

# **REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):**

## **Director of Public Health Annual Report 2024/2025**

**Report by:** Dr Omid Nouri, Health Scrutiny Officer, Oxfordshire County Council

**Report to:**

- Ansaf Azhar (Director of Public Health).
- Donna Husband (Head of Public Health Programmes).
- Frances Burnett (Public Health Registrar).

## **INTRODUCTION AND OVERVIEW**

1. The Joint Health and Overview Scrutiny Committee discussed the draft Director of Public Health (DPH) annual report 2024-2025 during its public meeting on 06 March 2025.
2. The Committee would like to thank Ansaf Azhar (Director of Public Health, Oxfordshire County Council); Donna Husband (Head of Public Health Programmes); and Frances Burnett (Public Health Registrar) for attending the meeting on 06 March and for answering questions from the Committee in relation to the DPH annual report.
3. The Committee understands that this year's DPH annual report focused on the mental wellbeing of children and young people. The Committee had been involved in scrutiny of children's mental health as part of public meeting items on both CAMHs as well as the Emotional Wellbeing and Mental Health Strategy in November 2023. It was therefore crucial to examine the contributions this year's DPH annual report made toward collective systemwide efforts to improve children's mental health and emotional wellbeing, particularly given the decline in mental and emotional wellbeing amongst children since the Covid-19 Pandemic.
4. This item was scrutinised by HOSC given that it has a constitutional remit over health and healthcare services as a whole, and this includes the initiatives taken by the County Council and its partners to commission and deliver services that improve children's emotional and mental wellbeing, particularly against a backdrop of general increases in demand for such services.

## **SUMMARY**

5. During the 06 March 2025 meeting, it was explained to the Committee that this year's annual report focused on the mental health and wellbeing of children and young people, alongside economic inactivity among them. The report aimed to highlight these key issues and encourage action. The Public Health Director emphasised the importance of viewing mental health as an asset and the necessity for a diverse workforce in Oxfordshire by 2040.

6. The report detailed current mental health support provisions and underscored the significance of general settings in supporting young people. It recommended increasing the use of existing interventions, reframing discussions about mental health, and utilising anchor institutions to create opportunities for young people.
7. The Committee queried whether there were measures in place to assess the effectiveness of the various schemes and activities listed in the report. It was explained to the Committee that the principle avenue through which to evaluate the overall effectiveness of measures or projects to improve children's mental health and emotional wellbeing was via the Health and Wellbeing Strategy's Outcomes Framework. Children's mental health sat within the Start Well category of the Health and Wellbeing Strategy, and the Health and Wellbeing Board was due to evaluate Start Well aspects of the strategy in April 2025.
8. The discussion also focused on whether the various programmes listed in the report were working together in an integrated manner or operating separately from each other. It was responded that whilst some programmes aimed at improving children's emotional wellbeing and mental health operated separately, they would all be evaluated as part of the Health and Wellbeing strategy's aforementioned Outcomes Framework. Whilst each programme had their unique specificities and objectives, they all shared the common purpose of driving improvements to children's mental wellbeing in Oxfordshire.
9. Members asked whether early intervention efforts were being coordinated with partners to determine who should concentrate on what and making recommendations more specific in this regard. They questioned whether these efforts were being coordinated with partners to determine specific areas of focus and to make recommendations more targeted. It was explained to the Committee that early intervention efforts were being coordinated between system partners, and that more work would follow in this regard. Various system partners would have their own contributions that they could make toward implementing the recommendations outlined in the DPH annual report.
10. Members asked about the educational issues in deprived areas, specifically the disparity between primary school attainment and secondary school underachievement. They inquired about the challenges and opportunities for collaboration among schools, local authorities, and the NHS to get all partners on the same page, particularly in relation to the CAMHS waiting list. It was responded that all partners were working toward achieving the Start Well objectives of the Health and Wellbeing Strategy, but that the Public Health team per se was limited by its own remit of services it could deliver.
11. Members asked what could be behind the rise of mental health issues in Oxfordshire, specifically mentioning the impact of smartphones and social media. The discussion emphasised that more could be done in terms of examining or minimising the potentially negative impacts of social media on children's mental health.

## KEY POINTS OF OBSERVATION & RECOMMENDATIONS:

12. This section highlights three key observations and points that the Committee has in relation to this year's DPH annual report. These three key points of observation have been used to determine the recommendations being made by the Committee which are outlined below. System partners may somewhat be implementing the substance of the recommendations being issued by the Committee (particularly around working with schools), although the Committee had not received as much information as to the extent to which this is the case in the context of supporting children's emotional wellbeing and mental health. The Director of Public Health will be provided with an opportunity to respond to these recommendations with further evidence as to how they are potentially being implemented:

***Working with schools:*** In recent years, and particularly since the Covid-19 pandemic, there has been a growing recognition of the critical role that schools play in promoting the emotional wellbeing and mental health of children. According to an October 2022 publication by the Care Quality Commission (CQC), schools are institutions where children spend a significant portion of their time, and as such are uniquely positioned to influence and support the holistic development of their students<sup>1</sup>. By working collaboratively with schools, parents, educators, and mental health professionals can create an environment that fosters emotional resilience, mental stability, and overall wellbeing.

Emotional wellbeing refers to the ability to understand, manage, and express emotions effectively. It is closely linked to mental health, which encompasses cognitive, psychological, and social aspects of a person's life. One study published by the *Nursing Forum* found that when children have good emotional wellbeing and mental health, they are better equipped to handle stress, build positive relationships, and engage in learning<sup>2</sup>.

With this in mind, upon commissioning this item, the Committee was keen to explore the extent to which schools were or will be worked with to improve children's emotional and mental health. The Committee understands that all partners were working toward achieving the Start Well objectives of the Health and Wellbeing Strategy, and appreciates that the Public Health team per se was limited in what it could do alone. It is for this reason that the Committee sought further information to be provided around the extent to which system partners are working closely with schools for the betterment of children's emotional and mental wellbeing.

Research has shown a strong correlation between emotional wellbeing and academic performance. Children who feel emotionally supported

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<sup>1</sup> [Children's and young people's mental health - Care Quality Commission](#)

<sup>2</sup> [Emotional wellbeing in youth: A concept analysis - Courtwright - 2020 - Nursing Forum - Wiley Online Library](#)

and secure are more likely to be engaged, motivated, and successful in their studies<sup>3</sup>. Conversely, as indicated by a 2017 study in the *Journal of School Health*, children who struggle with emotional and mental health issues may experience difficulties in concentration, memory, and overall cognitive functioning, leading to poorer academic outcomes<sup>4</sup>.

Schools have a unique opportunity to provide a supportive environment that promotes mental health and emotional wellbeing. This can be achieved through:

- *Inclusive Policies*: Implementing policies that promote inclusivity, respect, and acceptance can create a safe and nurturing environment for all students. One study in the *Journal of Mental Health and Social Inclusion* found that schools that helped pupils feel that it is normal to experience mental and emotional health decline at some point in their lives created a more supportive and relaxed environment for such children<sup>5</sup>.
- *Mental Health Education*: Integrating mental health education into the curriculum helps students understand and manage their emotions, recognise signs of mental health issues, and seek help when needed. According to research published in the *Canadian Journal of School Psychology*, incorporating mental health education into the curriculum helped pupils not only understand the role and importance of mental health, but also helped them, their families, and peers recognise symptoms and to develop strategies to address these<sup>6</sup>.
- *Support Services*: Providing access to counselling and psychological services within the school can offer immediate support to students facing emotional challenges. Research published in the *British Journal of Guidance and Counselling* found that support services such as counselling in school settings can boost both academic performance as well as a nurturing environment for pupils<sup>7</sup>.
- *Training for Staff*: Equipping teachers and staff with the skills and knowledge to identify and respond to mental health issues can ensure that students receive timely and appropriate support. A study published in the *Children and Youth Services Review* discovered that teaching staff who received adequate mental health training have significantly more confidence in being able to determine the

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<sup>3</sup> [Implications of emotion regulation on young children's emotional wellbeing and educational achievement: Educational Review: Vol 68, No 4](#)

<sup>4</sup> [Academic Performance in Primary School Children With Common Emotional and Behavioral Problems - Mundy - 2017 - Journal of School Health - Wiley Online Library](#)

<sup>5</sup> [School inclusion for children with mental health difficulties | Emerald Insight](#)

<sup>6</sup> [Mental Health in Schools - Jacqueline A. Specht, 2013](#)

<sup>7</sup> [Counselling in schools: Looking back and looking forward: British Journal of Guidance & Counselling: Vol 27, No 1](#)

signs of poor mental health amongst pupils as well as how to support such pupils with their learning<sup>8</sup>.

- *Parental Involvement.* Encouraging parents to be actively involved in their children's emotional wellbeing can strengthen their support network and create a consistent approach to mental health.

Therefore, schools are well positioned to improve the mental and emotional wellbeing of children, particularly given that young residents spend significant portions of their time in school settings. A key case in point is from West Sussex, where the County Council provides significant support and interventions in schools throughout the County; including through providing mental health education, training and advice for staff, and working with parents and carers to foster a supportive environment for children and young people's mental health and emotional wellbeing overall<sup>9</sup>.

Hence, working collaboratively with schools to improve children's emotional wellbeing and mental health offers numerous benefits. One way is through contributing to Early Intervention. Early identification and intervention can prevent the escalation of mental health issues. Schools can play a pivotal role in recognising early signs of distress and providing necessary support. The Committee urges Oxfordshire's system partners to explore ways in which to support Prevention and Early Intervention through finding avenues of working with schools in this regard. Additionally, collaboration between schools, parents, and mental health professionals can create an integrated support system that addresses the diverse needs of children. This holistic approach ensures that students receive consistent care both at school and at home. By fostering an environment that prioritises emotional wellbeing, schools can empower students to take control of their mental health. Educated and supported students are more likely to develop resilience and coping strategies that will serve them throughout their lives.

**Recommendation 1:** *For the Public Health team to provide details of how system partners will work with schools to improve children's emotional wellbeing and mental health.*

**Responsibility for adopting recommendations:** The Committee is pleased to see that a series of suggestions and recommendations were made in the DPH annual report as to how to improve the emotional and mental wellbeing of Oxfordshire's young residents. The manner through which these conclusions have been reached was also well articulated in the annual report. Adopting these recommendations would understandably require a collective effort amongst all system partners to deliver on them. Having said that, the successful implementation of such recommendations hinges on identifying which

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<sup>8</sup> [Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools - ScienceDirect](#)

<sup>9</sup> [Mental Health Support Teams in school celebrate 5th Birthday - West Sussex County Council](#)

of Oxfordshire's system partners would have some form of responsibility for carrying out specific tasks. Whilst it is understandable that it is not the Director of Public Health's responsibility to assign recommendations onto all system partners, there is a point about having regular contact and interactions with relevant system partners as to how they could collectively determine which of them may be better placed to work on delivering each of the recommendations. Perhaps one way to achieve this is via the Health and Wellbeing Board, through looking at how these recommendations could be tied into the Start Well aspects of the Health and Wellbeing Strategy's work and the Board's evaluation of this.

A key reason for specifying who is responsible for implementing the annual report's recommendations is to enhance transparency and accountability within the Oxfordshire system. This would also facilitate the process of monitoring progress and ensure that potential work programmes are being executed effectively. This not only ensures that the recommendations are being adopted, but also helps in identifying areas where additional support or resources might be needed to further support services for children's emotional and mental wellbeing.

Furthermore, initiatives to improve children's emotional and mental health often require coordinated efforts from various system partners. Therefore, clear identification of which organisation could contribute in which way would help foster better coordination and collaboration among partners. It would allow for a more organised approach where each of Oxfordshire's key stakeholders understands their role in the broader framework of improving children's mental health. A key example of this is how Surrey County Council's Public Health Team worked closely with local NHS system partners to develop a 'Mental Health Improvement Plan', which involved the establishment of key recommendations which every system partner took accountability for and reported against at regular intervals. This approach led to improved coordination and collaboration between the County's system partners which felt more empowered to support children's mental health and wellbeing<sup>10</sup>.

As such, when responsibilities around children's emotional and mental wellbeing are clearly defined, communicated, and agreed, it would help in building trust among Oxfordshire's partners, stakeholders and the wider general public. Transparency in this process would ensure that everyone involved knows who is accountable for different aspects of the efforts to improve children's mental health services, including prevention work around this. Such trust is crucial for gaining public support and engagement, which are indispensable for the success of any public health initiative.

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<sup>10</sup> [Report](#)

**Recommendation 2:** *For clarity to be provided on who will have responsibility for implementing each of the recommendations being made in the DPH annual report.*

***Collaboration between Communities:*** Community collaboration and the sharing of ideas could play a vital role in enhancing health and wellbeing at the local community and neighbourhood level. By fostering connections and encouraging the exchange of knowledge, communities can create supportive environments that address common challenges and promote overall wellbeing. The Committee understands that coproduction is embedded in some form within the interactions that system partners have with key stakeholders around children's emotional and mental wellbeing. However, the Committee did not receive as much information as to the degree to which greater collaboration and sharing of ideas between communities (for the purposes of improving health and wellbeing at the local community/neighbourhood level) is being fostered or encouraged. This would not be the sole responsibility of the County Council's Public Health team and its NHS partners, but also rather the responsibility of key stakeholder or voluntary sector organisations also.

Further collaboration between communities in Oxfordshire could foster a sense of unity and shared purpose amongst the diverse group of residents in the County. When diverse groups pool their knowledge and resources, the results can be transformative for Oxfordshire. Some key benefits of this community-based collaboration could include:

- *Enhanced resource allocation:* Communities can play a crucial role in determining where resources should be allocated or reallocated, and this can help ensure that all communities throughout the County have greater access to necessary tools and facilities that can help children and young people lead healthier lives; such as healthcare centres, recreational spaces, and educational programs. This could help to reduce health inequalities also, which is a key objective of Oxfordshire's system partners. A key example of where this community-based collaboration was fostered with the support of the County Council is in Surrey. The Council had introduced the *Together for Surrey* programme, which involved supporting and encouraging communities to share information and experiences in integrated platforms through websites and public events, with the aim of increasing contact and interaction within and between communities to understand where the key health and wellbeing challenges lie for the County's residents<sup>11</sup>.
- *Improved knowledge exchange:* Collaborative efforts could allow communities to learn from each other's experiences and best practices, leading to more effective and innovative solutions to common problems.

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<sup>11</sup> [Introducing 'Together for Surrey' - Surrey County Council](#)



- *Increased social cohesion:* Working together on shared goals fosters relationships and trust among community members, strengthening the social fabric and promoting a supportive environment. A key case in point is from Lancashire, where the County Council developed its *Cohesion and Integration Strategy 2024-2028*, which aims to generate community cohesion to mitigate inequalities within and between communities, ensuring that all community members have equal opportunities to thrive and live healthy lives<sup>12</sup>.

Effective collaboration requires structured approaches and mechanisms to ensure that ideas and resources are shared efficiently. Some strategies to facilitate collaboration include community forums and workshops, where regular meetings and workshops can provide a platform for Oxfordshire's community members to discuss issues, share ideas, and contribute to the development of joint initiatives with the support of the County Council and the NHS. In addition, digital tools such as online platforms and social media should also be utilised to connect communities across Oxfordshire, allowing for the exchange of information and coordination of efforts. There is also a point about developing partnerships with local organisations. System partners should ideally collaborate with local businesses, voluntary sector organisations, and government bodies to provide additional resources and support for local community initiatives in the County. Much of this may already be somewhat practiced by the Public Health team and its NHS partners, and it would be useful for there to be greater transparency and sharing of information around this work.

As such, a collaborative approach to improving community health and wellbeing can have far-reaching impacts for Oxfordshire's residents. Some of the positive outcomes could include:

- *Better access to healthcare:* Shared resources and joint initiatives can improve access to healthcare services, ensuring that all community members, including children and young people, receive the care and attention that they need from services.
- *Promotion of healthy lifestyles:* Collaborative efforts can lead to the creation of programs and facilities that encourage physical activity, healthy eating, and mental wellness for children and young people, all of which are already-existing objectives for the Council and its partners.
- *Enhanced mental health:* Social cohesion and a supportive community environment can significantly improve mental health outcomes for children and young people, reducing feelings of isolation and fostering a sense of belonging.

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<sup>12</sup> [Councillors to discuss new strategy to promote community cohesion and integration | Lancashire County Council News](#)



Therefore, greater collaboration and sharing of ideas between communities at the local level would be essential for improving health and wellbeing in Oxfordshire. By working together, communities can leverage their collective strengths to address common challenges, enhance resource allocation, and foster a supportive and cohesive environment. The positive impacts of such collaboration are profound, leading to healthier, happier, and more resilient neighbourhoods.

**Recommendation 3:** *For there to be greater collaboration and sharing of ideas between communities for the purposes of improving health and wellbeing at the local community/neighbourhood level.*

## Legal Implications

13. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
  - ☐ Power to scrutinise health bodies and authorities in the local area
  - ☐ Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
  - ☐ Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.
14. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.
15. 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.
16. The recommendations outlined in this report were agreed by the following members of the Committee:

Councillor Jane Hanna OBE – in the Chair  
District Councillor Katharine Keats-Rohan (Deputy Chair)  
Councillor Jenny Hannaby  
Councillor Michael O'Connor  
District Councillor Paul Barrow  
District Councillor Elizabeth Poskitt  
District Councillor Susanna Pressel  
District Councillor Dorothy Walker  
Barbara Shaw

Annex 1 – Scrutiny Response Pro Forma

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