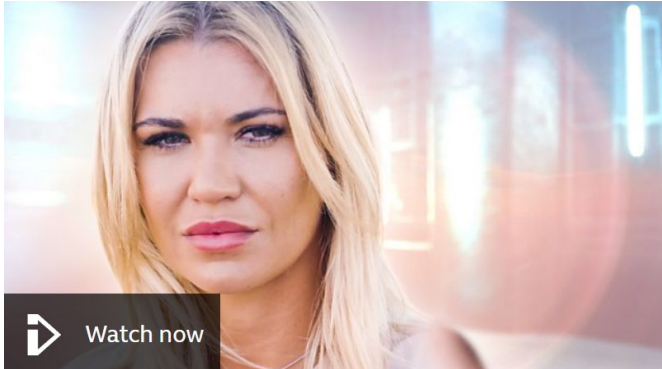
PARENT FEEDBACK

“It’s the **first time** that someone has suggested that we just start improving what is already there, so we **didn’t walk out feeling overwhelmed**, we felt like we could actually **make some improvements quite easily**.”





WORTH A LOOK



Watch now

BBC IPLAYER- CHRISTINE MCGUINNESS: UNMASKING MY AUTISM

Christine McGuinness explores autism in women and how many have had gone undiagnosed for decades.

She discusses why it often takes a long time for autistic women to receive a diagnosis, the impact this has on them, and what can be done to improve their lives.

Press Ctrl+Click on the image to visit this webpage.

RESEARCH

WHAT I WISHED I KNEW STUDY

PEACE have gained ethical approval from the Health Research Authority to conduct a mixed methods analysis on **service user, clinician, and carer experiences on treatments for co-occurring eating disorders and autism.**

The study aims to gain more understanding of **CAMHS eating disorder treatment experiences** for:

- Young autistic adults (suspected or formally diagnosed with autism)
- Carers
- Healthcare professionals working with and treating eating disorders.

We want to better understand what individuals **wished they had known or had in place** when starting their eating disorder treatment journey.

SAVE THE DATE

STAFF TRAINING WEBINAR

Friday 17th November, 2023

Madeleine Oakley & parent perspective

This webinar will discuss support for parents, carers and families, key challenges, and what can be done to help.

PEACE PARTICIPATION



The PEACE project is **co-produced** with both **young people and parents with lived experience.**

We run a monthly session with each group as their input is so **invaluable to PEACE work.** They support us in many areas, a few

examples being **providing feedback** on our work, **contributing their ideas, sharing personal experiences** and sometimes doing **individual work** between our monthly groups.

USEFUL RESOURCES

(Press ctrl + click to follow the links)

How can we make sessions right for you?

[How can we make sessions right for you](#)

PEACE communication passport:

[Communication Passport](#)

Charlie Waller: How can I help my autistic child with their mental health:

[How can I help my autistic child with their mental health? \(charliewaller.org\)](#)

If you feel that support from the PEACE team would be helpful, please contact us on:

peace.pathway@oxfordhealth.nhs.uk



Cllr J Hanna OBE

Chair, Oxfordshire Health
Overview and Scrutiny
Committee

14 November 2023

Dear Secretary of State for Health and Social Care,

Dentistry Provision in Oxfordshire

I am writing on behalf of and in my capacity as the Chair of the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) to draw your attention to some of the challenges around dentistry provision in Oxfordshire following the OJHOSC's scrutiny of the topic in April and May of this year.

Members of the OJHOSC heard evidence from a number of key invitees including NHS England, the Integrated Care Board, and Healthwatch Oxfordshire.

Following intense discussions as part of a formal meeting item in April on Dentistry provision within the County, the Committee felt it was imperative to highlight the following points and concerns. Whilst understanding that some of the challenges with access to dentistry services are not unique to Oxfordshire but are felt nationwide, the Committee feels that access to NHS/affordable dentistry within Oxfordshire has reached terribly low levels, such that urgent action is warranted to specifically address this.

Below are some of the oral health patterns and dentistry provision challenges that exist within the county. The Committee's concerns around these challenges are twofold:

1. There are underlying oral health challenges and patterns relating to tooth decay and deprivation, which requires further collective efforts to resolve, as well as potentially considering fluoridation of the county's water supply.
2. There are challenges with how dentistry services are being delivered, which are complicating ease of access to dentistry services for ordinary residents.

Tooth Decay Amongst Children within Oxfordshire is somewhat high. In an epidemiological survey conducted as part of national efforts to observe oral health nationwide, it was found that the rates of tooth decay experienced by 5 year olds within 5 Oxford District Councils were relatively high and as follows; 22 percent in Cherwell, 28 percent in Oxford, 18 percent in South Oxon, 20 percent in Vale of the White Horse, and 19 percent in West Oxon. Additionally, in a report submitted to the Committee from the ICB in its April 2023 meeting, it was highlighted that tooth decay remains the leading cause of hospital admissions amongst 5-9 year olds in England.

Ethnic Minorities are more inclined to experience tooth decay and other dental problems when compared to individuals from white groups within Oxfordshire. This is evidenced by

data released by Public Health England in 2021, which also indicates that this is the case amongst children. Although, deprivation is likely to be a crucial factor in explaining this. According to another Public Health England study published in 2021, deprivation raises susceptibility to tooth decay due to factors such as; not affording continuous and adequate dental care, and having to rely on diets which are less balanced and healthy due to an inability to afford healthier eating habits. Therefore, it is vital that efforts are made to increase the affordability of dentistry services, or to potentially even provide as much free dental care as possible for those on low-income backgrounds, including ethnic minorities who are more likely to fall under this category.

Dental Practices Terminating NHS Contracts: Through its interactions with NHS England and the Integrated care Board, the Committee learnt that there is a proclivity for dentists to avoid treating patients through the NHS, and to prefer to focus on private patients. This is partly due to the fact that private contracts can often be more rewarding. This often results in residents from more deprived backgrounds having fewer opportunities to access NHS dentist treatment, as they are less likely to afford seeking private dental care.

Furthermore, through its close interactions with Healthwatch Oxfordshire on this matter of dentistry provision, the Committee has come to understand that residents are experiencing numerous challenges including the following:

Removal from Patient Lists: People often feel removed from the 'list' of patients at a dental practice that they may have previously received treatment at, particularly after a break from seeing their dentist either during or subsequent to the Covid-19 pandemic. Patients may go back to a surgery after some time only to find that they no longer have the opportunity to book another appointment due to no longer being registered. Therefore, the Committee recommends the Secretary Of State to explore how standardised processes can be created which preclude, in as much as possible, the tendency for patients to be unregistered from dental practices simply due to not having visited or contacted the surgery for prolonged periods.

Mixed or Unclear Information on Services: People have reported often receiving mixed and conflicting information as to the services available to them. It has also been reported that patients frequently receive unclear communication about options for NHS treatments as well as the means to access these. Given that individuals within high-risk groups (such as pregnant women, asylum seekers or those with underlying health conditions) are more susceptible to poor oral health, it is vital that information on services is made as explicit as possible. This could also extend to the provision of information in various languages to take the factor of language barriers into account.

Difficulties Affording Continuous Dental Care: People often feel unable to afford follow-up care following one-off emergency treatment. In some instances, patients are having to receive emergency treatment through avenues such as NHS 111. Often these treatments are not long-term and require further, more complex procedures and follow-up treatments for the underlying dental issue to be resolved. However, in the context of a cost-of-living crisis, residents who require follow-up care encounter difficulties in affording this.

To address some of the challenges around access to dentistry within Oxfordshire, the Committee recommends the following:

Consider Fluoridation of Oxfordshire's Water Supply. The Committee understands that fluoridation of water supplies has significant clinical benefits for oral health for all residents. Indeed, it is considered more effective than high-fluoride toothpaste. However, fluoridation has not yet been introduced throughout Oxfordshire. Whilst it strongly supports the measure, the Committee recognises that changes to the water supply can be controversial. It is therefore recommended that the Secretary of State undertakes a consultation to determine the level of local support or opposition to the fluoridation of the county's drinking water. If the results are positive, the Committee urgently asks the Secretary of State to consider embarking on fluoridation of Oxfordshire's water supply given the scientific and medical evidence that this can significantly reduce the prospects of tooth decay and more serious oral complications.

By way of background, the Committee also identified the following as key areas for improvement and makes these recommendations to the Secretary Of State accordingly:

Tackling Delays for New Trainees: The Committee feels that one of the methods to increase access to dentistry is to increase the number of practitioners being able to offer treatments. The Committee has heard of delays in new dental trainees being able to register for NHS practice. New trainees tend to encounter fewer barriers and delays in registering for private dental practice. This results in two proclivities; either trainees tend to resort to registering for private dental care/with private dental practices, or they remain unemployed or not able to provide treatments at all. Whilst the Committee does not question the importance of adequate and thorough training procedures, it is recommended that any undue delays in new dental trainees being able to register for NHS practice are reduced in as much as possible.

Flexibility Over NHS Dentistry Contracts: The Committee understands that some efforts are being made to increase flexibility in the provision of NHS contracts for dentists providing treatment to patients through the NHS. The committee values this but calls for greater optimisation of the use of flexible contracts so as to enable dentists to perform as many NHS treatments as possible. It is also recommended that these contracts are sufficiently rewarding so as to provide further incentives for dentists to offer such treatments.

Use of Underspends for targeted Oral Health Programmes: The Committee is aware of the fact that underspends can exist within the Oxfordshire system, particularly in the context of Allocation Formulas for dentistry. It is therefore recommended that any underspends within the

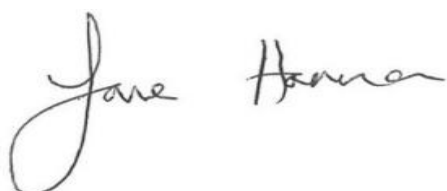
Oxfordshire system are utilised as investment into more targeted oral health programmes to support vulnerable population groups within the County. More transparency as well as a standardised method of dealing with underspends can contribute not only to reassurances to the public but also towards deciding how to best invest these underspends.

Working with Oxfordshire County Council Public Health: The Committee believes in the importance of prevention work so as to help improve oral health in the long run and to reduce the prospects of incidences of tooth decay. One useful avenue to achieve this is through greater support and coordination between Government and the Public Health Team at Oxfordshire County Council. The County may benefit from any additional further support, be this through additional funding, resources, or the sharing of expertise, so as to help bolster prevention work at the local level.

From the Committee's engagement on the subject, it is clear that dentistry has the opportunity to offer a strong base and foundation to provide exceptional healthcare provision in Oxfordshire. However, this can only be achieved and enabled by the factors outlined above.

The Committee looks forward to your engagement in this area and to any developments to address the issues raised above.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jane Hanna'.

Cllr Jane Hanna OBE

Chair, Oxfordshire JHOSC, OCC

Jane.hanna@oxfordshire.gov.uk

Our ref: DE-1458302

Dear Councillor Hanna,

Thank you for your correspondence of 7 June to the Secretary of State for Health and Social Care regarding the challenges facing primary care. I have been asked to reply.

I appreciate your concerns on this matter.

General practice remains under tremendous pressure and is working incredibly hard to support their communities like many parts of the NHS. General practices are delivering 10% more appointments each month compared to before the pandemic, and the Government knows demand is growing. That is why on 9 May 2023 the Government published its Delivery plan for recovering access to primary care (the Primary Care Recovery Plan), which will support practices to make it easier and quicker for the public to get the help they need from primary care, as part of this plan, the Government is:

- **Cutting bureaucracy to free up GP time.** Commitment to cut bureaucracy to free up more time for practice teams to meet the clinical needs of their patients. The plan highlights how the Government will free up around £37,000 per practice by cutting back targets, improving communication between GPs and hospitals, and reducing the time GPs have to spend on work that non-GPs can do.
- **Introducing Pharmacy First.** Expanding the role of community pharmacy by investing £645 million for a new common conditions service to support patients with a greater choice in where they can receive care, which will also help reduce the pressure on general practices.

The Government remains committed to growing and diversifying the General Practice workforce, through the Additional Roles Reimbursement Scheme. Primary Care Networks and practices have recruited over 29,000 additional staff including pharmacists, physiotherapists, and social prescribing link workers, hitting the government's target to recruit 26,000 a year ahead of the March 2024 target.

These roles provide appointments and perform clinical and administrative tasks as part of the wider General Practice multi-disciplinary team.

NHS England has made available a number of recruitment and retention schemes to boost the general practice workforce. These include the GP Retention Scheme, the GP Retention Fund, the National GP Induction and Refresher Programme, the Locum Support Scheme, and the Supporting Mentors Scheme.

Last year, the highest ever number of doctors accepted a place on the GP training programme in England – a record 4,032 trainees, up from 2,671 in 2014. NHS England recently published the long- term workforce plan which includes projections for the number of doctors, including GPs, nurses and other professionals that will be needed. Under the plan, the number of GP training places will rise to 6,000 by

2031/32, with the first 500 new places available from September 2025.

The Government knows that more GPs are choosing to reduce their contracted hours or explore more varied roles. The People Plan commitment to flexible working applies to all NHS staff, including GPs, and the Government wants to support GPs to take up more flexible, varied roles and opportunities for different types of flexible working. This will support a more sustainable workforce

Capital funding is allocated on a regional basis using a weighted population approach that considers local populations growing annually. From 2022/23, a substantial proportion of primary care business as usual estates and GP IT capital is included within Integrated Care System (ICS) capital funding envelopes. This allows systems to take a more cohesive approach to capital across all organisations within that system.

Beyond the NHS capital allocation process, commissioners or GP Practices may be able to access funding from other sources, such as Section 106 or Community Infrastructure Levy (CIL) funding associated with specific major housing developments in their locality.

Section 106 (s106) is a payment by developers to mitigate local impacts of a scheme on infrastructure to make it acceptable in planning terms. The CIL is a levy on large developments to pay for infrastructure, based on a published tariff schedule.

The Government announced in the Primary Care Recovery Plan') that, as part of its wider review of the National Planning Policy Framework and planning guidance, it will consider how primary care infrastructure can better be supported. The Government will update guidance to encourage local planning authorities to engage with ICBs on large sites which may create need for extra primary care capacity.

A specific example of the action the Government is taking is with new housing developments. The Government knows there are challenges when new homes are built, and they put additional pressure on existing primary care capacity. It is going to change Local Authority planning guidance this year to raise the profile of primary care facilities when planners are considering how developer contributions and funds from new housing developments are allocated.

The Levelling Up and Regeneration Bill introduces a new Infrastructure Levy to support local infrastructure such as roads, schools and GP surgeries, and a requirement for local authorities to prepare an infrastructure delivery strategy to consider how this levy will be spent. Government is consulting on how ICBs, along with other infrastructure bodies, should be part of this improved planning process. The Infrastructure Levy is designed to increase certainty about what forms of infrastructure will be delivered alongside new development, reducing the scope for negotiation and delay experienced in the current system.

I hope this reply is helpful.

Yours sincerely,

K Jarvis
Ministerial Correspondence and Public Enquiries
Department of Health and Social Care

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Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Dentistry Provision in Oxfordshire

Lead Cabinet Member(s) or Responsible Person:

1. Hugh Okeefe, Senior Programme Manager – Pharmacy, Optometry and Dental Services, BOB ICB.
2. Daniel Leveson, Place Director Oxfordshire, BOB ICB.
3. Julie Dandridge, Primary Care Lead Oxfordshire, BOB ICB.

Health Overview & Scrutiny Recommendation Response Pro Forma

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
To collaborate with the Place Based Partnership, Public Health, and providers with a view to creating a base line dentistry data set that will mean local improvements to poor dental health of residents can be achieved and clearly communicated.	Accepted	<p>The Oxfordshire Joint Strategic Needs Assessment (2023) contains information about the oral health of 5 year olds in the county. This information is derived from national epidemiological surveys. The ICB will work with Public Health colleagues to review and update this information.</p> <p>The ICB is developing a Primary Care strategy including dental services. This will include a review of current data and the development of datasets to inform future commissioning plans. There is a strong link between socio-economic factors and health. The aim is to develop a strategy outlining how primary care via service delivery and partnership working with other agencies will improve the health of the population with oral health to be a key element of the strategy.</p>
To resolve any remaining uncertainty regarding the local flexibilities available to the ICB, and to consider investment of the underspend in Oxfordshire in targeted action to improve access to health and better serve Oxfordshire's children and residents with the greatest need.	Accepted	The BOB ICB Flexible Commissioning pilot commenced on 1 st June 2023. The pilot scheme will run to 31 st March 2024 and is designed to support access to NHS dental care for patients who have struggled to access NHS dental care. The scheme supports access for patients who have not attended a local dental practice for 2 years; who have relocated to the area; Looked After Children, families of armed forces personnel, asylum seekers and Refugees. Practices can also see 'other' patients if they believe it to be clinically appropriate. It allows practices to convert up to

Health Overview & Scrutiny Recommendation Response Pro Forma

		<p>10% of their contractual capacity from the delivery of activity targets to access sessions, where more time can be set aside for patients likely to have higher treatment needs. 30 practices in BOB are taking part in the scheme (18 from Oxfordshire) with plans to provide nearly 3,000 Flexible Commissioning access sessions in the period July 2023 to March 2024. In the first 4 months about 900 sessions were provided with 3,000 patients attending (3,500 attendances). About 70% of patients attending to date have not attended a dental practice for 2 years; 14% have relocated to the area; 12% 'other' (includes patients who have been unable to access care, urgent patients, maternity, patients with an on-going clinical need that requires dental intervention, vulnerable patients, children's emergency trauma and cancer patients needing dental treatment as part of their care). 4% of attendances have been from Looked After Children, families of armed forces personnel and asylum seekers and refugees.</p> <p>The service is subject to on-going review and development.</p> <p>National guidance in respect of Flexible Commissioning was issued in October 2023.</p> <p>Whilst access to NHS dental services is continuing to improve, some capacity has been lost following decisions by some practices to leave the NHS or reduce their NHS commitment. The ICB is working with local practices on a re-commissioning plan to replace this capacity from 2023-24 onwards.</p>
Additional Points relating to Utilisation of Resources		<p>The ICB is working on plans to maximise the use of dental monies with monies becoming available due to contract handbacks and reductions. Dental practices are being contacted to advise that they can overperform on their contracts by 10% in</p>

Health Overview & Scrutiny Recommendation Response Pro Forma

		<p>2023-24, in line with national guidance issued in late 2022. The practices are being asked whether they plan to deliver to additional activity in the period to 31st March 2024. The practices also are also being asked about their interest in delivering more activity on a recurrent basis. This is as part of a 2 phase programme to restore activity that has been lost due to contract handbacks/reductions and to meet need in each local authority as indicated by levels of contract performance in those authorities. There are planned levels of activity to commission in each local authority. Phase 1 will be to contact local practices to take on additional activity. If take-up falls short of planned levels the ICB will then go out to formal procurement to look to bring in new providers.</p> <p>The Flexible Commissioning scheme is designed to re-focus some of the resource on patients with greater need. This will run as a pilot until 31st March 2024, with a review to be carried out prior to that to assess whether to continue with the scheme in 2024-25.</p> <p>It is likely that there will be on-going gaps in provision until both phases of the re-commissioning programme has been completed. The ICB is looking at possible innovative solutions for how this is addressed in the short term. This could relate to how current contracts are managed or different ways to deliver services such as skill mix with greater support from other dental care professionals or mobile provision.</p>
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Divisions Affected - All

13th November 2023

Local Area Partnership SEND Report by the Cabinet Member for SEND

Executive Summary

1. Oxfordshire County Council is jointly responsible with the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) for the planning and commissioning of services for children and young people with SEND in Oxfordshire.
2. There was an Area inspection by the Care Quality Commission (CQC) and the Office for Standards in Education (Ofsted) between 13 July 2023 and 21 July 2023. The report was published on 15 September 2023.
3. The inspection's outcome was that "There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently".
4. The Council and Partnership has unequivocally accepted the report.
5. Following publication of the report, the local area partnership prepared and submitted a draft Priority Action Plan (PAP) to the Department for Education (DfE) and CQC on 27th October 2023.
6. The draft Priority Action Plan seeks to address all areas identified during inspection as requiring improvement, and was co-developed by the council, partners, and parent/ family representatives. The plan is co-signed by Chief Executives of OCC and BOB ICB.
7. Report of the Oxfordshire Joint Health Overview and Scrutiny Committee to Cabinet, dated 17th October 2023, included 12 recommendations. Responses to these recommendations are detailed below.

Report

Overarching Recommendations (issued by HOSC and People's Scrutiny Committee):

8. Recommendation 1: For Leadership over the Partnership and of Children and Young People's SEND provision to be explicitly set out and communicated clearly to families and all stakeholders; as well as clear measures of how leadership will be developed and demonstrated at all levels, and to demonstrate how new ways of working with stakeholders will put families at the heart of transformation.

Response: Partnership leadership, assurance, and oversight of SEND provision is by the Oxfordshire SEND Improvement Board (SIB). The Board provides transparent visibility of progress, constructive and robust challenge, as well as celebrating what is working well and improving. The progress of improvements will be routinely scrutinised by appropriate scrutiny arrangements (People Scrutiny, HOSC and ICB Quality Group).

Operational delivery of the Priority Action Plan (PAP) is via the Partnership Delivery Group (PDG), supported by time-limited Task and Finish groups. SIB, PDG, and Task and Finish groups all include Parent/ Carer representation. Continued improved communication with families and stakeholders is a key focus of our SEND action planning. It underpins our governance arrangements, is a key priority within the PAP, and is a focus area of our Working Together Task and Finish group.

9. Recommendation 2: To ensure good transparency around any action planning and the improvement journey for SEND provision for Children and Young People, and to develop explicit Key Performance Indicators for measuring the effectiveness of improvements that are open to scrutiny. The Committee also recommends for more comprehensive action planning after the publication of the initial action plan requested by Ofsted, and for this action planning to be made fully transparent. The SIB will consider at its inaugural meeting how best to ensure information easily and publicly available.

Response: The Priority Action Plan includes development of an Integrated Local Area Partnership SEND dashboard, based on partnership KPIs, with performance overseen by the SIB. As above, ongoing PAP action planning is operationally overseen by PDG and Task and Finish Groups. PDG reports monthly to the SIB.

10. Recommendation 3: For the Leadership to adopt restorative thinking and practices with utmost urgency to reassure affected families, and for this thinking to be placed at the heart of any co-production exercises to help families feel their voices are being heard as well as for the purposes of transparency.

Response: Restorative Approaches are well-established within Children's Services. Co-production with children and families is at the heart of PAP and wider action planning. As noted, they are represented within all leadership & delivery bodies for SEND improvement.

11. Recommendation 4: To ensure adequate and timely co-production of action planning to improve SEND provision, and for the voices of Children and their families to be considered in tackling the systemic failings highlighted in the report. The Committee also recommends that the Partnership considers timely allocation of seed funding for the development of co-production involving people with lived experience; and for joint commissioning of training and alternative provision across Oxfordshire, involving multi-agency stakeholders, the voluntary sector, and families.

Response: SIB responsibilities include ensuring that co-production is embedded in the culture of SEND services. Our Multi Agency Quality Assurance (MAQA) forum has the purpose of setting out consistent, service specific processes for the quality assurance of Education, Health, and Care Plans, ensuring that good practice and learning is shared, informs training and professional development for all professionals involved in the process, underpinning our vision for shared responsibility for improving outcomes, on the improvements achieved and next steps.

Partnership training, and impact measures, are included in the PAP. All PAP actions are time-specified, ranging from December 2023 to post-July 2025, dependent on prioritisation and practicability.

12. Recommendation 5: To continue to improve working collaboration amongst the Local Area Partnership to integrate support mechanisms and services as effectively as possible, and for rapid improvements to be demonstrated on clear and efficient information and patient-data sharing on children with SEND.

Response: There are existing arrangements to enable the sharing of information across partners. The effectiveness of these will be considered as part of the improvement journey.

13. Recommendation 6: For every effort to be made for children and young people with SEND to receive the support that is specifically tailored toward and appropriate to their own needs and experiences; and for those involved in providing support services to be aware of the additional/ alternative services available which a child may also need a referral to. It is also recommended that improvements in one-to-one communications with families should be prioritised by Oxfordshire County Council, using the budget agreed by cabinet immediately following the Ofsted report.

Response: Priority actions within the PAP include co-production of both refreshed Local Offer and development of local area partnership early help and early intervention strategy. Together with improved EHCP assessment process, and Team Around the Family, this will enable the delivery of needs-led provision and the progression of outcome led plans with families. As noted above (Paragraph 8), continued improved communication with stakeholders and families is a key priority.

14. Recommendation 7: To consider the use of digital resources for enablement, including at an individual level; and to ensure EHCPs are up to date and that they constitute living documents for families.

Response: Timeliness and quality of EHCPs, along with improved parental access to the digital portal, are addressed within PAP item 3. Actions include ensuring accurate, timely, and effective assessment, and effectively meeting needs, particularly at points of transition. Assessment timeliness is improving, despite increasing demand. Timeliness of completion within 20 weeks has improved from 40% in June 2023 to 50% in the last month.

HOSC Recommendations:

15. Recommendation 8: For SEND commissioning to be developed using the Ofsted report as a baseline, and to place person-centred mental and physical health of children and their families with SEND at the centre of decisions on how funding is spent to maximise social value. The Committee also recommends for the Local Area Partnership to map all funding sources available for, and to explore joint commissioning of services and training that could improve the overall health and wellbeing for children with SEND.

Response: PAP priority actions include a focus on improved commissioning and strong relationships with commissioned providers, to improve capacity, meet demand, and meet the needs of children, young people, and their families. The PAP is also focused on ensuring commissioning arrangements support timely decision making and transition arrangements, and that there is a multi-agency approach to meeting the needs of children with emotional and mental health difficulties. The Leadership and Partnership Task and Finish group has responsibility for integrated commissioning of SEND services.

The Oxfordshire Joint Commissioning Executive, which plays a key role in the delivery of many Priority Action Plan actions, reports into the Partnership Delivery Group.

16. Recommendation 9: To ensure that there is clarity of information on any physical or mental health services for children with SEND, to reduce the risk of confusion and lack of awareness of such services amongst parents, carers or families of children who require support for their mental or physical health.

Response: A local area pathway is being developed for children and young people with emotional wellbeing and mental health concerns. The i-THRIVE framework (an integrated, person-centred, and needs-led approach to delivering mental health services for children, young people, and their parents/carers) will be linked to the Early Help Strategy and Team Around the Family.

17. Recommendation 10: To exercise learning from how other Counties and Systems have provided well-coordinated and effective SEND provision; particularly where measures have been adopted to specifically reduce the

tendency for poor mental or physical health amongst affected Children and Young People.

Response: Our response to the SEND inspection, including development of PAP and KPI dashboard, has been informed by learning from other local authorities. Children's Services senior leadership bring a wealth of experience in delivering transformation and service improvement within other local authorities. This includes both the recently appointed independent chair of the SIB, Steve Crocker (Former President of Association of Director of Children's Services) and new SEND/ Children's Services Improvement. We have invested in an additional Assistant Director for Early Help & Prevention, and Strategic Lead for Specialist Projects. Deputy Directors for Children's Social Care/ Education are likewise experienced.

18. Recommendation11 : To ensure that staff involved in Health, Care, Education, and any relevant Voluntary Sector organisations are sufficiently trained and aware of children that may be neuro-divergent, have a learning difficulty or a disability (SEND); and for such staff to be adequately aware of the support and resources available, and the processes for referring such children for any relevant mental or physical health services that they might require.

Response: As noted above, partnership training is embedded within the PAP. The Working Together Task & Finish group leads on Workforce Development.

19. Recommendation 12: For HOSC to continue to follow this item and to evaluate the impact of any changes or improvements made, with specific insights into the following; the Partnership's Action Plan as requested by HMCI; the overall measures taken to address the concerns raised by the Ofsted/CQC inspection; the progress made by CAMHS in reducing waiting times for treatment of children with SEND who require mental health support; and on how the NHS is working to increase the overall acquisition and availability of data on SEND children's mental health from key mental health providers.

Response: There are clear governance and reporting structures, as outlined above. We can provide updates as required.

Anne Coyle
Interim Corporate Director for Children's Services
November 2023

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Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Oxfordshire Healthy Weight Scrutiny Item

Lead Cabinet Member(s) or Responsible Person:

Cabinet Member for Public Health, Inequalities, and Community Safety (Cllr Nathan Ley)

For a response to be provided to all the recommendations outlined below (Excluding recommendation 6 which is aimed at the BOB Integrated Care Board)

Deadline for response: Tuesday 14th November 2022

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Response to recommendations:

NOTE from public health regarding the frequency of updates/responses to these recommendations: Most of the changes required for excess weight are require actions over a long term.

HOSC will therefore receive a progress update on these recommendations in 6 months-time, and a full update with a full report at a formal HOSC meeting in approximately one years-time.

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
1. To ensure adequate and consistent support as part of secondary prevention for those living with excess weight; and to improve access to, as well as awareness of, support services that are available for residents living with excess weight.	Accepted	We currently commission two healthy weight services at Local Authority level, one that works with adults and another working with children. We also link closely with partners (NHS) who offer services at tiers above and below our own with a view to offering a seamless pathway. We identified some gaps in service as part of the recent Health Needs Assessment (HNA) on Healthy Weight. The current contract is coming to an end and we are planning to commission an 'all age service' with some additional elements to meet the gaps identified in the HNA. We are also planning a review and refresh of opportunities to raise awareness of support that is available.
2. To ensure effective support for ethnic groups that are more likely to develop excess weight, and to raise awareness amongst these groups of the support available to them.	Accepted	The current healthy weight service has specific programmes for ethnic groups who are more likely to develop excess weight. This includes innovation pilots working in mosques, women only sessions, and tailoring content to be specific (e.g. on food types) The new service will build on this learning/modelling and is likely

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		to have community development as a delivery component within key priority areas and populations, including ethnically diverse.
3. To work on providing support to the parents, carers, or families of those living with excess weight, and to help provide them with the tools to help manage children's weight.	Accepted (word children added)	To work on providing support to the parents, carers, or families of children living with excess weight, and to help provide them with the tools to help manage children's weight.
4. To explore avenues of support for residents who may struggle to afford healthy diets in the context of the cost-of-living crisis.	Comment	This should be an action/link for Food Strategy work across Oxfordshire, which is led by Laura, Rushen, Senior Policy Officer at OCC– each District Council has been commissioned to undertake work for their District.
5. To ensure that consideration of the ill-effects of being underweight is also built into the language adopted, and the services being commissioned, as part of promoting Healthy Weight overall within the County.	Reject	This didn't inform part of the discussion at the meeting which was focussing on excess weight. Whilst this is a very important issue we need to remain focussed on tackling excess weight. There are significant differences between the causes, behaviours and actions that can be taken associated with underweight as opposed excess weight, and none of the preventative, environmental actions or services commissioned for excess weight link to underweight. To set context while over 30% of children in year 6 and 60% of adults in Oxfordshire are living with excess weight around 1% of children experience underweight.
6. In light of recent findings relating to the risks of excess weight medication (GLP-1 receptor agonists), it is recommended that the BOB Integrated Care Board review the availability of these medications and any associated risks; and to update the Committee on this.		ICB response

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

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

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Health and Wellbeing Strategy Update Scrutiny Item

Lead Cabinet Member(s) or Responsible Person:

Leader of the Council and Chair of the Health and Wellbeing Board (Cllr Liz Leffman)
Cabinet Member for Public Health, Inequalities and Community Safety (Cllr Nathan Ley)

To respond on behalf of the System to the recommendation outlined below.

Deadline for response: Tuesday 14th November 2022

Response to report:

The report provides a useful summary of the discussion had at HOSC in September and we welcome HOSC's interest and input into the work. Particular focus in the report is made about input from disadvantaged groups, and we note this aligns well with one of the overall principles of the strategy being one of addressing health inequalities. One point to note with the report section on this topic is that of access to healthcare services. We make direct reference in the strategy to other pieces of system work that are addressing this more fully- such as the emerging primary care strategy and the 5 year joint forward plan for the BOB area - as opposed to directly addressing it in the strategy itself.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
1. To ensure careful, effective, and coordinated efforts amongst system partners to develop an explicit criteria for monitoring the deliverability of the strategy; and to explore the prospect of enabling input/feedback from disadvantaged groups as part of this process.	Accept	The Health and Wellbeing board has committed to the development of a delivery plan and outcomes framework for this new HWB strategy. This is to ensure the strategy is delivered by the partnership. We expect that an initial version of this will be presented to the HWB in March 24 and it will build on the strong public engagement that has already occurred in the strategy formation to date.

Report to the Oxfordshire Joint Health Overview Scrutiny Committee

23rd November 2023

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1. Healthwatch Oxfordshire reports to external bodies

Healthwatch Oxfordshire attended and reported what we hear from the public to the Health and Wellbeing Board (Oct), Health Overview Scrutiny Committee (HOSC In Sep), Health Improvement Board (HIB in Aug), and Oxfordshire Quality Committee.

For all external bodies we attend our reports can be found online at:

<https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/>

We also attend the Oxfordshire Place Based Partnership meetings under (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) as well as giving input into other committees at ICB level.

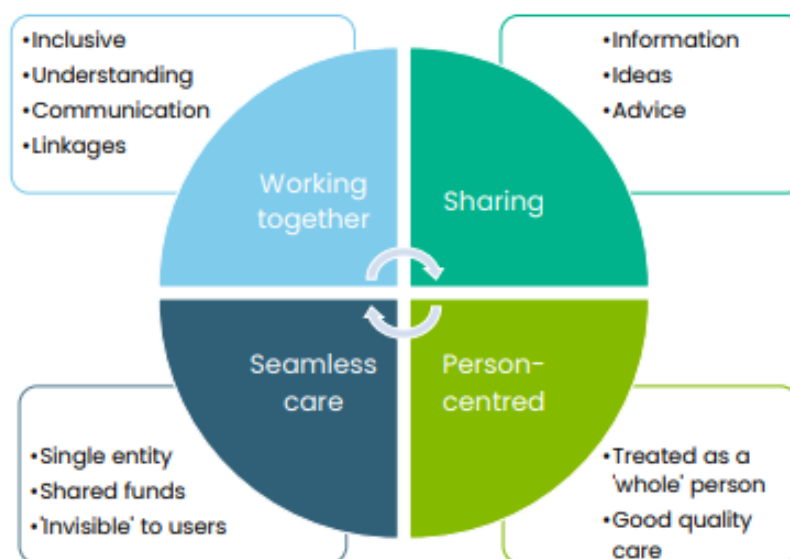
2. Update since the last Health Overview Scrutiny Committee (HOSC) Meeting 21st September 2023:

Healthwatch Oxfordshire reports published to date:

All reports published can be seen here <https://healthwatchoxfordshire.co.uk/reports> all available in easy read, and word format. Since the last meeting we published reports on:

- **How people experience joined up care in Oxfordshire** (October 2023)

Gives insight into patient experience of joined up care from 38 people, including case stories.



- **What people have told us about footcare in Oxfordshire** (September 2023)

There were 75 respondents to this survey – in summary:

- People generally gave positive feedback about the quality of NHS podiatry care and staff.
- NHS treatment thresholds have become higher and can be confusing for some patients.
- Referral pathways between NHS and private clinics could be clearer, in particular for high-risk patients.
- Appointments are difficult to get and the time between appointments is irregular, increasing and often too long.
- Private providers are highly rated but too expensive for some people, with the potential of widening health inequalities.
- Impact of being unable to access footcare clear on independence and physical activity.

- **Health and Wellbeing Strategy Engagement Report**

Views of 1,124 people in Oxfordshire (September 2023)

- **Community members views on community research in Oxfordshire**
- **Community Research in Oxfordshire** – an overview

In support of learning for an emerging community research network in the county, Healthwatch Oxfordshire undertook interviews of community members and system representatives about their views on community research. These reports will be published at the end of November.

- **Enter & View**

We made **Enter and View** visits to the following services:

- The Abingdon Surgery
- Didcot Community Hospital- inpatients
- Wallingford Community Hospital- podiatry service

Published reports will be available here:

<https://healthwatchoxfordshire.co.uk/our-work/enter-and-view>

3. Key issues we are hearing from the public:

We continue to hear about the lack of access to NHS dentistry, GP waiting times and access. We are also hearing about pharmacy. We heard from residents about initial gaps in COVID vaccine provision in the Didcot and Chipping Norton areas, which we raised at the Health and Wellbeing Board, and with the Place Based Director of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

Signposting and advice

In the second quarter of this year (July to Sept) Healthwatch Oxfordshire were contacted by 122 people looking to give feedback on health services and for information and advice. People contacted us by either telephone, email or via the live chat function on our website or via the Healthwatch England webform.

The **top four services** people contacted us about were GP services (49), Hospital (24), Dentistry (10) and Pharmacy (10).

The top themes mentioned by people contacting us about GP services were quality of care, getting an appointment and communication. Of those people who contacted us about **quality of care** nearly 50% of them said their care was excellent whilst the remainder said their quality of care was poor.

"I was poorly with [condition], couldn't talk so popped in the surgery with a letter what's going on. I was immediately seen by a doctor who spent plenty of time to understand and assess my condition, gave advice and medication. I couldn't get better care!"

"Because it's so difficult to get an appointment here, I haven't bothered which means that the issue I'm concerned about is just getting worse."

"I do think GPs are trying their best, but the system is failing. I can't contact anyone to follow up referrals."

The majority of the feedback on hospital services was about the Nuffield Orthopaedic (14) followed by the Churchill Hospital (6) and the John Radcliffe (5).

The top theme people commented on when telling us about hospital services was the quality of care, with only one person commenting negatively on this. Other comments were centred on waits for elective surgery and administration on booking appointments.

"My xx was rushed to the JR with [condition]. All staff were brilliant ...received the best care possible resulting in an emergency [type of] procedure just a few hours after arriving in A&E. From paramedics to nurses, cardiology registrar and consultant, my xxx and our family received the best support, despite it being at a time of industrial action. We feel so blessed to have such a great NHS hospital in Oxford."

"Went to JR for hearing test, too much wax, wasted consultant time as had to arrange a private ear wax removal costing £85 and then rebook JR appointment. Difficult to find private removal and led to having to book two not one appts with JR. waste of £ for audiology department and concerned for those who might not be able to afford private treatment".

"My GP referred me for an urgent appointment, and it took them 6 weeks to acknowledge the request."

The common theme for people contacting us about pharmacy services related to **waiting times and repeat prescriptions**, with two people commenting on the **great service** they had received.

Healthwatch Oxfordshire Board

Healthwatch Oxfordshire Annual Impact report 2022-3

<https://healthwatchoxfordshire.co.uk/our-work/annual-reports/> was presented at an event open to public on 4 July 2023.

Two Board meetings, including open forum events for the public to attend have been held, one at Rose Hill Community Centre on 26 September 2023, and online on 21 November 2023.

A **Quarter 2** (July-Sep) activity report and focus on our activities to date will be available here: <https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/>

Appendix A

Brief overview of what we have heard about CAMHS and child emotional wellbeing.

We hear from numerous sources including our signposting, feedback online and via our engagement this summer for the Health and Wellbeing strategy, when we heard from 1,124 people across the county. Some of these sources included people's concerns about children's emotional wellbeing and support. This brief summary of what we heard from 18 people about child mental health and CAMHS is to **contribute on HOSC agenda on this topic**:

Of these, 10 people specifically mentioned children and young people's mental health, and five people who spoke about concerns about support for children with special educational needs and disabilities (SEND).

People raised concerns about the long waiting lists for Child and Adolescent Mental Health Services (CAMHS) and a lack of early intervention and prevention services for young people.

"Waiting times for mental health services are a worry, particularly CAMHS."

"Support for young people. Many are suffering from anxiety, lack of aspiration and confidence and hopelessness. There are limited youth clubs/youth workers to provide support and little mental health support. Personal challenges that aren't picked up (long CAMHS lists) become mental health issues."

We also heard from someone who was unhappy with the quality of care that they had received from CAMHS.

"Been with the [Eating Disorder] team for three years, they are failures they care about your weight and that's it. Never received help and they will chuck you into hospital when you're too far gone."

Three people we heard from said that there was a need for better support for young LGBTQ people, including in school settings.

"Lack of LGBTQ support in schools."

"More mental support for LGBTQ kids."

"Better mental health support for young people with gender dysphoria."

People's comments about support for children with SEND focused on problems with communication and continuity, long waiting times and gaps in support, including while waiting for assessments or diagnoses. Some people also mentioned the lack of support for parents and families as well as for children.

"Lack of SEND support- long delays in EHCP assessments. Relationship frosty with OCC Constant change of link officers for SEND and being not able to follow up on communication."

"We [have] a neurodiverse child with complex needs. We have been trying to access support for years and have been constantly ignored by services. We should have a Child in Need Assessment in place again this has been ignored despite assessment stating we need support."

"Waiting for autism diagnosis is over 2 years and little support to parents."

"[...] poverty, access to free community-based support (including support to overcome hurdles like anxiety, isolation, parenting challenges and SEND for children), and access to vital services like mental health and dentists are the main barriers [to health]."

Looking at support for children's wellbeing more broadly, a recurring theme in our Health and Wellbeing Strategy engagement was the need for more or better play areas and facilities for children (10 responses), more financial, practical or emotional support for families (5 responses) and more free or affordable activities for children and young people (37 responses). One person also highlighted the need for more accessible provision for children with SEND. As noted in previous meetings we also heard about the impact of the cost of living and the stresses this places on families, and working parents with children.

"Focussing on health inequalities and improving provision for children with special education needs. There is nowhere near enough spaces for children who are autistic, who find the noise and activity in classrooms overwhelming."

"I think more needs to be done for families with young children - this is when the foundations of the health and wellbeing of our future generations are set."

Oxfordshire Place-base Partnership: HOSC Update November 2023

1.0 Introduction

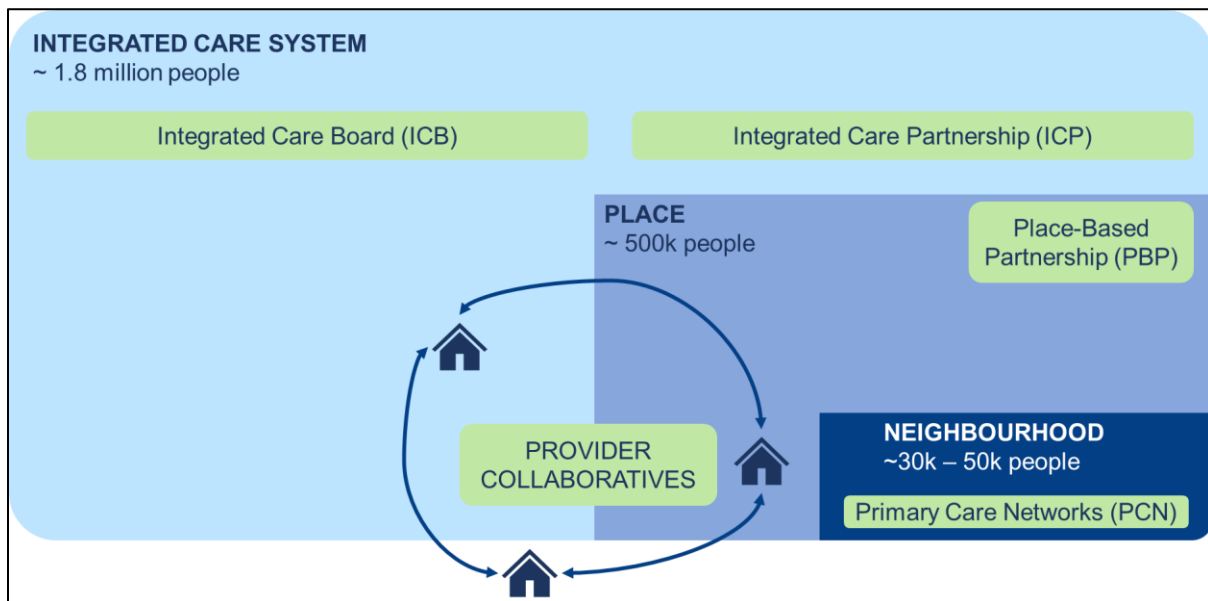


Figure 1: BOB ICS in numbers

Major changes are taking place in the way we organise health and care in Buckinghamshire, Oxfordshire and Berkshire West (BOB) promoting greater cooperation between organisations.

Initially, we focussed on structures at Integrated Care System (ICS) level including merging 3 CCGs, establishing the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) and developing our ICP strategy and NHS Five-Year Forward Plan. Our ICS brings the benefits of working at scale to tackle major strategic issues while place-based partnerships driven by collaborations between commissioners and providers are better suited to delivering joined-up care to meet distinctive needs of local populations.

This paper provides an update from our Oxfordshire Place-based Partnership.

2.0 Oxfordshire Place-based Partnership

In October 2022 the ICB appointed Daniel Leveson as Place Director for Oxfordshire, responsible for convening leaders from across the health and care system to develop a thriving health and care partnership. Our aim is to join-up services for people who will benefit from more joined-up care and in the long run enable the ICB to delegate some of its functions and budgets to place.

We are leading the development of new models of better value care and establishing new contracting approaches focussed on provider collaboratives with appropriate transparency, risk and gain shares. We plan to reduce health inequalities and create a sustainable system (both in terms of costs and carbon).

The core membership of the partnership is as follows:

Name	Job Title	Organisation
Daniel Leveson	Executive Place Director	BOB ICB
Stephen Chandler	Director for People, Transformation & Performance	Oxfordshire County Council
Caroline Green	Chief Executive	Rep for City and District Councils
Grant Macdonald	Chief Executive	Oxford Health NHS FT
Professor Meghana Pandit	Chief Executive	Oxford University Hospitals NHS FT
Ansaf Azhar	Director of Public Health	Oxfordshire County Council
Veronica Barry	Executive Director	Healthwatch
Laura Price	Chief Executive	Oxfordshire Community & Voluntary Action
Dr Toby Quartley	GP Lead	North PCNs
Dr Michelle Brennan	GP Lead	South PCNs
Dr Joe McManners	GP Lead	City PCNs

Figure 2: Oxfordshire Place-based Partnership leadership

3.0 Our Approach to Partnership Working

Good relationships are the foundation of successful partnerships. Developing these relationships requires time and effort. The time we are spending working together is helping us understand each other, the groups we represent and to value our differences.

As a leadership team we are creating a clear, shared vision and set of priorities and plans and setting the tone for our system by being collaborative, inclusive, compassionate and people/population focussed.

We are looking through a lens of inequality and aim to improve outcomes for minority groups and people living in the deprived areas of Oxfordshire. We will integrate services for populations that will benefit the most from more joined-up care.

Oxfordshire Health and Wellbeing Strategy is at the core of our plans. Our governance and structures will evolve with our partnership and build on what we have, reduce duplication and enable effective decision-making.

4.0 Developing our Partnership

Based on learning and experiences from other place-based partnerships we developed a maturity matrix and associated success criteria. We are using this as a self-assessment to measure our partnership and monitor our progress. It will also help us evaluate our readiness for ICB delegation.

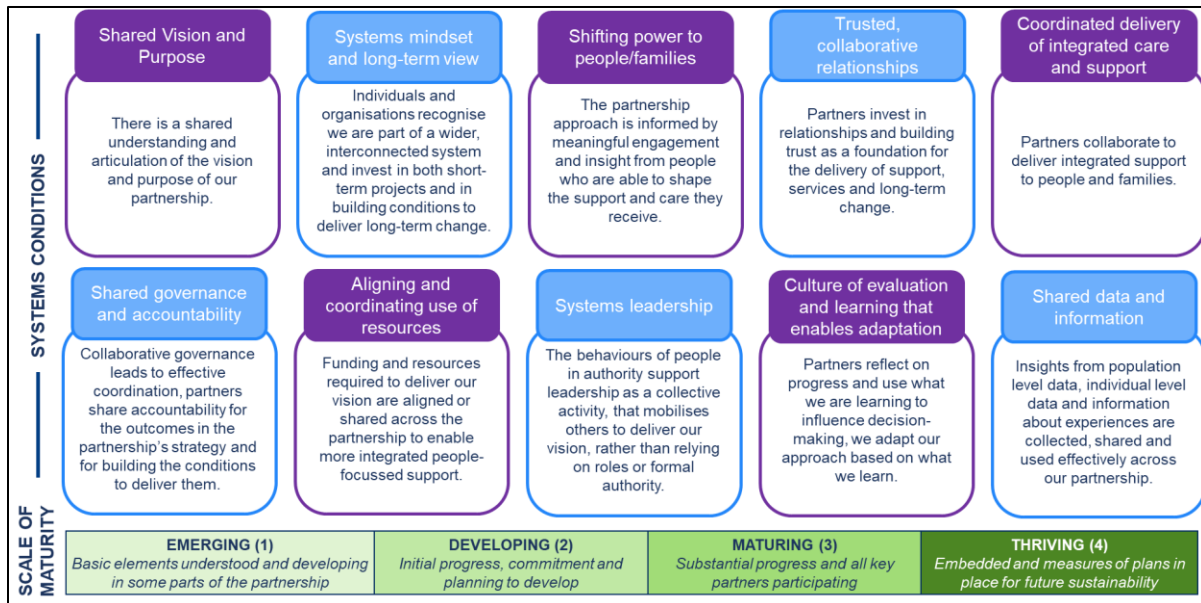


Figure 3: Place-based Partnership Maturity Matrix

We secured support from a [System Leadership and ICS Develop Programme](#) provided by the Local Government Association, NHS Providers and NHS Confederation. Between October 2022 and January 2023 two experienced former Local Authority and NHS leaders conducted 17 individual interviews with system leaders to gather their views on our partnership and facilitated a series of development sessions.

5.0 Progress at Place

In March 2023 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB ICP¹) published its [Integrated Care System Strategy](#). It is aligned with local Health and Wellbeing Strategies and sets the direction for integrated care over the next 5 years.

There is an expectation in national policy that systems will work through sub-system geographies called 'Places' (Buckinghamshire, Oxfordshire and Berkshire West) and deliver services through Provider Collaboratives.

These Places will lead and deliver much of the operational detail to make integration a reality through Place-based Partnerships. The [integration white paper](#) (February 2022) and the [statutory guidance](#) on arrangements for delegation and joint exercise for statutory functions aim to accelerate the development of Place.

Oxfordshire is building on a firm foundation and history of collaboration. Oxfordshire County Council (OCC) and the former CCG (now the Integrated Care Board - ICB) has had a Section 75 agreement in place since 2013. It consists of two pooled budgets Live Well and Age Well (including the Better Care Fund) which totals more than £400m. In 2021, the then CCG and OCC developed the health, education and social care (HESC) team to improve joint commissioning arrangements.

Furthermore, Oxford Health NHS FT (OHFT) has extensive experience leading collaboratives for adult mental health (with voluntary sector partners) and led one of the first wave specialist mental health collaboratives. More recently it has formed a local collaborative with Oxford University Hospitals

¹ Group of organisations which plan and provide health and care services for nearly two million people who live and work in the local authority areas of Buckinghamshire, Oxfordshire and Berkshire West.

Foundation Trust (OUHFT) at place and an ICS mental health collaborative with Berkshire Healthcare Foundation Trust (BHFT).

6.0 Oxfordshire's Place-based Partnership

Oxfordshire's PBP is a consultative forum representative of our health and care system. It offers a unique opportunity for executive leaders from health, local authorities and communities to come together, accelerate integration and find new ways to use our collective resources and improve outcomes for the residents we serve. It can make choices about how to leverage resources and prioritise actions and interventions that reduce health inequalities and increase our investment in prevention.

There have been some changes in membership of the place-based partnership as Dr Nick Broughton became interim Chief Executive Officer (CEO) for BOB ICB and Grant Macdonald has been appointed interim CEO of OHFT and a core member of the partnership.

The partnership continues to meet monthly. During the meetings we initially focussed on our relationships and ways of working needed to be a thriving partnership working within a complex system. More recently we have focussed on priority areas including urgent and emergency care and prevention and reducing health inequalities. We reviewed and supported our Section 75 agreement between OCC and ICB and have overseen the development of the Better Care Fund.

In June we focussed on the development of the ICS mental health collaborative and Oxfordshire's adult mental health model of care. During July's meeting we focussed on the development of our Oxfordshire Health and Wellbeing Strategy and reviewed progress of our urgent and emergency care programme including preparations for winter. In September, we invited the extended partnership group to participate in a workshop focussed on the development of BOB ICB's Primary Care Strategy.

6.1 Oxfordshire Place-based Partnership Priorities

Traditionally we have organised care in service or specialty siloes. We measure and reward compliance with processes and pay predominantly based on volumes of care delivered. For many years, we have also encouraged greater competition for small, specified contracts which, in some instances, has led to fragmented care.

As we develop our system we are focussing on groups of populations with similar needs. These population groups are people and families who will benefit most from receiving more joined-up care and the contribution of our combined efforts to achieving the best outcomes for them.

We are focussed on the following priority populations:

- **Children and Young People** including school readiness, SEND, child and young people's emotional health and wellbeing.
- **Adult and Older Adult Mental Health and Wellbeing** Including the adult and older adult mental health, LD and neurodiversity.
- **People with Urgent Care Needs** including children, adults and older adults with multiple illnesses and frailty.
- **Health Inequalities and Prevention** including healthy lifestyles, working with communities and our role as anchor institutes and major employers.

7.0 Key Achievements and Workstream Updates

7.1 OCC and ICB Section 75

At the end of March OCC and ICB signalled its ongoing commitment to joint working by renewing the Section 75 agreement which pools approximately £400m of NHS and local authority funds. It underpins the development of joint commissioning, the better care fund and how we deliver more joined up care for adults and older adults.

7.2 Adult Mental Health

In March 2023, the joint commissioning team agreed to award a two-year contract extension for the Oxfordshire Outcomes-based mental health contract. This is a pioneering collaboration between OCC, ICB, Oxford Health NHS FT (OHFT) and voluntary sector partners.

Stakeholders from across the system are participating in a system leadership programme (delivered in collaboration with NHS England and Health Education England) to develop skills and behaviours needed to work in a complex system. We aim develop a sustainable model of care for mental health. The programme will develop within the context of the emerging ICS Mental Health Collaborative and will involve people that access mental health services and partners from across Oxfordshire to develop new, high value services.

7.2.1 Mental Health Outcomes Improvement Programme

OHFT and HESC are leading a programme to design and deliver a more effective all-age model of care to improve mental health outcomes for people in Oxfordshire. It will increase our focus on prevention, working in partnership with communities and community groups and balance clinical/medical support with social support. It aims to:

- Improve staff satisfaction, recruitment and retention.
- Increase co-production, involvement and engagement.
- Improve collaboration across system partners.
- Improve access and transitions.
- The programme has 6 workstreams and decisions on the commissioning and contracting of adult and older adult mental health will be agreed by Autumn 2024.

Alongside, we are running a programme that helps us develop clinical and non-clinical system leadership capabilities and strengthen working relationships as partners and with the people and families we serve.

We are aligning the programme with the development of the BOB Mental Health Provider Collaborative that is focussed on things best done at scale, sharing best practice and reducing unwarranted variation.

7.3 Urgent and Emergency Care

During the last couple of years, Oxfordshire opened two Urgent Care Centres (UCC). The first, run by [Principle Medical Limited](#) at the Horton General Hospital (HGH) opened in February 2022. The second opened on the John Radcliffe site in February 2023 and is run by Oxford City Primary Care Network (PCN). Both UCCs receive on-the-day referrals from Primary Care and redirections from Emergency Departments.

In December 2022 Oxfordshire established a Transfer of Care Hub (TOC). This is a local coordinating centre linking all relevant services across health and social care to aid discharge and recovery and admission avoidance. It has increased the number of people returning to their own home and reduced delayed discharges and the days people spend away from their places of residence.

Primary care in Oxford City and Bicester have led the development of neighbourhood teams. These are multi-disciplinary teams to support people with complex needs that need continuity of care. They reduce on the day demand for GP practices and reduce the number of frail people attending emergency departments.

South Central Ambulance Services (SCAS) and OHFT's Urgent Community Response (UCR) service have worked together to deliver a 'call before you convey' pathway for people following a fall. It has increased the number of people being treated in their homes and reduced hospital conveyances by 12%.

Oxfordshire's Hospital at Home teams care for approximately 100 people a day in virtual wards in people's own homes. This is a safe and effective alternative to NHS inpatient care and prevents avoidable admissions as well as supporting early discharges.

The Oxfordshire UEC Board oversees the delivery of our UEC programme. It continues to focus on expanding and improving Hospital at Home, developing integrated neighbourhood teams with primary care at their core, improving urgent community response and strengthening same day urgent care.

Importantly, as part of our ongoing work and during the Better Care Fund (BCF) planning process we developed our plans for winter. These focus on several areas including:

- Strengthening integrated neighbourhood teams (especially in areas of deprivation).
- Introducing a care coordination single point of access to simplify referral processes for urgent care services.
- Ensuring access to seamless, 24/7 urgent primary care delivered in Urgent Care Centres and out-of-hours.
- Enhancing urgent community response teams and joining-up hospital at home teams to meet demands (especially for frailty and palliative care).
- Ensuring there is a consistent delivery of same day emergency care (SDECs) to avoid unnecessary Emergency Department (ED) attendances.
- Improving support for people with urgent and emergency mental health needs through enhanced triage, expansion of crisis teams and capacity in EDs.
- Continuing to build on the success discharging people quickly and safely whenever possible to their normal place of residence. This is resulting in more care delivered in people's homes and fewer medically fit people in hospitals.

Our winter plans were discussed at Health Scrutiny Committee and Health and Wellbeing Board in September and October respectively.

7.4 Prevention and Health Inequalities

The Prevention and Health Inequalities Forum (PHIF) is a multi-stakeholder group co-chaired by Ansa Azhar (Director of Public Health) and Dan Leveson (Place Director). It has overseen the allocation of ICB inequalities funding for the coming 2 financial years (until March 2025) and is

responsible for coordinating between stakeholders and overseeing the delivery of our plans. The programme will support populations that experience the greatest inequalities and is working with communities and neighbourhoods to develop community actions to help improve people's emotional and physical health and wellbeing.

The group is supporting the following projects:

Type of Scheme	Provider	Brief Description
Infrastructure	Homelessness Alliance	Funding OCC/Oxford City post to map and help improve coordination of all homelessness projects (match-funding BCF)
Direct Delivery	Out of Hospital Care Team	Funding contribution to multi-agency team providing step-up/step-down care and support for homeless people in Oxfordshire (alongside BCF).
Infrastructure	OCVA and OCF	Well Together Programme working with anchor agencies in 10 most deprived wards to identify projects linked to CORE20plus5
Community Capacity Development	OCVA and OCF	Community Grants for anchor organisations working in 10 most deprived wards (up to £1m over 2 years)
Direct Delivery	Active Oxfordshire	Move Together working with district councils to support vulnerable residents become more active (joint funding with Public Health) - second year increase to match PH contribution to whole-system approach to physical activity.
Direct Delivery	Active Oxfordshire	Moving Medicine: pass through grant to train health and care professionals in supporting people to be more active
Direct Delivery	Flo's in the Park	Early Lives, Equal Start funding maternity advocacy service via Local Maternity Network for vulnerable families in deprived areas
Infrastructure	University of Oxford	Evaluation of system approach to prevention and reducing inequalities in Oxfordshire

Figure 4: 23-25 Prevention and Health Inequalities Programme Summary

There is a small amount of funding remaining to be allocated with pipeline projects under development including enhanced coordination for asylum seekers living in contingency accommodation.

7.5 Families, Children and Young People

An inspection of Special Education Needs and Disability (SEND) services by Ofsted and Care Quality Commission (CQC) in July identified widespread systemic failings across Oxfordshire's Local Area Partnership² (LAP) leading to concerns about experiences and outcomes for families, children and young people.

Areas identified for improvement include:

- Agencies within the local area partnership need to work cohesively to ensure that children and young people get the right help at the right time.
- Too many children and young people are unable to access the education provision they need; and while many schools prioritise transition work, when there are delays to decision making and naming suitable placements, this work is undone.
- The inspection recognised that the timeliness of education, health and care plans has recently improved, but frequently they do not describe the child or young person accurately enough to ensure that their needs are met effectively.

² The LAP is made up of Oxfordshire County Council and BOB ICB who are jointly responsible for planning and commissioning services for children and young people with SEND in Oxfordshire. The partnership also include OHFT and OUHFT.

We are urgently focussing efforts to address concerns raised in the inspection. The LAP is re-visiting its vision, plans and delivery priorities. It is involving parents, carers, children and young people to develop an action plan.

Meeting the needs of children and young people at the earliest opportunity is crucial. For those where an education, health and care (EHC) plan is required, the county council is building extra capacity in the SEND team to keep improving the timeliness of EHC plans.

To ensure there is continual dialogue with families, children and young people and professionals, the partnership will hold a variety of mid-term information gathering and sharing sessions (online and in-person), including in educational settings, to gather feedback. This will be supported by existing meetings with the parent carer forum and other parent and carer support groups.

8.0 Next Steps

8.1 Health and Wellbeing Strategy

Public and stakeholder engagement is underway to inform and refresh Oxfordshire's Health and Wellbeing strategy. The strategy sets out priorities to improve the emotional and physical wellbeing for the people of Oxfordshire we can only deliver by working together. Using the findings in Oxfordshire's [joint strategic needs assessment](#) (JSNA) and [community insight profiles](#) and set within the context of the Buckinghamshire, Oxfordshire and Berkshire West [Integrated Care Strategy](#) it will be a core guiding document for the PBP. We aim to publish the strategy in December 2023.

8.2 Primary Care Strategy

BOB ICB is leading the development of a systemwide primary care strategy designed to outline options to improve access to not only General Practice but also pharmacy, opticians, and dentists. It is currently engaging a broad range of stakeholders to help understand operating context, challenges and opportunities. The strategy is intended to articulate how key aspects of national strategy, including the [Fuller Stocktake](#) will be delivered locally. We aim to publish the strategy in December.

8.3 Wantage Community Engagement

Wantage community and town council are working alongside ICB and NHS providers to consider options for the future use of the community hospital. The group is co-producing options to consider what people need to:

- Access services for same day illnesses or injuries.
- Receive planned health services traditionally delivered in hospitals (e.g. outpatients, treatment and therapies and diagnostics).
- To support people to live independently at home or in their communities and leave hospital in a timely and safe way.

We meet weekly with the stakeholder group and have appointed an independent social research company to seek views from the public through focus groups, surveys and interviews during October. We aim to have a report with final recommendations for consideration by December.

9.0 Conclusion

'If you want to go fast go alone, if you want to go far go together' (African proverb).

We continue to make steady progress in developing our health and care partnership in Oxfordshire. October marked 12-months for me as Place Director. In that year I have seen many examples of system working that has changed how we work and benefits our population.

In UEC alone partners from across Oxfordshire have come together, introduced new services and as a result delivering more care in people's homes and in their communities, increasing their time at home and reducing the delays and length of stays in hospitals. Heading into a challenging winter it is more important than ever we continue to build on the solid foundation of partnership working we have established.

We are committed to increasing our investment in communities and prevention, addressing the building blocks of health (jobs, housing, social activity, education) and reducing health inequalities in Oxfordshire. The legacy system we are emerging from encouraged competition and in some instances increased fragmentation. By making incremental shifts in our models of care and resources we have an opportunity to collaborate and create seamless services that improve outcomes and experiences for people in Oxfordshire.

Daniel Leveson
Oxfordshire Place Director
November 2023

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Oxfordshire Health Overview and Scrutiny Committee (HOSC) Wantage Community Hospital Update Report 23rd November 2023

Report authors: Wantage Community Hospital sub-group

1. Context

1.1 Wantage Community Hospital (WCH) is home to a range of community-based services. The Hospital is managed by Oxford Health NHS Foundation Trust (OHFT) and provides a range of NHS services from several healthcare providers. These include maternity services, community therapy services and specialist outpatient services (a number through a current pilot), providing clinical assessment, tests, treatment and therapy for the local community.

1.2 Inpatient beds on the ground floor of the community hospital have been temporarily closed since 2016, following the detection of legionella in the hot water system. In 2020-21 all the old pipework was replaced, and this enabled all the clinical areas of the hospital building to reopen, although the inpatient beds have remained temporarily closed. A trial of a number of different specialist outpatient clinics (clinic-based tests, treatment and therapy) have been running downstairs for the last 18 months, alongside the community therapies, with maternity services operating upstairs.

2. Co-production Approach

2.1 Oxfordshire's Health Overview and Scrutiny Committee (HOSC) agreed a process of co-production at an extraordinary meeting on 11th May 2023 (<https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=148&MId=7336&Ver=4>) with Wantage Town Council Health sub-committee and key local stakeholders in recognition of the need for the health and care system to work with the previously engaged community with an aim to achieve a recommended way forward for the future type of services to be delivered from Wantage Community Hospital.

2.2 The Oxfordshire Place Director (of Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board) and Oxford Health NHS Foundation Trust confirmed at the outset that they have no plans to close WCH and this commitment of keeping it open remains. Oxford University Hospitals NHS Foundation Trust also confirmed its commitment to continuing to provide maternity services at the hospital.

2.3 The objective of this work is to agree 'How can we use space in Wantage Community Hospital to benefit the health and wellbeing of the local community'.

2.4 The co-production project commenced in June 2023 and the following has taken place up to 6th November 2023:

Date	Co-production activity	Involvement	Outcome
28 th June 23	Previously engaged community stakeholder workshop. Independently facilitated. Transcript of the day produced.	Stakeholder reference group	<ul style="list-style-type: none"> Emerging themes identified
18 th July 23	Wantage stakeholder reference group further session to develop key areas for development	Stakeholder reference group	<ul style="list-style-type: none"> Refinement of themes into 3 key areas for consideration: <ul style="list-style-type: none"> i) Alternatives to inpatient beds ii) Urgent care access on the same day iii) Clinic based services
22 nd Aug 23	Reference group check-in	Stakeholder reference group	Meeting to review progress on developing areas of consideration and agree next step Appointment of sub-group
30 th Aug 23	HOSC check-in	NHS representatives, HOSC sub-group	Review of progress and agreement of next steps for HOSC updates
29 th Aug, 5 th Sept, 13 th Sept, 19 th Sept, 22 nd Sept, 27 th Sept 23	Wantage community hospital sub-group meetings to develop materials for engagement	Sub-group of the stakeholder reference group	Working group to develop co-produced materials for engagement
9 th Sept, 17 th Sept, 24 th Sept, 31 st Sept 23	Wantage community hospital sub-group meetings to oversee public engagement	Sub-group of the stakeholder reference group	Working group to oversee delivery of public engagement and identify additional actions as required
24 th Oct 23	HOSC check-in	NHS representatives, HOSC sub-group	Review of progress and agreement of next steps for HOSC updates

2.5 The stakeholder reference group for this project has the following representation:

- Wantage Town Council
- Grove Parish Council
- Vale of White Horse District Council
- Wantage Hospital League of friends
- Wantage Patient Participation Groups
- OX12 Project representatives
- GrOW Families

- SUDEP Action
- Wantage Rural and OX12 Village
- Sanctuary Care
- Oxfordshire County Council
- BOB Integrated Care System & Board (ICS & ICB)
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Wantage PCN
- Vale Community Impact
- Community First Oxfordshire
- Healthwatch Oxfordshire

From this wider stakeholder reference group a smaller working ‘sub-group’ was agreed to push forward the public engagement process. The Sub-group consisted of local councillors, NHS representatives, Vale community impact, OX12 project representative and Wantage PCN.

2.6 Through our co-design process we have also identified there may be needs for other types of healthcare provision in other buildings/ parts of the community to complement effective healthcare pathways.

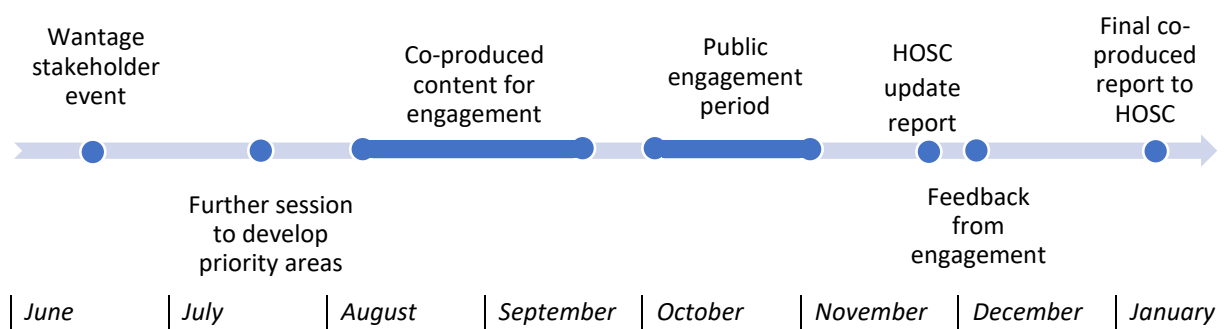
CIL funding position

2.7 Following the May 2023 HOSC meeting, a meeting was held with the District Council Infrastructure and Development Team Lead who is responsible for CIL funding, which identified that there is £2,503,892 of funding for CIL allocated for Health within the Vale area. We understand that, of this approximately £2m has been identified as required for primary care developments which are currently at the early phases of development. An update on this funding opportunity was brought to the July Reference group session and a discussion took place to explore how this funding might be used in reference to this project.

3. Revised Timeline

3.1 During the development of the public engagement materials and approach it became evident that some additional time was required to refine the material and ensure as greater reach as possible during the public engagement phase that a revised timeline was needed and agreed with HOSC.

3.2 Revised timeline:



4. Details of the current public engagement exercise

Scenarios we have engaged on

4.1 The content for the public engagement process was based on co-production starting in June. We have focused on three key service areas when deciding what type of care might be delivered on the first floor of Wantage Community Hospital. The areas are:

- Clinic-based services for planned care appointments. For example, outpatient appointments, tests, treatment and therapy.
- Community inpatient beds and alternatives when care in your own home isn't appropriate.
- Urgent care access needs on the same day. For minor injury, illness or mental health issues.

The survey and supporting information can be found in the appendices.

Commitment to maintain maternity services

4.2 There has been a commitment that there will be no changes to maternity services. Support remains for their continuation on the first floor of the hospital. Maternity services therefore did not feature within the content of the public engagement exercise.

Approach

4.3 During October 2023 a period of public engagement has been carried out to understand local views on the areas identified by the stakeholder group. This focused on gaining further insights into the local community's views regarding the future type of services to be provided from WCH and those which may be provided elsewhere in the local community if not provided in the community hospital. This report provides an update on this work and outlines the next steps which are proposed.

4.4 The sub-group agreed to appoint an external organisation called Verve Communications, we have carried out an extensive engagement exercise over a 5-week period in order to gather a range of views within the engagement exercise. The following options have been provided for local people to provide feedback:

4.5 Survey (Open 4th October – 6th November)

- Online survey with supporting information to gather views
- Printed survey made available within key local buildings for those who prefer to fill out a hard copy

4.6 Focus groups (mixture of targeted demographics and general public sessions)

- Wednesday 11th October 12.30pm -2.00pm - Public engagement session at The Beacon, Portway, Wantage, Oxfordshire
- Wednesday 11th October 3.00pm -4.30pm - Focus group for People living with long term/chronic health conditions at The Beacon, Portway, Wantage, Oxfordshire
- Tuesday 17th October 12.30pm - 2.30pm - Public engagement session at The Beacon, Portway, Wantage, Oxfordshire
- Wednesday 18th October 2pm - 3pm - Public engagement session via Zoom for those unable to attend a face to face session
- Thursday 19th October 6pm - 7pm - Focus group online- via Zoom for Families with children and young people OR adults 18- 40 years living in or around Wantage and Grove.
- Thursday 19th October 7pm - 8pm - Focus group online- via Zoom for Families with children and young people OR adults 18- 40 years living in or around Wantage and Grove.

4.7 Information session

- Saturday 28th October - 10am - 4pm – Drop-in information session at The Beacon, Portway, Wantage, Oxfordshire

Attendance/response rate

4.8 Over the engagement period we have had the following attendance & response rates:

Survey

4.9 In total we had 270 online responses to the survey the respondents had the following demographic breakdown:

- Age: 5.8% over 60, 28.3% 41-60, 12.7% 26-40, 2.4% 16-25, 0.8% prefer not to say
- Disability: 18.1% of respondents have a disability
- Gender: 74.8% female, 23.2% male, 1.6% prefer not to say, 0.4% not sure how to describe myself
- Gender identity: 98.8% have the same identity as at birth, 1.2% prefer not to say
- Ethnicity: 92.8% white British, 0.8% Asian or Asian British: Indian, 0.4% Asian or Asian British: Chinese, 0.4% Mixed: Asian and white, 0.4% Mixed: Black Caribbean and white, 2.8% prefer not to say, 1.2% any other mixed background, Irish 1.2%

4.10 In addition, we had a further 18 hard copy responses with the following demographic breakdown (note 2 respondents did not complete the demographic information):

- Age: 81% over 60, 12.5% 41-60, 6.25% 26-40, 0% 16-25
- Disability: 18.75% of respondents have a disability, 75% had no disability, 6.25% prefer not to say
- Gender: 50% female, 50% male
- Gender identity: 100% have the same identity as at birth
- Ethnicity: 100% white British

Focus groups

4.11 The focus groups had the following attendees:

- General public sessions for residents of the Wantage and Grove local area: 21 attendees
- Families with children and young people OR adults 18- 40 years living in or around Wantage and Grove: 2 attendees
Note: We advertised these sessions online and while we received a large number of expressions of interest, on validating these we identified that only a small number were from the local community
- People living with long term/chronic health conditions from the Wantage & Grove area: 7 attendees

Information session

4.12 During the day approximately 30 people attended the drop-in at the Beacon centre. In addition, a flyer with a link to the online survey was handed out in the market to encourage people to give their views.

Appendices

Appendix 1: Copy of the co-produced engagement Survey

Appendix 2: Supporting co-produced slide pack for the engagement

Appendix 3: Summary of communications & engagement activity

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Have your say on the future of services at Wantage Community Hospital

<http://yourvoicebob-icb.uk.engagementhq.com>

The Future of Services at Wantage Community Hospital

Welcome to this survey about the future of services at Wantage Community Hospital. The survey consists of four parts and should take you no more than 20 minutes to complete. In the survey, we ask you about three scenarios for the future of Wantage Community Hospital, which have been developed by the NHS and its partners working closely with key local stakeholders.

We ask a number of open-ended questions in this survey. When answering questions, please keep your answers to approximately 250 words. If you have further or more detailed comments to share, you can email us at:

communityservicesfeedback@oxfordhealth.nhs.uk

This survey closes on Sunday 29 October.

If you need any support taking this survey or require it in another format or language, please contact

communityservicesfeedback@oxfordhealth.nhs.uk

Part 1

In this part, we ask you about scenario one.

Scenario 1: Clinic based services for planned care appointments

Planned care means services with planned appointments or interventions in a place like a GP surgery or hospital. For example, tests, treatment and therapy.

This scenario would mean:

- More planned care services, like tests or follow-ups, could be provided within Wantage
- Planned care services would take up the entire ground floor, with scope for some more services to maximise the entire space
- Maternity services would continue to be delivered on the first floor
- Hospital beds and urgent care services would need to continue to be accessed at other hospital and local care home sites.



What do clinic based services currently look like at Wantage?

Currently, the most needed clinic service in Wantage is **Ophthalmology** (specialist eye appointments). **1,445 patients** came to an outpatient clinic as part of the pilot mostly from the OX12 postcode area. On average **120 people per month** come to Wantage Community Hospital to access the range of clinic-services currently provided.

If Wantage Community Hospital did **not** provide these planned care services, people would need to access these services at John Radcliffe or Churchill Hospital in Oxford, Great Western in Swindon, Oxford City clinic bases (such as East Oxford Health Centre), or Abingdon Community Hospital if you require mental health or children's therapy services.

Have your say on the future of services at Wantage Community Hospital

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Share your thoughts on Scenario 1:

1. What type of planned care services have you or your family used or know about locally? Examples of planned care services include an outpatient appointment, tests, treatments, follow-ups and therapy type services.

2. If you have accessed any of the outpatient clinics made available at Wantage Community Hospital (some of which have been running as pilots for the past 18 months), what has been your experience using them?

3. What types of planned care services would you value locally? These could be existing services (so a continuation) or services not currently available.

4. Thinking about the planned care services you or your family use most frequently (i.e., weekly or six-weekly), which services should be made available locally?

Have your say on the future of services at Wantage Community Hospital

<http://yourvoicebob-icb.uk.engagementhq.com>

Part 2

In this part, we ask you about scenario 2.

Scenario 2: Community inpatient beds and alternatives when care in your home isn't possible

This scenario would see inpatient services (when patients are required to stay overnight) provided at Wantage Community Hospital. This scenario would mean:

- There would be no space for any outpatient / planned care services or any new urgent care services. This is because inpatient beds would likely need the entire ground floor (around 20 beds). Wantage and Grove residents would therefore need to access outpatients and planned care services, as well as urgent care services, at other hospital and community sites.
- There would need to be a review across the rest of Oxfordshire into community inpatient bed services in order to accommodate this new ward.
- Maternity services would continue to be delivered on the first floor.



What does the provision of community inpatient beds currently look like in Wantage and Grove?

Wantage Community Hospital has not provided community inpatient beds for over seven years. However, locally, around **five people from the Wantage and Grove area each month are admitted to a community inpatient bed** (mostly in Abingdon or Didcot). There are also around **two people a month from the Wantage and Grove area requiring less intensive rehabilitation** and being admitted to care homes (mainly to The Close in Burcot, 15 miles from Wantage). Home-based care is also provided by a range of teams to help people get home after a hospital stay.

If the Wantage Community Hospital doesn't provide community inpatient beds, people would need to access these services at other community hospitals; in short stay hub beds in care homes; through end of life and palliative care; through health and care in their own home; or access winter / surge beds in care homes as required.

Share your thoughts on Scenario 2:

Living independently at home / in the community

5. Most people **return home** directly from hospital. What type of help would get you or your family back to living independently and supported as quickly as possible?

Have your say on the future of services at Wantage Community Hospital

<http://yourvoicebob-icb.uk.engagementhq.com>

6. Can you describe your experience with services which support you and your family to **remain at home** during illness?

Accessing other care pathways (if there were no inpatient beds at Wantage Community Hospital)

7. If you, or somebody you know, has accessed these services, can you describe your experience of care or rehabilitation in the following:
- other community hospitals
 - short term nursing and care home stays
 - palliative and end of life care outside of someone's own home.

8. What would help to support you and your family in circumstances when you would need to access these types of services?

Have your say on the future of services at Wantage Community Hospital

<http://yourvoicebob-icb.uk.engagementhq.com>

Part 3

In this part, we ask you about scenario 3.

Scenario 3: Urgent care access needs on the same day. For minor injury, illness or mental health issues.

This scenario would see urgent care services provided in Wantage Community Hospital. This scenario would mean:

- More urgent care could be supported in Wantage
- Planned care services (such as tests, treatment and therapy) which are currently provided at Wantage Community Hospital **would need to be reduced by around a half** in order to accommodate urgent care services.
- Inpatient community beds would not be provided at the site, due to space, and would need to continue to be accessed at other hospital and health and care locations.
- Maternity services would continue to be delivered on the first floor.



What does the provision of urgent care services currently look like in Wantage and Grove?

Wantage Community Hospital does not currently provide urgent care services. However, the Wantage and Grove population made **1,361 visits to an Oxfordshire Minor Injuries Unit (MIU) in one year**, which equates to an average of 3.7 visits a day from this area. This is forecast to increase by 2030 to around 4.8 MIU visits a day (1,745 visits per year). Currently, patients from Wantage and Grove who need emergency treatment usually attend the John Radcliffe Emergency Department. Residents from Wantage and Grove area may also attend a hospital accident & emergency department.

If Wantage Community Hospital does not provide urgent care services, local people would need to access this type of service at Abingdon or Witney MIU; through the 24/7 mental health hotline available at NHS 111; or, by seeking mental health, social care and community health services and crisis support available locally. There is also potential to explore an integrated model of care with local NHS and care partners at the Health Centre.

Share your thoughts on Scenario 3:

9. If you needed to access urgent care, what would you do?

Have your say on the future of services at Wantage Community Hospital

<http://yourvoicebob-icb.uk.engagementhq.com>

10. What has been your experience with accessing urgent care services for physical health and / or mental health issues?

11. How can we make it easier to access urgent care services for you and your family?

Part 4

In this final part of the survey, we ask a bit more about you so that we understand the views of different populations and people living across Wantage and Grove. We would also like your final view on the three scenarios.

12. Thinking about the three scenarios we have discussed, what do you see as the future role for Wantage Community Hospital and hospital- like services locally?

Have your say on the future of services at Wantage Community Hospital

<http://yourvoicebob-icb.uk.engagementhq.com>

Demographic questions

13. Please let us know what area you come from by entering the first part of your postcode (E.g., OX12)

(Required)

14. How old are you?

(Choose any one option)

- ☐ 16-25
- ☐ 26-40
- ☐ 41-60
- ☐ Over 60
- ☐ Prefer not to say

15. Do you consider yourself to have a disability?

(Choose any one option)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

16. What best describes your gender?

(Choose any one option)

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ A gender not listed here
- ☐ Unsure how to describe myself
- ☐ Prefer not to say

17. Is your gender the same as the sex you were given at birth?

(Choose any one option)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

18. What is your ethnicity?

(Choose any one option)

- ☐ Asian or Asian British: Bangladeshi
- ☐ Asian or Asian British: Chinese
- ☐ Asian or Asian British: Indian
- ☐ Asian or Asian British: Pakistani
- ☐ Black or Black British: African
- ☐ Black or Black British: Caribbean
- ☐ Mixed: Asian and white
- ☐ Mixed: Black African and white
- ☐ Mixed: Black Caribbean and white
- ☐ Any other mixed background
- ☐ White British: British, English, Northern Irish, Scottish, Welsh
- ☐ Irish

Have your say on the future of services at Wantage Community Hospital

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- Gypsy / Traveller
- Arab
- Prefer not to say

Thank you for taking the time to complete this survey.

Wantage Community Hospital Public Engagement context

October 2023



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board



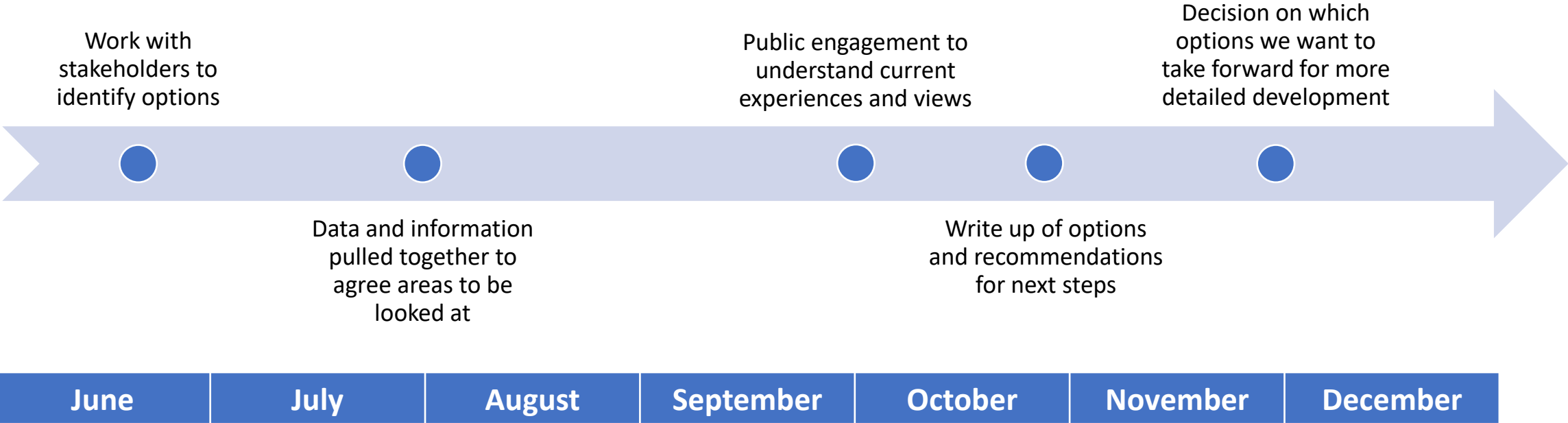
Oxford Health
NHS Foundation Trust

With input from wider partners and stakeholders

Summary of the process we're following

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WE ARE HERE



Principles for engagement

Working in partnership with
people and communities:
Statutory guidance

<https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance/>

Oxfordshire Improvement Programme Community Services engagement and design principles

https://mycouncil.oxfordshire.gov.uk/documents/s58748/HWB_DEC1621R10%20-%20Community%20Strategy%20Principles.pdf



Acknowledging the history



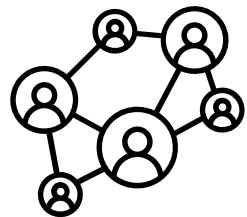
- Since 2016 the inpatient beds have been temporarily closed.
- The local community were previously asked for views about Wantage Community Hospital in what was called the "OX12 Project" between 2017-19 however this concluded without a decision and widespread community dissatisfaction.
- In 2020-21 all the old pipework was replaced, and this enabled the hospital building to reopen fully. A trial of a number of different outpatient (clinic based tests, treatment and therapy) have been running downstairs with maternity upstairs.
- The NHS has recently reopened dialogue through the Oxfordshire Health Overview and Scrutiny Committee (HOSC) and the local Wantage Health Sub-committee of the Town Council to co-design what hospital type services would best be provided from Wantage Community Hospital ([A \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk))

Where are we now?

Oxfordshire Joint Health Overview & Scrutiny Committee



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*Wantage and Grove
previously engaged
community*

- Wantage community hospital inpatient beds have now been temporarily closed for over 7 years
- The hospital is **currently used to provide a range of outpatient services (tests, treatment, therapy, follow ups)** for the local community, some have been running for some time and others as a pilot for the last 18 months after the space previously used as an inpatient ward was re-opened.
- We have been starting to **co-design** what future type of services could be provided from the hospital and **now want to seek broader views upon to help shape final proposals**
- Oxford Health and its NHS partners, have **no plans to close Wantage Community Hospital**. We are committed to keeping it open but we need your input to help inform the types of services to be provided from the building that are sustainable and best meet the needs of the local community.

Where do we want to be?

Our objective is to provide sustainable hospital-like services from Wantage Community Hospital for the longer term to meet the needs of the local population now and in the future that maximises use of the available space.



- Through our co-design process we have also identified **there may be needs for other types of healthcare provision in other buildings/ parts of the community to complement effective healthcare pathways.** We are keen to hear your views on where these links are.
- We are **not proposing any changes to the maternity services** and support their continuation – located upstairs in Wantage Community Hospital.

What do we know about the Wantage & Grove population?

- **The population is growing**, particularly within the Grove area
 - In 2022, there were 33,179 patients registered with Wantage GP practices
 - This is due to increase to around 41,000 by 2030 (based on housing growth trajectory)
- **The population is ageing**, and more people are forecast to live longer
- More people both young and old are living with **more complex needs**



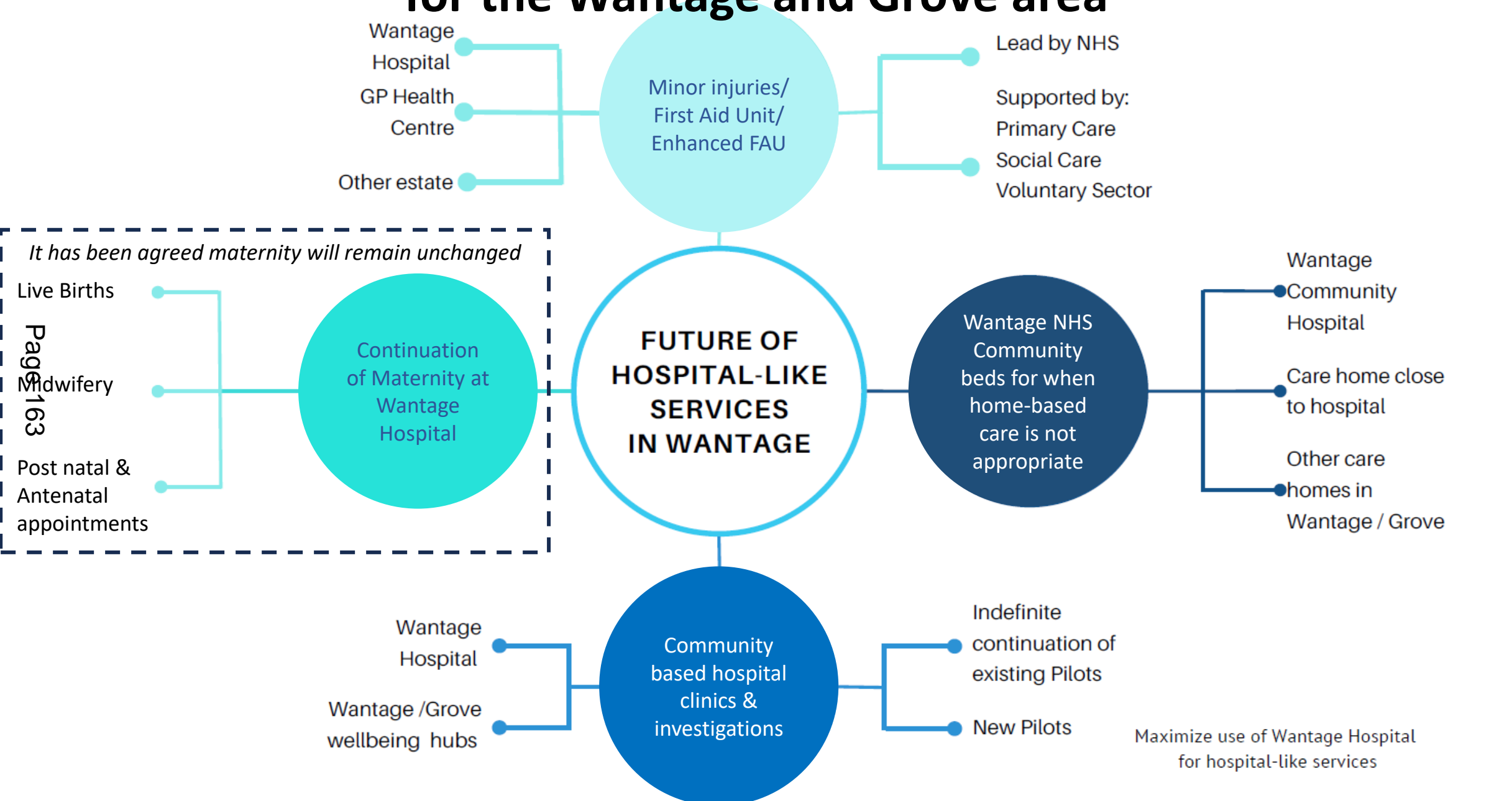
How can we best use the space in Wantage Community Hospital to benefit the health and wellbeing of the local community?

We have focused on three areas which we will explore today:

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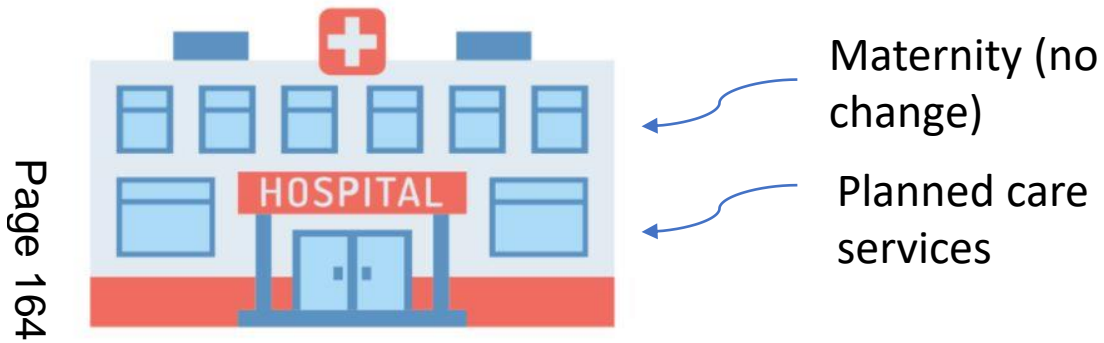
- i. Clinic based services (tests, treatment and therapy) for planned care appointments
- ii. Community inpatient beds and the alternatives when care in your own home isn't possible
- iii. Urgent care (minor injury, illness and mental health issues) access needs on the same day

Co-produced summary of community needs for hospital-like services for the Wantage and Grove area



Scenario 1: Clinic based services (tests, treatment and therapy) for planned care appointments

Planned care services would take up the whole of the ground floor with scope for some more services to come in to maximise the available space



What this would mean:

- More planned care services could be provided within Wantage
- Hospital beds and urgent care services would need to continue to be accessed at other hospital and local care home sites

If Wantage Community Hospital didn't provide these planned care services, where else could this type of service be accessed?



John Radcliffe
or Churchill
hospital in
Oxford



Great Western
in Swindon



Oxford City clinic bases
e.g. East Oxford Health
Centre or The Slade



Other Community Hospitals for
some mental health issues and
children's therapy services

Scenario 1: Clinic based services (tests, treatment and therapy) for planned care appointments

What happens currently

- When someone **needs a hospital service but doesn't need to stay overnight** (inpatients) they can visit a specialist in a clinic (often called planned care or outpatients)
- Currently, the clinic-based service most needed by residents from the Wantage and Grove area is **Ophthalmology** (specialist eye appointments)
- From the most recent data, **1,445 patients** came to an outpatient clinic as part of the pilot services being provided on the ground floor of Wantage Community Hospital. Most of these patients were seen by Ophthalmology and they mainly (57%) came from an OX12 postcode.
- On average **120 people per month** come to Wantage Community Hospital to access the range of clinic-services currently provided

Scenario 1: Clinic based services (tests, treatment and therapy) for planned care appointments

What happens currently

Since November 2021, the following outpatient services have been piloted within Wantage Community Hospital:

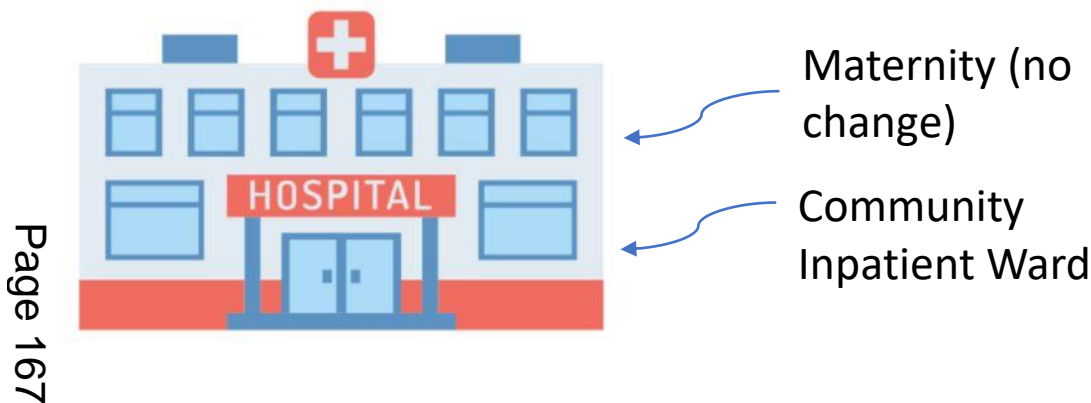
- Ophthalmology, including intravitreal (eye) injections
- Audiology & Ear, Nose & Throat (ENT)
- Mental health services (Adult mental health, psychological therapies Oxfordshire Talking Therapies, neuro-developmental)
- Learning disabilities
- Diabetes screening
- Health visiting clinics including group sessions
- GP clinics
- Expansion of MSK/physiotherapy by Connect Health
- Health Share providing ultrasound clinics

In addition, the following existing clinic-based services are provided within the community hospital:

- Podiatry
- Adult & children's speech and language therapy
- Children's Integrated Services
- MSK/Physiotherapy
- School Nursing Team
- Maternity Unit (upstairs)

Scenario 2: Community inpatient beds and the alternatives when care in your own home isn't possible

The inpatient ward is likely to need the whole of the ground floor (around 20 beds).



What this would mean:

- If Community hospital beds were provided in Wantage there would be no space for any outpatient (tests, treatment and therapy) services or potential urgent care type service. Wantage and Grove residents would need to access these at other hospital and health and care locations
- Community inpatient provision across the rest of the county would require a review to accommodate this new ward.

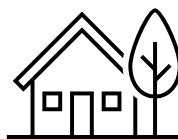
If Wantage Community Hospital didn't have any beds how would this type of healthcare be provided to the local population?



Health and care in your own home



Other community hospitals



Short stay hub beds in care homes



End of life and palliative care



As required, winter/surge beds in care homes

Scenario 2: Community inpatient beds and the alternatives when care in your own home isn't appropriate

What happens currently – inpatient beds

i) Community Hospitals

- Each month around **5 people from the Wantage and Grove area are admitted** to a community inpatient bed. Despite the ageing population we don't anticipate this changing because of our growing number of alternative health and care pathways to avoid hospital admissions.

Most from the Wantage and Grove area (55%) currently go to either Abingdon (10 miles from Wantage) or Didcot (8 miles from Wantage) community hospital. Of those that don't go to these hospitals (45%) the **median distance travel from Wantage is 20 miles** to other community hospitals. The average (median) length of stay in a community hospital bed is around 34 days.

ii) Short Stay Hub Beds

Each month, around 2 people from the Wantage and Grove area require less intensive rehabilitation and are **admitted to care homes (mainly to The Close in Burcot, 15 miles from Wantage) where a wrap around package** of therapy, primary care, nursing and social care in-reach is provided. Average stay is relatively short at **14 to 21 days** at which point the individual is then discharged to their long term place of residence.

iii) Winter/ surge beds

The healthcare system currently has no plans to purchase any for 23/24 but If required will go to the care market to ascertain what could be made available for short periods of stay, typically 1 – 2 weeks for a few months.

iv) Palliative and end of life care (outside of the individual's home)

Most people wish to receive a package of care to pass away in their own home, but sometimes alternatives are needed, particularly at times of crisis. We are currently working with local teams to explore how we can further develop local services.

Scenario 2: Community inpatient beds and the alternatives when care in your own home isn't appropriate

What happens currently – Home-based health and care

i) Hospital @ Home

Provide healthcare in your own home and facilitate earlier discharges from hospital. Oxfordshire has both a children and young people's and adults H@H service. Around 45 people from the Wantage and Grove area currently access the service per month with the service continuing to expand over the coming 6 months to provide 40 places per 100,000 population by Apr 24.

ii) Urgent Community Response (UCR)

Help adults, predominately older adults, who are having a health crisis or having difficulties being at home because their main unpaid carer is not able to cope with caring for them. Around 150 people from the Wantage and Grove area access UCR on a monthly basis.

iii) Discharge to Assess

Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting where a package of care is provided whilst an assessment for longer-term care and support needs is then undertaken. This approach is currently being implemented across Oxfordshire and will be in place in Wantage and Grove over the coming months.

iv) Reablement

Short-term support is provided by a group of specialists across health and care to help someone at home regain independence. This service continues to be in place across Oxfordshire and is available to Wantage and Grove residents.

Scenario 3: Urgent care (minor injury, illness and mental health issues) access needs on the same day

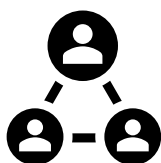
The urgent care type service is likely to need half of the ground floor and the other half could accommodate planned care services



What this would mean:

- More urgent care could be supported in Wantage
- The range of planned care services (tests, treatment and therapy) currently provided would need to be reduced by around a half
- Hospital beds would need to continue to be accessed at other hospital and community sites

If Wantage Community Hospital didn't have an urgent care type service where else would this type of service be accessed?



Potential to explore an integrated model with local NHS and care partners at the Health Centre



Abingdon MIU



24/7 Mental Health line (via 111)



Mental health, social care and community health services and crisis support

Scenario 3: Urgent care (minor injury, illness and mental health issues) access needs on the same day

What happens currently

- There are lots of reasons someone might need an appointment on the same day
- **111 provides an initial assessment** and signposting to same day healthcare services, this includes 'option 2' to seek mental support on the same day. In addition, people can also contact their GP (and Out of Hours GP).
- If you have had an accident, you would usually be recommended to go to a **Minor Injuries Unit (MIU) or the Emergency Department (ED)**.
- On average the population of Oxfordshire visits an MIU **once every 7 years**. The most recent data available tell us that the **Wantage & Grove population** made 1361 visits to an MIU over one year, which equates to an **average of 3.7 total visits from this area** to an MIU a day. (164 visits a month to Abingdon MIU).
- When considering forecast population growth and assuming similar demand patterns, the average number of visits from Wantage and Grove area could increase to 4.8 visits a day to an MIU (1745 visits per year).
- Mental health access on the same day is through the 24/7 Mental Health Helpline (via 111)

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Appendix 3: Wantage Community Hospital engagement activity

The Oxford Health NHS Foundation Trust (Oxford Health) communications team undertook a range of work in support of the Wantage Community Hospital engagement programme.

This comprised:

- Social Media posts
- Supporting website content
- Newsletter content
- Graphic design (posters/ flyers and images for social media)
- Media liaison

Links to the relevant posts or pages are provided where available.

Social media

The Trust published more than 30 social media posts– significantly more posts than for any other Trust or partnership initiative. Partner organisations were asked to retweet or repost some posts and ICBs provided additional support by placing promoted (paid for) Facebook posts.

Below is a detailed list of the posts published by Oxford Health (unless otherwise indicated).

X (formerly known as Twitter)

[Still time to have your say](#) – November 1 - views 240

[Have your say in person and survey](#) – October 26 - views 1073

[Calling parents for online focus groups](#) – October 17 - views 238

[Have your say](#) – October 13 - 2285 views

[Online focus groups](#) – October 11 - 238 views

[We want your views](#) – Oct 9 - 1105 views

Facebook/ Instagram

The list below is not comprehensive as we are unable to access the full details of all posts at the time of writing. However, the total number of posts on Facebook and Instagram is 21. The lists below includes the examples that can be accessed.

A number of posts were also shared by both Oxford Health and the wider stakeholder group members directly to Wantage-related Facebook groups.

[Still time to have your say](#) – 1 November

[In person event and survey reminder](#) – 27 October

[In person and survey reminder](#) – (BOB ICB promoted post) - 25 October

[Calling on parents](#) – 17 October

[Calling on parents](#) – 11 October

[Calling on residents](#) – 9 October

Web site content

9 October - <https://www.oxfordhealth.nhs.uk/news/wantage-we-want-your-views/>

11 October - <https://www.oxfordhealth.nhs.uk/news/opportunity-for-families-with-children-and-young-people-along-with-adults-18-to-40-to-have-their-say-on-wantage-community-hospital/>

13 October - <https://www.oxfordhealth.nhs.uk/news/wantage-community-hospital-your-views-wanted> (issued directly to the local media as a press release and reproduced on the website)

18 October - Wantage Town Council <https://wantagecouncil.gov.uk/notice/>

Media

The story was covered by BBC Radio Oxford, [Oxford Mail](#) (x2), [Wantage Herald](#) (x2), Jack FM.

LinkedIn

Links to full posts not accessible.

Have your say – 26 October

Calling parents – 17 October

Parents and families – 11 October

General post – 9 October

Nextdoor (posted by BOB ICB)

[In person event](#) – 25 October

[We want your views](#) – 11 October

Other

A promotional story was included in the Oxford Health all staff email Bulletin on two occasions and also appeared in the [Vale of White Horse residents' newsletter](#).

Local councils, community groups and schools were also sent information on email with a request to share via their networks.

Schools: Charlton Vale Academy, Fitzwaryn, Grove CE, King Alfred's Academy, Millbrook Primary, Hanney CE, St Nicholas CE, Stockham Primary, Hendreds CE, Ridgeway CE, Wantage CE, Wantage Primary Academy.

Churches: Wantage and Grove Church Partnership, Wantage Parish, Wantage Community Church, Wantage Baptist Church, Portsmouth Diocese (covering Oxfordshire), Grove Free Evangelical Church, Vale Benefice.

Councils: 69 councils in the area were emailed using [contact information from the Oxfordshire County Council website](#).

Local community groups: Information on the engagement was shared by the Community Development Officer at the Vale of White Horse District Council specifically for Kingsgrove and Wellington Gate.

Healthwatch: an update was shared through the Healthwatch website <https://healthwatchoxfordshire.co.uk/news/wantage-community-hospital-future-services-public-engagement-sessions/>

Oxford Health's public membership database was interrogated for those with an OX12 postcode and a verified email address. 146 people on the public members' database were confirmed as meeting these criteria and the invite to the Wantage engagement events was sent by email to these 146 people on 25 September 2023.

A [poster was designed to promote the various events and online survey detailing the dates and featuring a QR code to give direct access to the online survey](#).

As detailed elsewhere a page on the BOB ICB interactive engagement platform, [YourVoiceBOB](#), was published which included information on the engagement programme (context and FAQs), contact details and forms for people to sign-up to in-person and online engagement events.

The page was used to host the programme's online survey, which launched on 5 October and closed on 6 November 2023.

A total of 7 responses about the survey were received by Oxford Health via email and 11 people made contact to confirm they would like to be kept informed of next steps regarding the project.

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**Work Programme 2023/24
Joint Health Overview and Scrutiny Committee**

Cllr J Hanna OBE Chair | Dr Omid Nouri Omid.Nouri@Oxfordshire.gov.uk

COMMITTEE BUSINESS

Topic	Relevant strategic priorities	Purpose	Notes / Context	Lead witnesses
23 NOVEMBER 2023				
Emotional Wellbeing of Children	<p>Create Opportunities for children and young people to reach their full potential</p> <p>Prioritise the Health and Wellbeing of Residents</p>	To receive a report on the delivery and effectiveness of services for improving the Emotional Wellbeing of Children; and to receive insights into levels of demand as well as levels of resources available for these services. (This item has come to HOSC previously)	Overview and Scrutiny	<p>Anne Coyle</p> <p>Caroline Kelly</p> <p>Cllr Kate Gregory</p> <p>Cllr John Howson</p>
CAMHS Update	Create Opportunities for children and young people to reach their full potential	To receive a report on the current state of affairs with CAMHS services; with a view to examine levels of	Overview and Scrutiny	Vicky Norman



	Prioritise the Health and Wellbeing of Residents	demand, waiting times, and work undertaken alongside other partners within the system to improve Children and Young Person's mental health overall.		
Place-Based Partnerships	Prioritise the Health and Wellbeing of Residents	To receive a report on BOB ICB's the Place-Based Partnership work at the local level within Oxfordshire.	Overview and Scrutiny	Dan Leveson
Wantage Community Hospital Public Engagement Update	Prioritise the Health and Wellbeing of Residents	To receive a report on an update on the public engagement process undertaken by BOB ICB and Oxford Health around the closure of the inpatient unit at Wantage Community Hospital.	Overview and Scrutiny	Daniel Leveson Ben Riley Lucy Fenton Susannah Butt
8 FEBRUARY 2024				
SCAS Improvement Programme	Prioritise the Health and Wellbeing of Residents	To receive a second update on the SCAS Improvement Programme in light of the most recent "Inadequate" CQC rating.	Overview and Scrutiny	David Eltringham
Director of Public Health Annual Report	Tackle Inequalities in Oxfordshire	To review the Oxfordshire County Council's Director of	Overview and Scrutiny	Ansaf Azhar, Director of Public Health.

	Prioritise the Health and Wellbeing of Residents	Public Health Annual Report.		
Oxford University Hospitals NHS Foundation Trust CQC Improvement Journey	Prioritise the Health and Wellbeing of Residents	To receive a report with an update on Oxford University Hospitals NHS Foundation Trust's CQC improvement journey in light of the most recent CQC rating.	Overview and Scrutiny	
18 APRIL 2024				
BOB ICB Primary Care Strategy	Prioritise the Health and Wellbeing of Residents	To receive a report on BOB ICB's Primary Care Strategy.	Overview and Scrutiny	Julie Dandridge Dan Leveson
Oxford University Hospitals NHSFT People's Plan 2022-2025	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To receive a report on the Oxford University Hospital NHSFT People's Plan, with details on the support mechanisms in place for the Provider's staff, (including staff recruitment, retention, and wellbeing).	Overview and Scrutiny	
Dentistry Provision in Oxfordshire	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To receive a report from NHS England/BOB ICB with a second/additional update on the state of dentistry provision within Oxfordshire, particularly in light of the	Overview and Scrutiny	Hugh O keefe Julie Dandridge Dan Leveson



		recent delegation of dentistry commissioning responsibilities from NHS England to the ICBs.		
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	Item	Action/Recommendation	Lead	Progress update
1	Minutes of 23 September 2022	Health partners to be invited to the next OCC scrutiny training	Tom Hudson / Omid Nouri	To be actioned in the new municipal year for 23/24. In progress <i>Update – OCC scrutiny are working up a training proposal with CfGS.</i>
	24 November 2022 Meeting			
2	Primary Care	Recommendation: Specified roles are filled within the ICB with the primary responsibility to work with District Councils at Place Level to coordinate use of CIL funds held by the ICB and from executed Section 106 funds for Primary Care.	Julie Dandridge/ Daniel Leveson	Progress/update response: The ICB have managed to recruit a Primary Care estates manager who will have a key role in working with Districts in terms of planning for new housing developments. The successful candidate starts in December 2023. Unfortunately, recruitment was delayed due to lack of suitable candidates.

	Item	Action/Recommendation	Lead	Progress update
3	Cllr Barrow's infection control report	OCC carries out a regular review of current infection control procedures in care homes and the support provided.	Karen Fuller, OCC	<p>This is built into our routine procedures in relation to infection control and monitoring outbreaks. OCC works in partnership with Oxford Health care home support service, CQC and UKHSA.</p> <p>UPDATE – Subsequent Care Home Visits to be arranged in conjunction with the Director for Adult Social Care.</p>
	10 March 2022 Meeting			
4	Access and Waiting Times	Information is supplied on the new elective care access offer across the BOB footprint (the provider collaborative)	Omid Nouri/Titus Burwell	<p>BOB ICS Elective Recovery plan & provider collaborative would need to be presented by BOB ICS colleagues -</p> <p>In progress</p> <p>Update – A scope is being drawn up for Titus Burwell, Chair of BOB Elective Recovery Backlog Group, to brief the Covid-19 Elective Recovery Backlog group on the subject with a particular focus on Symptomatic breast cancer 2WW and in respect of Urological Cancer referrals.</p>

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

	Item	Action/Recommendation	Lead	Progress update
5	Access and Waiting Times	That Members meet separately with James Scott to explore workforce challenges across Oxfordshire/the NHS	BOB HOSC, BOB ICS	<i>Eddie and OCC BOB HOSC Members to ask for the item to be placed on the BOB HOSC Work Programme.</i> In progress <i>Update – To be considered as part of future discussions amongst the BOB HOSC</i>
6	Chairs Update	That Members of the Committee come forward in which to develop a glossary of NHS acronyms.	Omid Nouri/ Cllr Nigel Champken- Woods	<i>Cllr Champken – Woods came forward at the last meeting to start an early draft. It was identified that Wokingham's HOSC glossary as a good model to follow.</i> In progress <i>This is currently being collated with Cllr Champken-Woods and will be appended at the back of HOSC agendas once finished.</i>
	14 July Meeting 2022			
7	Integrated Improvement Programme	Establish a sub group on the Integrated Improvement Programme to provide NHS / OCC colleagues the opportunity to engage with HOSC outside of formal Committee meetings (as well as in addition to). It should cover all aspects of comms and engagement and any issues relating to services at Wantage.	Cllrs Hanna, Edosomwan, Barrow and Barbara Shaw Omid Nouri	In progress – UPDATE- The Integrated Improvement Programme met as a Member-only forum on 20 September 2022 and agreed to meet with a ICB representative in respect of the ICB's involvement in the IIP. The Group also agreed that a group would engage with representatives at OH in respect of the maternity closures and maternity closures across Oxfordshire. Terms of Reference for the Group will be drawn up for engagement in respect of the consultation and delivery plan relating to the IIP.
	22 September 2022 Meeting			

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

	Item	Action/Recommendation	Lead	Progress update
8	Action and Recommendation Tracker	NHS England Health and Justice to fill out the Committee's substantial change toolkit in relation to the SARC in Bicester; this is to then be reviewed by Members via email, with a view to meeting the Commissioner in person.	Lisa Briggs	In Progress - The Substantial Change Toolkit form has been received and was considered by Cllrs Champken-Woods, Hanna and Heywood. It was considered that there was no substantial change. However further information in respect of the service has been requested and waiting a response.
9	Chair's Update and Committee Sub-Group Updates	Further information is sought by the IIP Sub-Group as to how the Integrated Improvement Programme fitted in with the ICB's overall vision.	Omid Nouri/ Dan Leveson	In Progress- The Health Scrutiny Officer is to ask to write to the ICB Place Based Director to ask for his attendance at the next meeting of the sub group; to better understand the ICB Role's in the Integrated Improvement Programme, and clarity as to the leadership and timelines as to the Programme.
10	Chair's Update and Committee Sub-Group Updates	Following an initial meeting with the new provider, a HOSC member is appointed to Connect Health's service-user board	Danielle Chulan	In Progress- The provider is to get in contact when the board is set up.
	24 November 2022 Meeting			
11	Primary Care	The Committee is informed as to how much Community Infrastructure Levy funding has been received by the Oxfordshire CCG and subsequently the BOB ICB (from Oxfordshire), the amounts received from the 5 individual District Councils, how much of those CIL funds have been spent, which health related CIL funded projects have been commissioned; and what projects have been completed or are in progress using executed Section 106 funds.	Julie Dandridge	In progress – The ICB has been reminded of these questions and will feedback to the Committee outside the formal Committee process. UPDATE – Julie Dandridge to provide an update on a list in respect of where the funds currently sat, time restrictions and other obligations.

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

	Item	Action/Recommendation	Lead	Progress update
12	Serious Adult Mental Health	A workshop on serious adult mental health is co-produced to allow further Committee exploration of the area.	Omid Nouri, OH, Karen Stephen Chandler	In progress – To be scoped after the 9th of February 2023 HOSC Meeting.
	9 February 2023 Meeting			
13	SCAS Improvement Programme Update	SCAS' performance data be regularly reviewed by the Committee's Covid-19 Elective Recovery Sub-Group.	Omid Nouri/ Tom Stevenson	In progress- The Committee is to be advised when the wait-time performance data can be broken down into (Middle Layer Super Output Areas) MSOA level. Likely to be Autumn 2023
14 Page 185	Committee Work Programming	A Work Programming Meeting be arranged with all Committee Members	Omid Nouri/ Tom Hudson	In progress – a partial work plan has been suggested, but in light of the appointment of a new Scrutiny Officer the completion of the new work plan is to take place once they are in post and are better placed to help the committee deliver it.
	11 May 2023 Meeting			
15	Dentistry Provision in Oxfordshire	To collaborate with the Place Based Partnership, Public Health, and providers with a view to creating a base line dentistry data set that will mean local improvements to poor dental health of residents can be achieved and clearly communicated.	Hugh O' Keefe NHSE/Daniel Leveson BOB ICB	Response: The Oxfordshire Joint Strategic Needs Assessment (2023) contains information about the oral health of 5 year olds in the county. This information is derived from national epidemiological surveys. The ICB will work with Public Health colleagues to review and update this information.

	Item	Action/Recommendation	Lead	Progress update
Page 186				The ICB is developing a Primary Care strategy including dental services. This will include a review current data and the development of datasets to inform future commissioning plans. There is a strong link between socio-economic factors and health. The aim is to develop a strategy outlining how primary care via service delivery and partnership working with other agencies will improve the health of the population with oral health to be a key element of the strategy.
	Dentistry Provision in Oxfordshire	To resolve any remaining uncertainty regarding the local flexibilities available to the ICB, and to consider investment of the underspend in Oxfordshire in targeted action to improve access to health and better serve Oxfordshire's children and residents with the greatest need.	Hugh O' Keefe NHSE/Daniel Leveson BOB ICB	Response: The BOB ICB Flexible Commissioning pilot commenced on 1 st June 2023. The pilot scheme will run to 31 st March 2024 and is designed to support access to NHS dental care for patients who have struggled to access NHS dental care. The scheme supports access for patients who have not attended a local dental practice for 2 years; who have relocated to the area; Looked After Children, families of armed forces personnel, asylum seekers and Refugees. Practices can also see 'other' patients if they believe it to be clinically appropriate. It allows practices to convert up to 10% of their contractual capacity from the delivery of activity targets to access sessions, where more time can be set aside for patients likely to have higher treatment needs. 30 practices in BOB are

	Item	Action/Recommendation	Lead	Progress update
Page 187				<p>taking part in the scheme (18 from Oxfordshire) with plans to provide nearly 3,000 Flexible Commissioning access sessions in the period July 2023 to March 2024. In the first 4 months about 900 sessions were provided with 3,000 patients attending (3,500 attendances). About 70% of patients attending to date have not attended a dental practice for 2 years; 14% have relocated to the area; 12% 'other' (includes patients who have been unable to access care, urgent patients, maternity, patients with an on-going clinical need that requires dental intervention, vulnerable patients, children's emergency trauma and cancer patients needing dental treatment as part of their care). 4% of attendances have been from Looked After Children, families of armed forces personnel and asylum seekers and refugees.</p> <p>The service is subject to on-going review and development.</p> <p>National guidance in respect of Flexible Commissioning was issued in October 2023.</p> <p>Whilst access to NHS dental services is continuing to improve, some capacity has been lost following decisions by some practices to leave the NHS or reduce their NHS commitment. The ICB is working with local practices on a re-commissioning</p>

	Item	Action/Recommendation	Lead	Progress update
				plan to replace this capacity from 2023-24 onwards.
	21 September 2023 Meeting			
17	Oxfordshire Healthy Weight	<p>Recommendation:</p> <p>To ensure adequate and consistent support as part of secondary prevention for those living with excess weight; and to improve access to, as well as awareness of, support services that are available for residents living with excess weight.</p>	Derys Pragnell	<p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>We currently commission two healthy weight services at Local Authority level, one that works with adults and another working with children. We also link closely with partners (NHS) who offer services at tiers above and below our own with a view to offering a seamless pathway. We identified some gaps in service as part of the recent Health Needs Assessment (HNA) on Healthy Weight. The current contract is coming to an end and we are planning to commission an 'all age service' with some additional elements to meet the gaps identified in the HNA. We are also planning a review and refresh of opportunities to raise awareness of support that is available.</p>
18	Oxfordshire Healthy Weight	<p>Recommendation:</p> <p>To ensure effective support for ethnic groups that are more likely to develop excess weight, and to raise awareness amongst these groups of the support available to them.</p>	Derys Pragnell	<p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>The current healthy weight service has specific programmes for ethnic groups</p>

	Item	Action/Recommendation	Lead	Progress update
				who are more likely to develop excess weight. This includes innovation pilots working in mosques, women only sessions, and tailoring content to be specific (e.g. on food types) The new service will build on this learning/modelling and is likely to have community development as a delivery component within key priority areas and populations, including ethnically diverse.
19	Oxfordshire Healthy Weight	Recommendation: To work on providing support to the parents, carers, or families of children living with excess weight, and to help provide them with the tools to help manage children's weight.	Derys Pragnell	Recommendation Accepted, HOSC will receive future progress update in April 2024.
20	Oxfordshire Healthy Weight	Recommendation: To explore avenues of support for residents who may struggle to afford healthy diets in the context of the cost-of-living crisis.	Derys Pragnell	Comment on Recommendation: This should be an action/link for Food Strategy work across Oxfordshire, which is led by Laura, Rushen, Senior Policy Officer at OCC– each District Council has been commissioned to undertake work for their District.
21	Oxfordshire Healthy Weight	Recommendation: To ensure that consideration of the ill-effects of being underweight is also built into the language adopted, and the services being commissioned, as part of promoting Healthy Weight overall within the County.	Derys Pragnell	Response and Rejection of Recommendation. This wasn't part of the discussion at the meeting which was focussing on excess weight. Whilst this is a very important issue we need to remain focussed on tackling excess weight. There are significant differences between the causes, behaviours and actions that can

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				be taken associated with underweight as opposed excess weight and none of the preventative, environmental actions or services commissioned have synergy. To set context while over 30% of children in year 6 and 60% of adults in Oxfordshire are living with excess weight around 1% of children experience underweight.
22	Oxfordshire Healthy Weight	<p>Recommendation:</p> <p>In light of recent findings relating to the risks of excess weight medication (GLP-1 receptor agonists), it is recommended that the BOB Integrated Care Board review the availability of these medications and any associated risks; and to update the Committee on this.</p>		A separate response to this recommendation will be sought from BOB ICB.
23	Oxfordshire Healthy Weight	<p>Recommendation:</p> <p>To orchestrate a meeting with HOSC, to include senior Planning/Licensing officers, Chairs of Planning Committees of the District Councils and lead officer responsible for advertising/sponsorship policy as well as the relevant Cabinet Member to discuss the planning and licensing around the presence of fast-food outlets in certain areas around the County and the advertising of HFSS products.</p>	Derys Pragnell/ Omid Nouri	Health Scrutiny Officer (Omid Nouri) to liaise with relevant officers to facilitate this meeting in the near future.
24	Health and Wellbeing Strategy	<p>Recommendation:</p> <p>To ensure careful, effective, and coordinated efforts amongst system partners to develop an explicit criteria for monitoring the deliverability of the strategy; and to explore the prospect of</p>	David Munday	<p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in April 2024):</p>

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		enabling input/feedback from disadvantaged groups as part of this process.		The Health and Wellbeing board has committed to the development of a delivery plan and outcomes framework for this new HWB strategy. This is to ensure the strategy is delivered by the partnership. We expect that an initial version of this will be presented to the HWB in March 24 and it will build on the strong public engagement that has already occurred in the strategy formation to date.
Page 191	Local Area Partnership SEND	<p>Recommendation:</p> <p>For Leadership over the Partnership and of Children and Young People's SEND provision to be explicitly set out and communicated clearly to families and all stakeholders; as well as clear measures of how leadership will be developed and demonstrated at all levels, and to demonstrate how new ways of working with stakeholders will put families at the heart of transformation.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>Partnership leadership, assurance, and oversight of SEND provision is by the Oxfordshire SEND Improvement Board (SIB). The Board provides transparent visibility of progress, constructive and robust challenge, as well as celebrating what is working well and improving. The progress of improvements will be routinely scrutinised by appropriate scrutiny arrangements (People Scrutiny, HOSC and ICB Quality Group).</p> <p>Operational delivery of the Priority Action Plan (PAP) is via the Partnership Delivery Group (PDG), supported by time-limited Task and Finish groups. SIB, PDG, and Task and Finish groups all include Parent/Carer representation. Continued improved communication with families and stakeholders is a key focus of our SEND action planning. It underpins our</p>

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				governance arrangements, is a key priority within the PAP, and is a focus area of our Working Together Task and Finish group.
Page 192	Local Area Partnership SEND	<p>Recommendation:</p> <p>To ensure good transparency around any action planning and the improvement journey for SEND provision for Children and Young People, and to develop explicit Key Performance Indicators for measuring the effectiveness of improvements that are open to scrutiny. The Committee also recommends for more comprehensive action planning after the publication of the initial action plan requested by Ofsted, and for this action planning to be made fully transparent. The SIB will consider at its inaugural meeting how best to ensure information easily and publicly available.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>The Priority Action Plan includes development of an Integrated Local Area Partnership SEND dashboard, based on partnership KPIs, with performance overseen by the SIB. As above, ongoing PAP action planning is operationally overseen by PDG and Task and Finish Groups. PDG reports monthly to the SIB.</p>
	Local Area Partnership SEND	<p>Recommendation:</p> <p>For the Leadership to adopt restorative thinking and practices with utmost urgency to reassure affected families, and for this thinking to be placed at the heart of any co-production exercises to help families feel their voices are being heard as well as for the purposes of transparency.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>Restorative Approaches are well-established within Children's Services. Co-production with children and families is at the heart of PAP and wider action planning. As noted, they are represented within all leadership & delivery bodies for SEND improvement.</p>

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Page 193	Local Area Partnership SEND	<p>Recommendation:</p> <p>To ensure adequate and timely co-production of action planning to improve SEND provision, and for the voices of Children and their families to be considered in tackling the systemic failings highlighted in the report. The Committee also recommends that the Partnership considers timely allocation of seed funding for the development of co-production involving people with lived experience; and for joint commissioning of training and alternative provision across Oxfordshire, involving multi-agency stakeholders, the voluntary sector, and families.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>SIB responsibilities include ensuring that co-production is embedded in the culture of SEND services. Our Multi Agency Quality Assurance (MAQA) forum has the purpose of setting out consistent, service specific processes for the quality assurance of Education, Health, and Care Plans, ensuring that good practice and learning is shared, informs training and professional development for all professionals involved in the process, underpinning our vision for shared responsibility for improving outcomes, on the improvements achieved and next steps.</p> <p>Partnership training, and impact measures, are included in the PAP. All PAP actions are time-specified, ranging from December 2023 to post-July 2025, dependent on prioritisation and practicability.</p>
	Local Area Partnership SEND	<p>Recommendation:</p> <p>To continue to improve working collaboration amongst the Local Area Partnership to integrate support mechanisms and services as effectively as possible, and for rapid improvements to be demonstrated on clear and efficient information and patient-data sharing on children with SEND.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>There are existing arrangements to enable the sharing of information across partners. The effectiveness of these will be considered as part of the improvement journey.</p>

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Page 194	Local Area Partnership SEND	<p>Recommendation:</p> <p>For every effort to be made for children and young people with SEND to receive the support that is specifically tailored toward and appropriate to their own needs and experiences; and for those involved in providing support services to be aware of the additional/ alternative services available which a child may also need a referral to. It is also recommended that improvements in one-to-one communications with families should be prioritised by Oxfordshire County Council, using the budget agreed by cabinet immediately following the Ofsted report.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>Priority actions within the PAP include co-production of both refreshed Local Offer and development of local area partnership early help and early intervention strategy. Together with improved EHCP assessment process, and Team Around the Family, this will enable the delivery of needs-led provision and the progression of outcome led plans with families. As noted above (Paragraph 8), continued improved communication with stakeholders and families is a key priority.</p>
	Local Area Partnership SEND	<p>Recommendation:</p> <p>To consider the use of digital resources for enablement, including at an individual level; and to ensure EHCPs are up to date and that they constitute living documents for families.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>Timeliness and quality of EHPCs, along with improved parental access to the digital portal, are addressed within PAP item 3. Actions include ensuring accurate, timely, and effective assessment, and effectively meeting needs, particularly at points of transition. Assessment timeliness is improving, despite increasing demand. Timeliness of completion within 20 weeks has improved from 40% in June 2023 to 50% in the last month.</p>

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Page 195	Local Area Partnership SEND	<p>Recommendation:</p> <p>For SEND commissioning to be developed using the Ofsted report as a baseline, and to place person-centred mental and physical health of children and their families with SEND at the centre of decisions on how funding is spent to maximise social value. The Committee also recommends for the Local Area Partnership to map all funding sources available for, and to explore joint commissioning of services and training that could improve the overall health and wellbeing for children with SEND.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>PAP priority actions include a focus on improved commissioning and strong relationships with commissioned providers, to improve capacity, meet demand, and meet the needs of children, young people, and their families. The PAP is also focused on ensuring commissioning arrangements support timely decision making and transition arrangements, and that there is a multi-agency approach to meeting the needs of children with emotional and mental health difficulties. The Leadership and Partnership Task and Finish group has responsibility for integrated commissioning of SEND services.</p> <p>The Oxfordshire Joint Commissioning Executive, which plays a key role in the delivery of many Priority Action Plan actions, reports into the Partnership Delivery Group.</p>
	Local Area Partnership SEND	<p>Recommendation:</p> <p>To ensure that there is clarity of information on any physical or mental health services for children with SEND, to reduce the risk of confusion and lack of awareness of such services amongst parents, carers or families of children who require support for their mental or physical health.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>A local area pathway is being developed for children and young people with emotional wellbeing and mental health concerns. The i-THRIVE framework (an integrated, person-centred, and needs-led approach to delivering mental health</p>

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				services for children, young people, and their parents/carers) will be linked to the Early Help Strategy and Team Around the Family.
Page 196	Local Area Partnership SEND	<p>Recommendation:</p> <p>To exercise learning from how other Counties and Systems have provided well-coordinated and effective SEND provision; particularly where measures have been adopted to specifically reduce the tendency for poor mental or physical health amongst affected Children and Young People.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>Our response to the SEND inspection, including development of PAP and KPI dashboard, has been informed by learning from other local authorities. Children's Services senior leadership bring a wealth of experience in delivering transformation and service improvement within other local authorities. This includes both the recently appointed independent chair of the SIB, Steve Crocker (Former President of Association of Director of Children's Services) and new SEND/ Children's Services Improvement. We have invested in an additional Assistant Director for Early Help & Prevention, and Strategic Lead for Specialist Projects. Deputy Directors for Children's Social Care/ Education are likewise experienced.</p>
	Local Area Partnership SEND	<p>Recommendation:</p> <p>To ensure that staff involved in Health, Care, Education, and any relevant Voluntary Sector organisations are sufficiently trained and aware of children that may be neuro-divergent, have a learning difficulty or a disability (SEND); and for such staff to be adequately aware of the support and resources available, and</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>As noted above, partnership training is embedded within the PAP. The Working Together Task & Finish group leads on Workforce Development.</p>

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		the processes for referring such children for any relevant mental or physical health services that they might require.		
	Local Area Partnership	<p>Recommendation:</p> <p>For HOSC to continue to follow this item and to evaluate the impact of any changes or improvements made, with specific insights into the following; the Partnership's Action Plan as requested by HMCI; the overall measures taken to address the concerns raised by the Ofsted/CQC inspection; the progress made by CAMHS in reducing waiting times for treatment of children with SEND who require mental health support; and on how the NHS is working to increase the overall acquisition and availability of data on SEND children's mental health from key mental health providers.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>There are clear governance and reporting structures, as outlined above. We can provide updates as required.</p>

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