Notice of Meeting

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 6 March 2025 at 10.00 am

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

These proceedings are open to the public

If you wish to view proceedings online, please click on this Live Stream Link. However, that will not allow you to participate in the meeting.

Membership

Chair - Councillor Jane Hanna OBE
Deputy Chair - District Councillor Katharine Keats-Rohan

Councillors:	Yvonne Constance OBE	Nick Leverton	Freddie van Mierlo
	Jenny Hannaby	Michael O'Connor	Mark Lygo
District Councillors:	Paul Barrow	Susanna Pressel	
	Elizabeth Poskitt	Dorothy Walker	
Co-optees:	Sylvia Buckingham	Barbara Shaw	

Date of next meeting: *5 June 2025*

For more information about this Committee please contact:

Scrutiny Officer	-	*Email: scrutiny @oxfordshire.gov.uk*
Committee Officer	-	*Scrutiny Team* *Email: Email: scrutiny@oxfordshire.gov.uk*

Martin Reeves
Chief Executive

February 2025

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 - 20)

To approve the minutes of the meeting held on 30th January 2025 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 28 February 2025. Requests to speak should be sent to scrutiny@oxfordshire.gov.uk and omid.nouri@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. Response to HOSC Recommendations (Pages 21 - 32)

The Committee has received Acceptances and Responses to recommendations made as part of the following item:

1. Maternity Services

The Committee is recommended to **NOTE** the responses.

6. Chair's Update

The Chair 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.

7. Musculoskeletal Services in Oxfordshire (Pages 33 - 60)

Neil Flint (Associate Director, Performance & Delivery for Planned Care, Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board) has been invited to present a report on Musculoskeletal (MSK) Services in Oxfordshire. The Committee has previously been involved in scrutiny of MSK services and has commissioned a report on this area with a view to receive an update on the current state of MSK services for local residents/patients.

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

8. Audiology Services in Oxfordshire (Pages 61 - 68)

Neil Flint (Associate Director, Performance & Delivery for Planned Care, Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board) has been invited to present a report on Audiology Services in Oxfordshire.

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

9. Healthwatch Oxfordshire Update (Pages 69 - 78)

Veronica Barry, Executive Director of Healthwatch Oxfordshire has been invited to present a report from Healthwatch Oxfordshire.

The Committee is invited to consider the Healthwatch Oxfordshire update and **NOTE** it having raised any questions arising.

10. Cancer Wait Times and Treatments (Pages 79 - 88)

Alexandra Poole (Lead Cancer Nurse, Oxford University Hospitals NHS Foundation Trust) and Nicky Swadling (Cancer Manager, Oxford University Hospitals NHS Foundation Trust) have been invited to present a report on Cancer Services in Oxfordshire. The Committee is particularly interested in waiting times as well as treatments being offered for cancer patients.

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

11. Director of Public Health Draft Annual Report - Supporting the Mental Wellbeing of Children and Young People (Pages 89 - 126)

Ansaf Azhar (Director of Public Health) has been invited to present the draft Director of Public Health Annual Report 2024-2025. This report focuses on supporting the mental wellbeing of children and young people.

PLEASE NOTE: This report remains in draft form and has not been formally published. The final version of this report will be presented to Full Council in the near future.

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

12. Potential HOSC Constitution Changes (Pages 127 - 142)

Tom Hudson, Scrutiny Manager, has been invited to present an update report on the work of the Council's Constitution Working Group, specifically as it relates to potential changes to the HOSC elements of the Constitution.

The Committee is recommended to consider and **AGREE** its support for the proposed changes.

13. Forward Work Plan (Pages 143 - 144)

The Committee is recommended to **AGREE** to the proposed work programme for its upcoming meetings.

14. Actions and Recommendations Tracker (Pages 145 - 160)

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;
a) 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.

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 30 January 2025 commencing at 10.07 am and finishing at 3.43 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair District Councillor Katharine Keats-Rohan (Deputy Chair) Councillor Yvonne Constance OBE Councillor Jenny Hannaby Councillor Michael O'Connor Councillor Freddie van Mierlo Councillor Mark Lygo District Councillor Paul Barrow District Councillor Elizabeth Poskitt District Councillor Susanna Pressel District Councillor Dorothy Walker
Co-opted Members:	Sylvia Buckingham Barbara Shaw
Other Members in Attendance:	Councillor Liz Leffman, Leader of Oxfordshire County Council, (for Agenda Item: Health and Wellbeing Strategy Outcomes Framework Update)
Officers:	Stephen Chandler, Oxfordshire County Council Executive Director for People Ansaf Ashar, Oxfordshire County Council Director of Public Health Karen Fuller, Oxfordshire County Council Director of Adult Social Care David Munday, Oxfordshire County Council Deputy Director of Public Health Matthew Tait, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board [BOB ICB] Chief Delivery Officer Dan Leveson, BOB ICB Director of Place and Communities Veronica Barry, Executive Director of Healthwatch Oxfordshire Hannah Berry, Home First System Lead Sally Steele, Head of Service – Hospitals Tasmin Cater, Head of Transfer of Care Hub Isabel Rockingham, Commissioning Manager Age Well - Improve and Enable Charmaine DeSouza, Chief People Officer, Oxford Health NHS Foundation Trust Zoe Moorhouse, Head of HR, Oxford Health NHS Foundation Trust

Amelie Bages, Executive Director of Strategy and Partnerships, Oxford Health NHS Foundation Trust
Omid Nouri, Health Scrutiny Officer

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

1/25 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Cllr Nick Leverton.

2/25 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Cllr Hanna declared her interest as an employee of SUDEP Action.
Barbara Shaw declared she was a Trustee for Healthwatch and a patient safety partner for Oxford University Hospitals (OUH) NHS Foundation Trust.

3/25 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 21 November 2024 were **AGREED** as a true and accurate record.

4/25 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

Ms. Joan Stewart from "Oxfordshire Keep Our NHS Public" raised concerns about eyecare services in Oxfordshire. A Royal College of Ophthalmologists' report highlighted issues with private companies delivering NHS eye services, including a rise in private cataract treatments, fewer NHS operations, and financial incentives for referrals, causing inaccurate diagnoses and more strain on NHS hospitals. The report urged halting outsourcing and investing in NHS eye departments to meet demand.

5/25 RESPONSE TO HOSC RECOMMENDATIONS

(Agenda No. 5)

The Committee **NOTED** the responses to the recommendations made as part of the following items:

1. Winter Planning
2. Epilepsy Services
3. Medicine shortages

The Chair noted the three avoidable deaths from medication shortages, including two epilepsy cases. The Committee's findings and recommendations on medicine shortages were shared with the All-Party Parliamentary Pharmacy Group. The Committee were informed that Neurology services and specialist commissioning will transfer to Integrated Care Boards (ICBs) in April 2025, raising funding and provision concerns.

6/25 CHAIR'S UPDATE

(Agenda No. 6)

The Chair outlined key events since the previous HOSC meeting to the Committee:

1. A HOSC report containing recommendations from the Committee on Maternity Services, which was discussed during the 21 November 2024 HOSC meeting, was published in the agenda papers for the current meeting.

2. A HOSC report containing recommendations from the Committee on Oxfordshire Healthy Weight, which was discussed during the 21 November 2024 HOSC meeting, had been published in the agenda papers for the current meeting. This report was also presented to the Council's Cabinet on 21 January.

3. A letter was sent on behalf of the Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview Scrutiny Committee (BOB HOSC) to the Secretary of State for Health and Social Care to bring to government's attention the likely impacts of increasing wage and National Insurance Contributions (NIC) on General Practice throughout the BOB geography.

4. A response was received from the Department of Health & Social Care to the BOB HOSC letter on the impact of wage and NIC increases on General Practice. The response was published in the agenda papers for this meeting.

5. A report by the Health Scrutiny Officer providing an update on the ongoing activities of the HOSC Substantial Change working group around the project to redevelop Wantage Community Hospital was also in the agenda papers.

In relation to the HOSC working group report, the Committee:

1. **NOTED** the work of the HOSC substantial change working group around scrutinising the project to redevelop Wantage Community Hospital since the previous update provided to the Committee in January 2024.

2. **CONFIRMED** its support for the continuation of the working group's existence and its ongoing scrutiny of the project to redevelop the Hospital.

The Committee also **NOTED** the Chair's Update.

7/25 BOB ICB OPERATING MODEL UPDATE

(Agenda No. 8)

Matthew Tait (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board [BOB ICB] Chief Delivery Officer); Stephen Chandler (Oxfordshire County Council Executive Director for People); Ansaf Ashar (Director of Public Health); and Karen Fuller (Director of Adult Social Care); were invited to provide an update to the Committee on the BOB ICB operating model and the ongoing negotiations between the ICB and the County Council in that context.

The Committee **AGREED** to the following recommendations concerning the BOB ICB Operating Model, which were outlined in the Health Scrutiny Officer report:

1. **NOTE** the response of the Secretary of State for Health and Social Care to the call-in request regarding the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) ICB restructure.

2. **AGREE** to the urgent need for the ICB to:

    a. Engage in ongoing negotiations with Oxfordshire County Council to ensure that the ICB's operating model supports effective commissioning and delivery of health and social care services at Place.
    b. Ensure that delegated budgets relevant to Oxfordshire Place were retained at Place.
    c. Support the continued existence of the role of Urgent Care Director for Oxfordshire.
    d. Support the initiative to establish a Place Convenor for Oxfordshire, and for the ICB to clarify how it will be supportive of this role despite it not formally hosting this.
    e. Clarify the nature and extent of the ICB Oxfordshire Executive Sponsor's role and responsibilities.
    f. Clarify the role of associate directors for place.

3. **AGREE** to engage in ongoing scrutiny of the changes to the ICB's operating model until the above five points were addressed.

The Committee also **NOTED** the need to address the outstanding issues related to the BOB ICB operating model. These issues were identified in August 2024 and resolving them was important with the upcoming budget setting period.

The BOB ICB Chief Delivery Officer provided the Committee with a brief summary of the updated operating model. The Urgent Care Director role for Oxfordshire would focus on addressing local needs based on feedback the ICB received during its consultation period in the summer of 2024. As the Executive Sponsor for Oxfordshire, the Chief Delivery Officer would attend key meetings, engage with stakeholders, and represent Oxfordshire at the ICB board to address local issues. The Chief Delivery Officer would also participate in the Health and Wellbeing Board and Place-Based Partnership Boards, acting as the main representative for scrutiny Committees and

involving experts when necessary. They were to act as a key decision-maker for joint decisions between the ICB and local structures, particularly in joint commissioning.

Efforts were being made to establish a place convener for Oxfordshire with the Oxfordshire County Council Executive Director for People. The joint commissioning model supported by a section 75 agreement remained unchanged, with budgetary decisions staying the same.

The Oxfordshire County Council Executive Director for People highlighted that a strong partnership with the BOB ICB Chief Delivery Officer was being built, and referred their collaboration in managing organisational tensions effectively. The solid section 75 agreement as well as the Joint Commissioning Unit were cited as critical factors in mitigating the risks of organisational changes. Both organisations were committed to fulfilling the recommendations set by the Committee last summer, making substantial progress in addressing feedback and realigning their relationship with a clear future vision.

Efforts were ongoing to establish the place convener post and explore ways to enhance the pooled budget arrangement. The Oxfordshire County Council Executive Director for People acknowledged the financial pressures facing both the Council and the ICB, with the Council reviewing its budget and potential cost-saving measures across adult services, children's services, and public health. Despite these challenges, officers remained optimistic about future collaboration, with gratitude expressed for the support from the BOB ICB Chief Delivery Officer.

The topic of the government's upcoming devolution plans were discussed. The BOB ICB Chief Delivery Officer and the Oxfordshire County Council Executive Director for People discussed that January's place-based partnership meeting covered the devolution paper and the Council's fast-track request, establishing devolution as a regular update topic in monthly meetings. The partnership aimed to align national agendas, such as neighbourhood development and early intervention, with ongoing devolution discussions. There were concerns about scrutiny impacts due to statutory requirements involving district members.

The Committee inquired about how the ICB's financial recovery programme would enhance leadership within NHS organisations across Oxfordshire and asked about the workforce plan to ensure adequate staffing. The BOB ICB Chief Delivery Officer explained that the financial recovery programme involved addressing challenges such as non-elective urgent care demand, waiting lists, and service redesign for productivity improvements. It was emphasised that effective place-based working was crucial for delivering change and achieving financial stability.

It was also mentioned that there was a system-wide workforce plan with initiatives to change workforce models and address recruitment challenges. The BOB ICB Chief Delivery Officer acknowledged the need to improve productivity and adapt to the complexity of patients and treatments.

Members inquired whether the absence of an Oxford weighting placed the area at a disadvantage, particularly considering the government's plans to prioritise Oxford and

Cambridge. They also questioned if implementing an Oxford weighting would significantly address workforce challenges in the region.

The ICB Chief Delivery Officer recognised the challenge presented by the absence of an Oxford weighting, particularly in comparison to the London weighting. It was indicated that although this situation was unlikely to change in the near future, efforts were being concentrated on maximising the advantages of living and working in Oxford and adopting flexible working arrangements to address the issue.

The Committee also asked about the ongoing confusion among the public regarding the ICB structures and governance, and how patients might contribute to service design and delivery. The ICB Chief Delivery Officer explained that the ICB had introduced a new engagement strategy to improve public engagement and address patient concerns. This strategy was presented at the last ICB board meeting, which outlined public engagement principles and next steps. Place-Based partnerships were also seen as essential vehicles for obtaining local insights and ensuring that patient concerns were integrated into decision-making processes. The place-based partnership meetings were to include regular updates on devolution and other relevant topics to keep all stakeholders informed and engaged.

It was highlighted that the Committee shared these concerns alongside Healthwatch, with members of the public not feeling engaged. In the spirit of ensuring the ICB was committed to public engagement, the Committee asked whether the ICB would be willing to engage with them around Key Performance Indicators (KPIs). The ICB Chief Delivery Officer indicated that the ICB was open to developing KPIs for meaningful public engagement.

The Committee questioned how the ICB ensured that commissioning at the system level was evidence-based, the nature of the evidence used, how it was assessed, and how the ICB coordinated with Oxfordshire to ensure effective implementation. The ICB Chief Delivery Officer stated that the ICB was using comprehensive NHS data to enhance decision-making and support the 2024-2025 planning cycle by examining evidence and identifying areas for improvement. This process relied on local joint strategic needs assessments, with public health directors participating in weekly meetings for data verification. Furthermore, the ICB worked with Oxfordshire to facilitate evidence-based commissioning using local insights and data.

The ICB’s role ensured that strategic decisions were based on evidence and coordinated through Oxfordshire's place-based partnership. It collaborated with stakeholders such as the Council and Trusts to implement interventions like discharge efficiency, while focusing on joint efforts for evidence-based changes and financial sustainability. Transparency was upheld by sharing data with partners, and diverse system data was utilised for informed decision-making.

The Committee asked how stakeholders, such as the neurological alliance or other advocacy groups, know who to engage with and how to engage with the opportunities provided by the ICB, especially with the new delegation of neurology services. The ICB Chief Delivery Officer explained that the ICB coordinated with NHS England to inform stakeholders about changes in responsibilities, assess and update

engagement models to improve stakeholder involvement, and value local neurology expertise by understanding specific needs and strengths for effective engagement.

The Committee inquired about the planning and management of all-age continuing care, and how significant inequalities and cost pressures would be addressed. The ICB Chief Delivery Officer explained how the ICB had restructured the All Age Continuing Care team and allocated additional resources to increase capacity. The aim was to ensure a consistent application of the national framework and improve coordination across different areas. While funding was not distributed equally, it was tailored to meet specific needs for effective service delivery. Addressing local needs and variations remained a key focus.

Performance and expenditure reports on continuing care in Oxfordshire were provided by the ICB, including metrics that monitor performance, delivery, and spending across the system. The ICB committed to transparency in resource-allocation and usage, ensuring reports effectively address Oxfordshire's needs.

The discussion also highlighted the imperative to expand primary care services in response to increased demand. The Committee heard that the ICB was committed to expanding primary care services by integrating the primary care team within the place-based matrix and collaborating with local stakeholders. The executive sponsor was essential in understanding and prioritising primary care issues, mobilising resources, and ensuring the model's effective operation.

Investment in primary care estates was a key priority, especially given the urgency driven by new housing developments. Establishing integrated neighbourhood teams was critical, and efforts had to be made to optimise the primary care model to support this initiative.

Cllr Van Mierlo joined the meeting at this stage.

The Committee asked about establishing a Place convener for Oxfordshire, whether the ICB supported this initiative and if it was committed to sharing data; as well as what role the ICB played in making this position effective. The ICB endorsed the establishment of a place convener for Oxfordshire and was committed to supporting and integrating this role effectively within its operations. The place convener was to be provided with necessary data, resources, and intelligence by the ICB to ensure coordination and informed decision-making.

Empowered by partners in the place-based partnership, the Place Convener would have the authority to direct resources and challenge decisions. As the executive sponsor, the BOB ICB Chief Delivery Officer was personally dedicated to making this role effective and ensuring it would contribute meaningfully to the partnership's goals.

The Committee asked about the importance of ongoing support and resources for Special Educational Needs and Disabilities (SEND) services and how the ICB would continue to play an effective role in this regard. It was explained that the ICB was committed to supporting SEND services through collaborative partnerships, with the BOB ICB Chief Delivery Officer playing a key role on the Improvement and Assurance Board as the director of vulnerable groups and SEND. Although financial

challenges existed, the ICB remained focused on finding partnership solutions to address service issues.

The Committee **AGREED** to issue the following recommendation to the ICB:

- For the ICB's Executive Sponsor for Oxfordshire and the Director for Places and Communities to meet with the HOSC chair and Health Scrutiny Officer, as well as to meet with local MPs (as part of the national offer for facilitation), to initiate proper engagement with Oxfordshire Place. It is recommended that clear indicators are developed which demonstrate the levels of engagement being undertaken between the ICB and key stakeholders in Oxfordshire Place.

Cllr Pressel joined the meeting at this stage.

8/25 SUPPORT FOR PEOPLE LEAVING HOSPITAL UPDATE

(Agenda No. 9)

Karen Fuller (Oxfordshire County Council Director of Adult Social Care); Ansaf Azhar (Oxfordshire County Council Director of Public Health); Dan Leveson (BOB ICB Director of Place and Communities); Hannah Berry (Home First System Lead); Sally Steele (Head of Service – Hospitals); Tasmin Cater, Head of Transfer of Care [TOC] Hub); and Isabel Rockingham (Commissioning Manager Age Well - Improve and Enable); were invited to present a report with an update on the support for people leaving hospital, and to answer questions from the Committee.

The Director of Adult Social Care introduced the report on hospital discharge support, noting the collaborative approach and ongoing improvements in performance and reablement outcomes. They also mentioned the positive work done in partnership with Healthwatch.

The Commissioning Manager described that since January 2024, Oxfordshire's Home First Discharge to Assess (D2A) service had significantly improved hospital discharge performance, reducing the average length of stay and increasing patient support. Despite higher demand and funding challenges, many patients were gaining independence through reablement pathways, with more referrals from community settings. Joint health and social care training sessions were ongoing, and efforts to support unpaid carers continue through a quarterly leads group. Nationally recognised for its approach, Oxfordshire had welcomed visits from NHS England and presented on national webinars. The next goal was to reduce non-elective admissions and prevent hospitalisations with proactive community care.

The Committee expressed concerns over a five-day hospital wait after medical optimisation, pointing out that it seemed lengthy and could lead to unsuitable discharges due to delayed patient accommodation assessments. The Director of Adult Social Care responded by explaining that the five-day average included complex cases, while patients on the discharge-to-assess pathway typically returned home within 24-48 hours. This timeframe also accounted for patients moving to residential placements or dealing with housing issues.

The Director of Adult Social Care further clarified that during the 72-hour assessment delay, known home environment issues were discussed prior to discharge, and a care provider assessed the home on the day of discharge to flag any rehabilitation challenges. It was emphasised that the discharge-to-assess model employed a trusted assessor approach to collaboratively evaluate the patient's environment and support needs. Any arising issues were promptly escalated and resolved, with specific cases being addressed directly if needed.

Members also raised concerns about the difficulty in accessing information related to the Disabilities Facilities Grant and other support options for self-funding individuals. Despite multiple assessments, many patients were not informed about their entitlements or how to apply for the grant. They also criticised the leaflet's suggestion to contact a GP, considering the limited availability of GPs, and questioned whether patients and carers were involved in creating the leaflet.

The Head of Transfer of Care (TOC) Hub acknowledged the challenge of including all relevant information in the leaflet, given that it was distributed to all hospital admissions. The leaflet aimed to provide general information and direct people to other organisations for further details. The Head of Transfer of Care (TOC) Hub also mentioned that the acute trust had prioritised improving discharge quality for the upcoming year, partly based on Healthwatch feedback. Healthwatch had reviewed the leaflet and gathered feedback from patients. Various patient services and individuals involved at different stages of the discharge process were consulted to ensure the leaflet met the overall requirements. Regarding accessibility, it was mentioned that the communications team provided accessible copies of the leaflet and would check its availability in different languages.

The Committee inquired about the sustainability of funding for additional discharge services given the financial pressures, and how the system planned to manage this in the future. The Director of Adult Social Care and the Commissioning Manager explained that the success of the discharge services had increased the need for more funding in community services. They were discussing fund allocation within the system to support these services and were utilising the Better Care Fund (BCF) planning process to align different funding streams to maximise resources. They noted they did not expect an increase in BCF funding and would need to decide on the optimal use of available resources, focusing on preventing non-elective admissions to manage costs effectively.

The Committee sought information on the equality of the rollout of services across Oxfordshire, focusing on staffing levels in urban and rural areas. The Head of Service – Hospitals explained that the rollout had been planned using demand and capacity modelling, which considered the geography and specific needs of different areas. Although they observed higher demand in the Western Vale than initially modelled, adjustments were made to staff allocation accordingly. The care provision was coordinated through collaboration with commissioners and the quality improvement team, which allowed for the engagement of additional providers as needed to ensure consistent service across the county.

The effectiveness of reablement support, its measurement, and the importance and availability of occupational therapists (OTs) and physiotherapists in supporting

individuals discharged from the hospital were key topics for the Committee. The Head of Service and The Head of Transfer of Care (TOC) Hub, explained that the reablement service had significantly expanded, achieving a 75% independence rate, with an additional 15% of individuals requiring reduced long-term care post-reablement. They emphasised the significance of a therapy-led approach, converting some social work positions into OT roles to enhance support.

They noted the challenge presented by having only three physiotherapists for the entire county but addressed this by employing physiotherapists through Oxford Health NHS Foundation Trust and utilising non-registered professionals and care providers for lower-level activities. Additionally, they highlighted the integration of housing support and the involvement of district councils in the discharge process.

The Committee examined the integration of GPs into the system for identifying and supporting unpaid carers. The Director of Adult Social Care stated that this was part of Oxfordshire's broader carers strategy, which included an action plan. The plan aimed to improve the identification of carers by GPs and ensure GP systems could flag and share this information. An audit had determined how many GP surgeries provided information about carers on their websites, and ongoing efforts were being made with the GP lead on the place-based partnership to enhance this.

The recognition of carers who were not formally registered but available to assume full care responsibilities, particularly in hospital settings, was discussed. The Committee inquired about the adequacy of carers to support individuals being discharged and the impact of National Insurance increases on care providers.

The Director of Adult Social care explained that the carers' strategy included the introduction of a carers identification card, which was notably supported by Oxford University Hospitals (OUH). This card helped identify carers when they visited the hospital, ensuring appropriate measures could be taken from a community perspective if the primary carer became unwell. Additionally, during social work and community assessments, contingency plans were discussed with individuals, especially those with learning disabilities and elderly parents serving as carers.

The Director of Adult Social care and the Home First System Lead elaborated that home care provision in the community had increased by 33% since 2021, with approximately 34,000 hours of care delivered weekly in Oxfordshire.

Regarding the impact of National Insurance increases, the Director of Adult Social Care mentioned ongoing dialogues with providers to understand the consequences and potential unintended outcomes. A survey was being conducted to collect feedback from providers. Challenging discussions about financial sustainability were anticipated as part of understanding the broader implications of National Insurance changes on care provision.

Steps were discussed to investigate and understand the causes behind hospital readmissions and the measures implemented to reduce this. The Director of Adult Social Care and the Head of Service explained that reducing readmissions was a priority, focusing on providing comprehensive care for individuals with long-term conditions to prevent acute flare-ups and hospital readmissions. They utilised

integrated neighbourhood teams and primary care resources to understand individual needs and baselines, noting that some individuals chose to go home despite potential risks. Data on readmissions was tracked, and patterns were analysed to identify areas for improvement, with the 72-hour assessment outcome and 90-day measure being key performance indicators.

The Director of Public Health highlighted the importance of addressing the root causes of readmissions, with integrated neighbourhood teams examining specific issues such as respiratory illnesses and optimising medication for conditions like asthma. Projects like the alcohol care teams managed alcohol-related admissions, and initiatives like "Move Together" aimed to prevent falls. The broader strategy included lifestyle services and healthy place shaping to maintain health and reduce hospital admissions.

In response to a follow-up question about the role of vaccines, the Director of Public Health emphasised the importance of vaccinations in preventing respiratory illnesses. While the Joint Committee on Vaccination and Immunisation (JCVI) evaluated the evidence for vaccines, the focus remained on encouraging eligible individuals to get vaccinated for flu and COVID-19 to reduce respiratory-related hospital admissions.

The Committee explored the role of the BCF and its role in reducing non-elective admissions. The Commissioning Manager stated that the BCF aimed to reduce non-elective admissions by improving discharge processes and system flow. It was noted that the increase in admissions was due to an ageing population with complex conditions and delayed project starts caused by recruitment issues. Additionally, the introduction of the single point of access had unexpected consequences, which would be addressed in the next planning cycle.

The BOB ICB Director of Place and Communities emphasised the importance of avoiding unnecessary admissions. Mentioning several initiatives such as the "call before you dispatch" programme with ambulances and the development of integrated neighbourhood teams. These measures were intended to manage acute cases and prevent readmissions, thereby enhancing community care.

Officers highlighted the need for strategic planning and collaborative efforts to improve patient outcomes and system efficiency. The BCF sought to address these challenges by focusing on innovative solutions and coordinated care delivery. The goal was to create a more resilient healthcare system capable of meeting the needs of an increasingly complex patient population.

The Committee **AGREED** to issue the following recommendations to system partners involved in providing services to support patients leaving hospital:

1. To support data sharing across the whole system to help to understand the causes of non-elective admissions into hospital. It is recommended that there is good relationship building across the system to support this.

2. To continue to support sufficient funding and resource for integrated neighbourhood teams.

3. To take measures to ensure workforce availability to maximise support to discharged patients in both urban and rural areas across Oxfordshire.

9/25 HEALTHWATCH OXFORDSHIRE UPDATE

(Agenda No. 7)

This item was taken following item 9.

Veronica Barry, Executive Director of Healthwatch Oxfordshire, attended to present the Healthwatch Oxfordshire Update Report.

The report covered critical issues related to rural inequalities and eye care. They highlighted reports that shed light on these topics and emphasised the organisation's efforts to engage the public through webinars discussing healthcare services, such as GP surgeries and integrated patient care.

Additionally, the Executive Director of Healthwatch Oxfordshire attended a workshop organised by patient participation groups to discuss the future of the NHS 10-year plan, reflecting strong public interest in healthcare. An ongoing survey by Healthwatch Oxfordshire was also mentioned, aimed at understanding how individuals navigate urgent and emergency care, with the goal of identifying areas for improvement.

A concern was raised about several GP practices in West Oxfordshire ceasing to accept repeat prescription requests by telephone, which could impact isolated individuals who were unable to use the internet. The Committee enquired whether Healthwatch Oxfordshire had noticed this issue and how it might be addressed. The Executive Director of Healthwatch Oxfordshire acknowledged that digital exclusion was a significant issue that Healthwatch had highlighted in their reports. It was mentioned that this concern had been noted in their enter and view reports into GP surgeries, where challenges related to accessing care and prescriptions for those not proficient with digital technology had been identified. It was also suggested that this was also a question for the Integrated Care Board (ICB) in terms of how they monitored GP contracts and ensured accessibility for all patients.

A question was raised about Healthwatch Oxfordshire's visits to refugee groups, specifically the Refugee Resource Women's Group in Cherwell and the Cherwell Refugee Support Group. The inquiry sought to understand what had come out of these visits, particularly regarding the health of refugees and their access to GP services. The Executive Director of Healthwatch Oxfordshire explained that Healthwatch Oxfordshire conducted outreach to various groups, including regular visits to hotels in Banbury, which stemmed from their work on oral health and barriers to accessing dentistry. They also attended the ICB’s group on refugees and migrants to share insights. The Executive Director of Healthwatch Oxfordshire mentioned that they maintained ongoing communication with organisations like Refugee Resource and Asylum Welcome to address challenges such as accessing GP services and interpreting needs.

The Committee raised concerns about digital exclusion, asking Matthew Tait, the BOB Integrated Care Board's (ICB) Chief Delivery Officer, if this was a topic that could be brought back to discuss at a future HOSC meeting.

Lunch was taken at 12:40 and restarted at 13:30. The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Chief Delivery Officer and Cllr Van Mierlo did not rejoin the meeting following the lunch break.

10/25 HEALTH AND WELLBEING STRATEGY OUTCOMES FRAMEWORK UPDATE

(Agenda No. 10)

Cllr Liz Leffman (Leader of Oxfordshire County Council); Ansaf Ashar (Oxfordshire County Council Director of Public Health); David Munday (Oxfordshire County Council Deputy Director of Public Health); and Dan Leveson (BOB Integrated Care Board Director of Places and Communities); were invited to present a report with an update on the Health and Wellbeing Strategy Outcomes Framework.

The Leader of the Council explained that the strategy emphasised health prevention and highlighted the importance of collaboration with district councils and health partners for better outcomes. By March 2023, the outcomes framework was approved, and ongoing progress reviews were initiated. At each Health and Wellbeing Board meeting, specific priorities were reviewed to ensure effective changes.

The Deputy Director of Public Health explained that the strategy represented a system-wide effort involving multiple partnerships and detailed the outcomes framework, including shared outcomes, key activities, and indicators. The Deputy Director of Public Health reported that three priorities had been reviewed thus far, with additional priorities to be addressed in future meetings. The 10 Health and Wellbeing Strategy priorities, derived from the Joint Strategic Needs Assessment, reflected Oxfordshire's population needs and were collaboratively agreed upon, focusing on short- to medium-term progress indicators to achieve long-term goals.

A question arose regarding the absence of end-of-life care in the Health and Wellbeing Strategy. The Deputy Director of Public Health explained that, while end-of-life care was important, the strategy focused on key building blocks and health drivers. It was noted that end-of-life care was included in service-specific planning, such as the Joint Forward Plan held by the ICB, and its principles, like maintaining independence and providing care close to home, were reflected in the strategy's age well priorities.

The Committee questioned Officers on the potential ways to enhance engagement with schools, improve relationships with GPs, and better implement social prescribing. Both schools and GPs had been acknowledged as essential but challenging to engage effectively. A healthy schools advisor, funded by Public Health, collaborated with schools to promote physical activity, healthy food, and smoke-free environments. The reformed Children's Trust Board was seen as an opportunity to improve health outcomes for children and young people.

The vice-chair of the Health and Wellbeing Board was a GP, and there was strong representation from GPs on the board. Efforts were underway to improve relationships and engagement through primary care networks. Various social prescribers, including local area coordinators and community health development officers, collaborated with different stakeholders, especially in areas of need. Ongoing efforts aimed to map out social prescribers and maximise their impact.

The Committee raised concerns about children starting school unprepared, lacking social skills, and not being toilet trained, particularly due to insufficient family services in rural areas. In response, the Leader of the Council explained that, if passed at Council, next year's budget had allocated over £1,000,000 to support early years, with a focus on identifying and assisting children who needed help early on.

Public health funding ensured that children were systematically assessed at ages 2 1/2 and 4 for school readiness. An early years strategy and a new board were developed to provide necessary services and support. The Marmot work prioritised giving every child the best start in life by addressing inequalities in deprived areas and understanding holistic needs across the county.

The Committee probed Officers about communications among stakeholders and the community, the strategy's goals for promoting active lifestyles, and on workplace wellbeing initiatives. Officers explained that the strategy had been launched via social media, community organisations, and focus groups, with ongoing projects including the Oxfordshire Way prevention strategy and tobacco control.

Officers described how the Move Together programme promoted physical activity, particularly for those with long-term conditions or housebound, ensuring accessibility. Additionally, a wellbeing lead worked with businesses to enhance workplace health by collaborating with HR and occupational health teams to implement initiatives supporting employee health and return from long-term sickness.

The Committee examined system partners' mutual accountability and the public accessibility of forums. It focused on how these aspects were managed within various boards. The Officers explained that mutual accountability was ensured by the health and well-being board, along with subgroups like the Health Improvement Board and Children's Trust Board, through strategic discussions. Publicly minuted forums, such as the Health Improvement Board and Children's Trust Board, discussed strategy details. Although the Place-Based Partnership Board was not public, similar discussions occurred in the Health and Wellbeing Board.

The Committee inquired about the extent of collaborative efforts within the strategy to address dementia, considering its significance at both national and local levels. They sought clarity on how the strategy's preventative focus aimed to mitigate the risk of vascular dementia by promoting physical activity, maintaining healthy weight, and reducing the harms associated with tobacco and alcohol consumption.

In response, it was emphasised that the strategy prioritised ageing well, stressing the importance of independence and strong social relationships for individuals with dementia and their families. Collaborative work across BOB regions on memory clinics and access to services supported the principles of the strategy, addressing the

needs of those with dementia. Additionally, the carers strategy included actions such as implementing a carers identification card to aid carers, especially when the primary carer was unwell.

The Committee addressed various issues, including KPIs for reducing smoking in Oxfordshire, concerns about vaping, and monitoring mobile phone use amongst young people. The Director of Public Health noted that smoking prevalence in Oxfordshire had decreased to around 10.5%, with a particular focus on reducing smoking among routine and manual workers, mental health outpatients, and pregnant women. This reduction was partly attributed to the use of vaping as a harm reduction measure.

Concerns about vaping were discussed, noting its role as a harm reduction tool for smokers unable to quit tobacco, while efforts aimed to discourage young non-smokers from starting to vape. Both national legislation and local actions, such as enforcing age-related sales and curbing illicit tobacco, formed part of the strategy. Success was measured through smoking prevalence data, particularly focusing on high-risk groups, and by monitoring the impact of these actions.

The impact of mobile phone and social media use on young peoples' mental health, was recognised by Officers, with ongoing efforts to balance digital device use among children. School nurses and health advisors played a role in educating young people on appropriate digital device usage. Additionally, Officers awaited national legislation on smoke-free school gates while engaging with schools to enforce local smoke-free policies, aiming to de-normalise smoking for children through initiatives like smoke-free parks and sports event sidelines.

The Committee addressed employment prospects for poor and disabled individuals, and protection from Department for Work and Pensions (DWP) interrogations. Officers mentioned the new advisory service in Oxfordshire that provided financial advice and support for accessing services. Additionally, the community wealth building initiative aimed to benefit all residents, including those with disabilities.

Officers also explained how the Oxfordshire Inclusive Economy Partnership worked with the DWP to support those out of work for six months or more, many of whom faced health or disability challenges. This initiative demonstrated a commitment to improving employment opportunities for disadvantaged groups through collaboration with relevant organisations.

Concerns were raised about the treatment of disabled individuals during DWP interrogations, with the Committee highlighting a distressing example involving a young family. It was noted that better training and understanding among DWP staff were needed. The Director of Adult Social Care mentioned that feedback had been relayed to the relevant organisations to address these issues.

The Committee queried the progress of efforts with anchor institutions to create opportunities for young people, particularly aligning with the health and well-being strategy's priorities concerning healthy economies and homes. The Director of Public Health noted that ongoing collaboration with institutions such as the County Council and NHS partners provided opportunities for young individuals, including those with

diverse needs. The Director of Public Health report for the upcoming year aimed to emphasise economic inactivity among young people and workplace well-being, generating more opportunities through apprenticeships and internships.

Furthermore, the Oxfordshire Inclusive Economy Partnership led efforts to leverage the economic capabilities of anchor institutions for the benefit of all residents, including young people. The relationship with universities, including the University of Oxford and Oxford Brookes University, had been fortified by the Marmot Place initiative, enhancing their roles as anchor institutions. Initiatives included Level 3 and 4 apprenticeships and the Connect to Work programme in collaboration with the DWP, targeting young people with disabilities or poor mental health.

The Committee **AGREED** to issue the following recommendations:

1. To ensure that rural geographies in Oxfordshire were also at the heart of implementing the priorities and actions of the Health & Wellbeing Strategy.

2. To support sustainable funding in the Oxfordshire County Council budget for early years readiness for school.

11/25 OXFORD HEALTH NHS FOUNDATION TRUST PEOPLE PLAN

(Agenda No. 11)

Charmaine DeSouza (Chief People Officer, Oxford Health NHS Foundation Trust) (NHSFT); Zoe Moorhouse (Head of HR, Oxford Health NHSFT); and Amelie Bages (Executive Director of Strategy and Partnerships, Oxford Health NHSFT) were invited to present a report on the Oxford Health NHSFT People Plan.

The Chief People Officer presented the People Plan's development, emphasising its importance for community transformation and alignment with trust objectives. The Head of HR overviewed workforce demographics, noting 80% female employees, 25% from a BAME background, and 7.4% with declared disabilities. Collaboration with universities was also highlighted. The Executive Director of Strategy and Partnerships explained the strategic context, referencing the NHS long-term workforce plan and Oxford Health strategy, and detailed the annual planning process and KPI monitoring by the People Leadership and Culture Committee.

The Committee examined how the Oxford Health NHSFT People Plan aligned with the NHS long-term plan, focusing on patient transitions, nurse support, and community transformation initiatives. The Chief People Officer mentioned that the workforce plan published in 2023 was expected to remain relevant despite any changes in the NHS long-term plan. The trust had already considered collaborations with OUH and prioritised community health and care.

The Chief People Officer emphasised the importance of providing district nurses with adequate resources and supporting those who assisted heart failure patients at home. The trust committed to optimising resource allocation to strengthen community health. The Executive Director of Strategy and Partnerships recognised the challenges in collaborating with OUH. Despite this, both executive teams worked together to review pathways, streamline processes, and utilise staff more effectively.

The Executive Director of Strategy and Partnerships highlighted the innovative elements of the Community Transformation Programme, such as multidisciplinary team collaboration and deploying district nurses to support the GP workforce during weekends. The trust advocated for an alternative delivery model to address ongoing pressures.

The Committee enquired about the core purpose and roles of the Oxford Health NHSFT. The Executive Director of Strategy and Partnerships, and Chief People Officer explained that the Oxford Health NHSFT provided mental health services across the BOB ICB region and physical health services, including community health in Oxfordshire. The trust offered community acute inpatient mental health services, GP out-of-hours services, urgent care centres, district nursing, and school nursing.

The trust placed emphasis on workforce planning, recruitment, and retention to support service delivery. They focused on ensuring a well-planned and stable workforce to maintain the quality and availability of their services.

The Committee inquired about how Oxford Health NHSFT supported continuous professional development (CPD) for clinical and administrative staff. For clinical staff, the trust provided CPD through a well-established education centre and collaborated with Oxford Brookes University for postgraduate and master's modules for nurses. They also offered apprenticeship schemes allowing staff to pursue further education, including leadership and management apprenticeships.

For administrative staff, various courses, webinars, and e-learning events were available through NHS offerings and internal programmes. Overall, the trust demonstrated a strong commitment to CPD, which contributed to improved staff retention.

The Committee reviewed the initiatives that had been undertaken to enhance staff empathy and compassion towards patients at the trust. Officers described how the "Kindness into Action" programme had been implemented for several years, consisting of five educational modules available to staff. Additionally, the principles of kindness and a compassionate, restorative approach had been incorporated into HR policies and protocols for managing mistakes and errors.

These initiatives had led to an increase in the informal resolution of staff grievances. Efforts were ongoing to establish a therapeutic environment on the wards, addressing the various challenges encountered in these settings.

The Committee inquired about the trust's support for staff mental health and its standing compared to other NHS trusts. The Executive Director of Strategy and Partnerships explained the trust had provided a 24/7 Employee Assistance Programme (EAP) and a robust occupational health service that was available for self-referrals or manager referrals. Health and wellbeing representatives in all teams offered proactive support.

In addition, the trust had implemented workplace wellbeing initiatives such as an outdoor gym and a meadow at the Littlemoore site for both staff and patients.

Specialist psychological services were made available to staff experiencing trauma at work, including racist or physical abuse. Although the trust was actively enhancing staff wellbeing and mental health support with unique initiatives, it did not specify its rank compared to other NHS trusts.

The Committee examined how the trust's People Plan had been co-produced with staff. The Chief People Officer explained how a bottom-up approach had been used, allowing teams and directorates to control their plans, which created a sense of ownership. Additionally, an annual review was conducted where teams reassessed and updated their plans to address challenges and set new goals.

Furthermore, plans were reviewed at the trust level for strategic alignment while ensuring that staff ownership remained intact. This coordination and feedback process ensured that the plans aligned with the trust's overall strategy and goals, while still empowering staff through their involvement in plan creation and revision.

The Committee requested an update on CAMHS (Child and Adolescent Mental Health Services) waiting times and mental health crisis referrals. The Chief People Officer reported that 61% of children were seen within 4 weeks nationally, whereas in Oxfordshire, the figure was 53%. For very urgent mental health crisis cases, the target was a 4-hour wait, which the trust met for 76% of cases, surpassing the national average of 69%.

The Committee inquired about the mechanisms that facilitated or encouraged employees to lodge complaints or express grievances. Officers explained that the Trust had Freedom to Speak Up Guardians who were independent and could be confidentially approached by staff for issues such as patient care, safety, or personal treatment. It also adhered to a grievance policy in line with the Acas code of conduct, encouraging employees to resolve grievances informally and promptly with local management. Staff had the option to contact the Guardians and Human Resources advisors via email or phone to discuss their concerns.

The Committee raised queries about the reliance on overseas recruitment, and the balance with recruiting home grown carers. The Committee also questioned what effect recruitment had on patient care quality. The Chief People Officer and the Executive Director of Strategy and Partnerships explained that overseas recruitment had led to a diverse workforce within the trust. Since 2021, about 140 international nurses were trained. However, the high living costs in Oxfordshire resulted in a 20% turnover rate.

The trust had heavily relied on agency staff but aimed to reduce this by promoting permanent or bank roles. In the previous year, approximately 100 agency staff transitioned to permanent or bank positions. The goal was to fill 80% of shifts with bank staff by the next financial year.

To ensure patient care, agency staff were integrated into teams and provided with continuous professional development. This was done to uphold trust principles and maintain the quality of patient care. The focus remained on reducing agency usage for better team cohesion and improved patient care.

The Committee questioned the collaboration with other NHS bodies, particularly OUH and the ICB, as well as whether key worker housing and transport were being considered. The Executive Director of Strategy and Partnerships described how the trust had collaborated closely with OUH and the ICB, participating in local and system-wide programmes and planning discussions. Transport had been a key focus in the Community Transformation Programme, and housing had been addressed in the mental health programme, with the trust actively involved in planning and discussions.

Cllr Constance left the meeting at this stage.

The Committee examined technology's role in improving workforce efficiency, and how digitalisation impacts on patient care and interaction. The Executive Director of Strategy and Partnerships explained that the Trust found that integrated systems streamlined administrative tasks, enhancing staff satisfaction and efficiency by simplifying processes such as logging leave and training.

Regarding patient care digitalisation, the Committee noted improvements in electronic health records and the development of innovations like a wound care app for district nurses, which improved data access and supported staff.

In terms of patient interaction, the Committee emphasised the importance of balancing digital and face-to-face interactions to avoid excluding patients. Talking therapies were offered both digitally and in-person, with outcomes monitored to ensure effectiveness.

The Committee raised concerns about the use of Artificial Intelligence (AI) in the NHS, particularly regarding safety, governance, and safeguarding. They inquired about the trust's approach to implementing AI and ensuring patient safety. The Officers explained that the trust had been cautious about implementing AI, ensuring that any AI applications were piloted within a defined framework to avoid compromising safety or quality. An AI working group, chaired by the Chief Information Officer and Chief Clinical Information Officer, oversaw AI projects.

Regarding safeguarding and governance, the trust had not fully implemented AI for patient notes or clinical services but was exploring its potential through controlled pilots. They stressed the need for a robust framework for AI use to ensure patient safety and data security. In terms of patient interaction, the trust was aware of digital exclusion and ensured that digital tools were integrated with face-to-face services to maintain accessibility for all patients.

The Committee **AGREED** to recommendations under the following headings:

- To work toward reducing reliance on agency staff where possible. It was recommended that processes were in place to ensure that the quality of care provided by agency staff was appropriate and up to standard so as to ensure consistency in the quality of care for patients.

- To create a positive and supportive work environment for staff, and to foster an environment and processes where staff can easily make complaints or express legitimate grievances.

- To harness the use of technology to create a better and more efficient working environment for staff. It was also recommended that the Trust takes steps to avert the prospects of future IT outages in as much as possible, and to provide evidence of this.

- To work with system partners to campaign for an Oxford salary weighting.

12/25 FORWARD WORK PLAN
(Agenda No. 12)

The Committee **AGREED** to the proposed work programme, with the amendment to include an item on gynaecology in June, which would tie in with the Healthwatch item on women's health.

Key questions would be submitted to the BOB ICB Chief Delivery Officer concerning eyecare. A briefing was also raised as a potential source of information depending on the answers received from the question.

It was **AGREED** to discuss the work programme at the pre-meet of the March meeting.

13/25 ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 13)

The Committee **NOTED** the progress made against agreed actions and recommendations.

..... in the Chair

Date of signing .....

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: OUHFT Maternity Services in Oxfordshire

Lead Cabinet Member(s) or Responsible Person:

- Yvonne Christley (Oxford University Hospitals NHS Foundation Trust Chief Nurse)
- Rachel Corser (Chief Nursing Officer, Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board)
- Dan Leveson (Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board Director of Places and Communities)

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Thursday 6th February 2025.

Response to report:
Enter text here.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. To ensure that maternity staff receive ongoing training around improving OUHFT Maternity Services. It is recommended that staff are also trained in patient-centred care.	Partially accepted	OUHFT Maternity Services offer a comprehensive range of mandatory training essential for delivering and maintaining high-quality, safe care. This training equips staff with the necessary skills to provide safe and effective care. All training in OUHFT Maternity Services is multidisciplinary, person-cantered, and focuses on the needs of patients and their families. Training initiatives, such as shared decision-making, are currently in progress and are being developed in collaboration with service users. Enhanced communication skills training for all Maternity staff, emphasising empathy, compassion, and kindness are scheduled to become part of Mandatory Training. This training will be included as mandatory by the end of the 2025-2026 financial year. Monthly reviews and monitoring will be conducted through the Trusts training compliance portal, with progress reported through clinical governance processes. OUHFT Maternity Services maintain and measure levels of training compliance as part of the Ockenden Report, the Maternity and Neonatal Three-Year Single Delivery Plan, and the Maternity Perinatal Incentive Scheme. Details of the levels of training compliance are measured and recorded in the Trust Board papers.
2. To continue to improve the support for the welfare and wellbeing of maternity staff in the context of improving OUHFT Maternity Services. It is especially crucial	Accepted	**Professional Midwifery Advocacy:** OUHFT Maternity Services has invested in the Professional Midwifery Advocate (PMA) role and team have experienced significant growth, increasing from 3 members in January 2023 to 24 members in January 2025. In 2023, the Trust also appointed a PMA/Wellbeing Lead Midwife, dedicating 22.5 hours per

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

that staff are not subjected to undue negative pressure due to their working in maternal services or as part of efforts to improve OUHFT Maternity Services.		week to team building and management, along with an additional 15 hours focused on staff wellbeing initiatives. All PMAs consistently report and monitor PMA data. Staff satisfaction with PMA services has significantly improved between 2023 to March 2024, with 94% of staff recommending the service to colleagues. A two-year evaluation of PMA activity and team growth is planned for January 2025. The current plan for the PMA team includes several key initiatives. Funds have been secured for Schwartz Rounds, with training spaces arranged and plans to launch the first Schwartz Round in January 2025. The PMA team will also be taking forward the POPPY project in 2025 which is a collaboration between psychologists and midwives. This initiative aims to help staff manage the emotional challenges of their roles by providing psychological support after clinical incidents or experiences of burnout. This project is in the early stages of development. Four quality improvement (QI) projects are also planned for 2025 in collaboration with the Trusts staff health and wellbeing team. These projects will focus on retention, enhancing staff experience, and supporting staff following traumatic births, miscarriages, or unsuccessful/ongoing fertility treatments. Additionally, the projects will address workplace culture in intrapartum settings. **Staff Wellbeing and Psychological Support** To support the culture, leadership, and well-being of maternity staff, a support service was launched in April 2023 as part of the broader OUH Staff Support Service. A psychologist has been appointed to provide two days of coverage for maternity staff. The service offers both individual and group/team interventions, which are designed to be both proactive and reactive. Staff can access the service through

		self-referral online and are eligible for up to ten sessions of individual psychological therapy for work-related issues. The service also offers various team and group interventions in addition to individual work. These include psycho-education sessions, such as the "Living with Anxiety" workshop, training in resilience models for the PMAs, stress management sessions for the IEMs, reflective practice sessions for the bereavement team, and customised sessions to support teams during periods of transition or change. Looking ahead, plans are in place to offer additional groups and workshops for staff that focus on assertiveness, communication skills, mindfulness, team safety, and anxiety management. Additionally, there will be a session with the Senior Leadership Team aimed at fostering a shared sense of identity and values within both the team and the wider service. Currently, there are three service improvement projects underway within the maternity staff support service, along with a research project investigating the predictors of PTSD in midwives. All the activities outlined above will be evaluated and success measured against movements and increases in staff satisfaction survey results and a continued downward trajectory retention rate.
3. To develop a maternity trauma care pathway for ongoing support for mothers (and their partners) to include those who have experienced difficult births, complications, premature babies, and still births and bereavement. It is recommended that this is undertaken in co-production with voluntary	Partially accepted	In 2022, Oxford University Hospitals (OUH) collaborated with Oxford Health to create a Birth Trauma Pathway. This service provides direct access to the Birth Reflections service, which is designed to help individuals process their birth experiences and manage any emotional challenges they may encounter. Individuals can self-refer to this service, and general practitioners (GPs) can also refer patients. While the service primarily supports individuals up to one year postpartum, referrals after this period are considered on a case-by-case basis.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

organisations that work with families experiencing trauma and who include experts with lived experience. It is crucial to be proactive in reaching out to such patients and their partners in this regard.		The Trust has a dedicated birth trauma midwife and a clinical lead consultant in Postnatal Care who provide additional targeted support for women after childbirth. They also work alongside specialised mental health midwives to identify and address any mental health concerns that may require different referrals. Currently, the Trust is conducting a gap analysis on recent parliamentary reports regarding birth trauma and is assessing the capacity of Birth Reflections to ensure that demand is met. OUHFT Maternity Services also collaborates with the Petals baby loss counselling charity, which specialises in supporting parents dealing with mental health issues stemming from bereavement, trauma, or loss related to pregnancy, including miscarriage, stillbirth, termination for medical reasons (TFMR), and neonatal loss. All families experiencing loss within the OUHFT Maternity Service are offered ongoing support through this charity if they wish to access it. As indicated above a review of the birth trauma pathway is currently underway. The service will continue to evaluate user experiences related to bereavement care and findings will be monitored and reported monthly via the Maternity Performance Dashboard and the Perinatal Quality Surveillance Report.
4. To establish robust processes through which to monitor and evaluate the effectiveness of measures aimed at improving OUHFT Maternity Services.	Partially accepted	OUHFT Maternity Services has established robust processes for monitoring and evaluating the effectiveness of measures to improve maternity care. OUHFT is dedicated to enhancing services and has complied with the Maternity and Perinatal Improvement Standards (MPIS), maintaining full compliance for the past five years. It is on course to continue this in 2024/25.

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		The service also receives support from the Maternity Safety Support Programme (MSSP), a national initiative from NHS England designed to enhance the safety and quality of maternity services. OUHT Maternity Services commenced on the programme in January 2022 and has received targeted support to improve care delivery. OUHFT Maternity Services have made significant advancements since starting the program. In December 2024, a review was conducted in collaboration with NHS England and the BOB ICB to assess progress regarding the MSSP exit criteria. The review recognized the improvements achieved and highlighted the considerable impact of leadership from the Maternity, Divisional, Corporate, Executive, and Non-Executive teams in driving these enhancements. OUHFT has recently enhanced governance within its Maternity and Neonatal services by establishing a new joint governance committee. This committee serves as an essential platform for discussing and addressing safety and risk management issues related to both maternity and neonatal services. By uniting stakeholders from these areas, the committee ensures that safety processes are harmonized and that best practices are consistently shared and implemented. Furthermore, the joint governance committee plays a crucial role in the 'Ward to Board' safety process, ensuring that key risks and themes are effectively communicated to the Trust Board. OUHFT Maternity Services participates in the nationally required Maternity and Neonatal Safety Programme. This initiative operates collaboratively to improve governance and safety processes in both maternity and neonatal services, with involvement from both executive and non-executive members. It supports the integration of various training and development initiatives. This collaboration ensures a unified approach to safety and quality, fostering a culture of continuous improvement and vigilance.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		OHFT has established an Evidence Group to monitor and evaluate the progress and effectiveness of the improvement activities and actions related to Maternity Services. Updates on this progress are provided through established governance processes, which include the Maternity Clinical Governance Committee, the Trust Clinical Governance Committee, are a routine part of the maternity quality report presented at each Trust Board. Over the next year OUHFT Maternity Services will continue to progress the activities outlined above and embed the newly established governance structures. The service will also work to enhance maternity services enhancing services by implementing the 2025/26 when they are published later this year.
5. To ensure that coproduction remains at the heart of the design as well as the improvements of OUHFT Maternity Services. It is also recommended for collaboration amongst relevant system partners, to explore the opportunity for coproduction work to maximise the potential of health checks for supporting women who have given birth, with a view to improve their physical and mental wellbeing and that of their families in the long run.	Partially accepted	In the past two years, funding for the Oxfordshire Maternity and Neonatal Voices Partnership (OMNVP) has doubled, allowing for a wider range of activities and increased participation. This additional funding has enabled the Trust to incorporate 'Neonatal' into its work plan. OMNVP representatives are actively involved in the Maternity Clinical Governance Committee and Safety Champions meetings, providing valuable user perspectives. The OMNVP collaborates with the Trust on initiatives such as the Culture Review and the Maternity Development Programme. This partnership includes co-facilitating events and establishing a Maternity Patient Experience Working Group. The OMNVP supports various improvement projects, including enhancing parent education sessions, revising visitor policies, and upgrading the Maternity Assessment Unit. Regular feedback surveys are conducted on topics such as baby loss and neurodivergence to help the Trust better understand family experiences. These initiatives

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		have led to significant changes within the Oxford University Hospitals (OUH) Maternity Service, ensuring a patient-centred approach to enhancements. The service values and actively incorporates feedback from external partners and service users. In response to a Healthwatch report, the Banbury Sunshine Centre has launched several support services for vulnerable families. These services include the Saplings group, which offers weekly antenatal classes focusing on healthy eating, oral hygiene, and mental health awareness. The centre also hosts a baby group to foster community among families after childbirth. Additionally, a Multicultural Team has been established to provide peer support and help families connect with relevant voluntary services. OUHFT Maternity Services work alongside the Buckinghamshire, Oxfordshire, and Berkshire Local Maternity and Neonatal System (BOB LMNS), NHS England, The National Childbirth Trust, Sands, and the Maternity and Neonatal Safety Improvement (MNSI) programme. The focus of these activities is on enhancing patient safety, integrating digital solutions, and addressing health inequalities. Internally, the Trust collaborates with the Executive team, divisional leadership, and specialist teams in areas such as Patient Experience, Patient Safety, Governance, and Assurance. OUHFT Maternity Services will continue to coproduce improvement activities with the OMNVP, healthcare professionals, service users, family members, and relevant system partners to discuss and review OUHFT Maternity Services. The service will also continue to create channels for service users and families to provide feedback on OUHFT Maternity Services and use this feedback to make continuous improvements.

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		In the next 12 months OUHFT Maternity Services will work to enhance service user satisfaction with maternity care and experiences through various feedback channels. This will be measured by conducting regular surveys, focus groups, and feedback forms completed by women who have given birth. Additionally, the service will track health outcomes, such as lower rates of postnatal depression, improved physical health, and higher overall family wellbeing scores, to evaluate the success of co-production and collaboration efforts. Regular audits and assessments of OUHFT Maternity Services will ensure continuous improvement and adaptation to meet the evolving needs of service users and their families.
6. For there to be clear communication with patients, including in indigenous languages for those who may not be fluent in English.	Partially accepted	OUHFT Maternity Servies are committed to addressing inequalities in maternal and perinatal health through various initiatives aimed at improving access, experiences, and outcomes for women and birthing individuals at high risk of poor health outcomes. The introduction of a dedicated Equality, Diversity, and Inclusion (EDI) midwife in 2022 has significantly advanced the development and implementation of the EDI agenda within OUHFT Maternity Services. This role has been crucial in promoting an inclusive environment, ensuring equitable care for all service users, and addressing disparities in maternal health outcomes. By focusing on comprehensive EDI strategies, the EDI midwife has facilitated the integration of best practices, improved staff training, and fostered a culture of respect and understanding. This progress underscores the commitment of the services to create a supportive and inclusive maternity care system that meets the diverse needs of the local community.

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		The Trust collaborates with communities through Equal Start Oxford (ESO), an initiative launched in early 2023 aimed at improving maternal and perinatal health for vulnerable populations in Oxfordshire. ESO works closely with local midwifery teams and includes maternity advocates who assist with non-health-related issues such as immigration, welfare benefits, housing, and food insecurity. They also provide interpreting services and support for drop-in spaces for pregnant women and new parents, with a particular focus on the East Timorese community. Later this year, the Equal Start framework will expand into high-need areas like Didcot and Banbury, partnering with local communities to assess their needs and implement initiatives to improve healthcare access. A key aspect of the ESO (Excellence in Social Outcomes) is the Maternity Health Justice Partnership, which supports midwives in addressing non-health-related needs and tackling modifiable social determinants of health. This initiative features a joint obstetric and midwifery clinic designed for vulnerable pregnant women, ensuring they receive the essential care they need. Overall, ESO aims to improve access to OUHFT Maternity Services for marginalised groups, promoting the well-being of every mother and baby in Oxfordshire. Oxfordshire has seen an increasing number of dispersed asylum seekers arriving at hotel accommodations. Pregnant women in these hotels often struggle to access timely maternity care due to several challenges. These include language barriers, a lack of understanding of how NHS OUHFT Maternity Services operate, and transportation issues that make it difficult to attend hospitals. To address these challenges, a monthly joint obstetric and midwifery clinic has been established at both the Oxford Witney Hotel and Horton Hospital. This initiative is supported by a caseworker from Asylum Welcome, with

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		the aim of meeting the needs of pregnant asylum seekers residing in the two hotels near the hospital. OUHFT Maternity Services will continue to collect feedback from women who have used OUHFT Maternity Services to evaluate their satisfaction with co-production initiatives and communication efforts. These activities will include assessing the availability and effectiveness of communication in indigenous languages, ensuring that non-English speaking service users are fully supported and well-informed throughout their healthcare journey. Physical and mental health indicators among postpartum women and their families will also be monitored and evaluated to identify improvements or areas that require attention.

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Health Scrutiny Report February 2025	
Meeting Date	March 6th 2025
Report prepared by:	Danielle Chulan, Head of Operations, Connect Health

EXECUTIVE SUMMARY

This report provides an in-depth overview of the Oxfordshire Community MSK service, launched by Connect Health in October 2022. The service offers a range of musculoskeletal (MSK) services, including triage for pain and rheumatology, community pain service, pelvic and bowel health services, MSK podiatry, and MSK paediatrics. It receives an average of 5,750 referrals per month, emphasizing the importance of quality service provision.

The service begins with self-referral and incorporates digital-first and virtual consultations through tools like PhysioNow and PhysioLine. Referrals are triaged by a specialist advanced practice physiotherapist within 48 hours. The clinical workforce includes 20 Advanced MSK Clinicians, 10 injecting Advanced Practice Physiotherapists, and one Sports and Exercise Medicine Consultant.

The service has adapted to increasing demand by deploying innovative delivery models and optimizing resources, resulting in significant reductions in waiting lists across various service lines. It monitors 16 KPIs, with 13 consistently meeting or exceeding targets.

Patient feedback highlights positive experiences with caring clinicians, helpful advice, and easy-to-access exercises on Physitrack. Formal and informal complaints account for just 0.02% of referrals.

The service operates from 13 sites across Oxfordshire and regularly engages with patients and the public to improve service delivery

1.1 INTRODUCTION

The Oxfordshire Community MSK service, provided by Connect Health, launched in October 2022. This comprehensive service offers Community MSK, triage for pain and rheumatology, a low-level community pain service, pelvic and bowel health services, MSK podiatry, and MSK paediatrics.

Receiving on average 5,750 referrals per month (approximately 69,000 per year), the quality of service provision is paramount. This commitment to excellence benefits not only the patients but also the entire integrated care system.

The Connect Health Oxfordshire Community MSK service provides patients with accessible, effective, and efficient musculoskeletal care, even amidst rising demand and limited resources. Our service ensures streamlined access, timely referrals, and high-quality care, prioritising the right care at the right time

This report will provide a comprehensive response to the questions requested:

1. An overview of the service and the clinical pathways, and whether GPs can bypass MSK and refer directly to specialists.

2. Performance against KPIs (including waiting times to appointments and treatment).

3. Analysis of complaints and feedback from patients and what have you learned and what improvements have been made as a result.

4. County coverage, locations and distance patients have to travel to access MSK services.

5. Report on patient outcomes MSK-HQ data and what you have learned from this.

7. How does the service work with PCN First Contact Practitioners?

8. Role of the advanced practice clinicians, are they being used and what are the benefits for patients?

9. Information regarding any patient and public involvement in service delivery and what changes or improvements have resulted?

1.2 OVERVIEW OF THE SERVICE

CLINICAL MODEL AND REFERRAL PATHWAYS

The pathway begins with self-referral, which patients can initiate online via our website or by telephone, but this applies only to Tier 1 services (*Figure 1.2.2)*

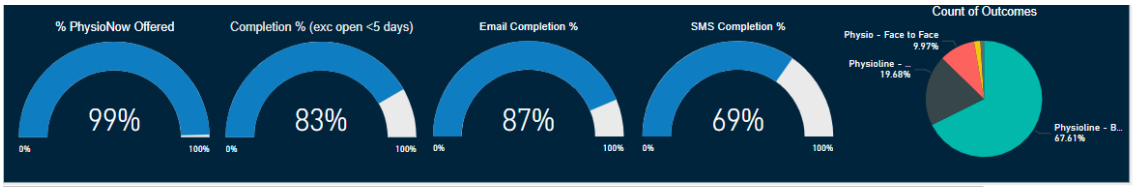
Community Tier 1 MSK Pathway

The Tier 1 pathway incorporates digital-first and virtual consultations to ensure that patients receive appropriate care quickly and efficiently. We utilise *PhysioNow*, an AI-powered digital triage tool, and *PhysioLine*, a clinician-led telephone assessment service, both of which enhance the initial assessment process. This combination ensures that patients are accurately directed to the correct clinical resource from the outset.

To facilitate seamless decision-making, Connect Health has developed a *Referral Guide* and *Referral Decision Tool* (Fig 1.2.3), which aids primary, community, and secondary care clinicians in making informed referrals and ensures a collaborative approach between healthcare providers. The service serves as a single point of access for MSK, Pain, and Rheumatology, where all referrals—except for early inflammatory arthritis or suspected red flags—are directed. GPs can bypass the service only for urgent cases, ensuring that patients receive care in line with the most appropriate pathway. More than 95% of triages are completed within 48 hours, ensuring prompt clinical attention. Additionally, GP support is available through advice and guidance on managing patients in primary care, further improving collaboration and patient care outcomes.

35,317 patients have completed PhysioNow. This is 83% of patients who were offered PhysioNow as their digital front door entry. 20% of patients who complete PhysioNow are put onto a priority clinical pathway and 2% required urgent medical attention (111).

Figure 1.2.1 PhysioNow Completion and Outcomes



Service	Patients	PhysioNow Offered	Open Triage Last 5 Days	Sent via Email	Sent via SMS	Sent Failure	Completed Assessments	PhysioNow Offered Completion %
Oxfordshire	42814	42425		25829	9633	389	35317	83%
Total	42814	42425		25829	9633	389	35317	83%

17
Avg duration in mins

Referral Pathways and Triage

Once a referral is made, it is triaged by a specialist advanced practice physiotherapist within 48 hours. This process ensures patients are directed to the appropriate service, with only 10% of referrals needing to be forwarded to Orthopaedics. Connect Health closely audits these onward referrals, working with Oxford University Hospitals (OUH) to refine clinical care and enhance referral pathways.

Referrals for services such as Pain, Rheumatology, or Orthopaedics are processed administratively within five working days, enhancing service efficiency and supporting timely care delivery. The pathway is also designed to ensure consistency, with First Contact Practitioners (FCPs) working both in primary care and within the MSK service, thus reinforcing a shared clinical ethos. FCPs can directly refer to the service, and regular workshops and meetings have been held to support smooth integration between FCPs and GPs.

Clinical Workforce and Expertise

The service is staffed by a team of 20 Advanced MSK Clinicians, all trained to a minimum of level 7 on the clinical competency assessment framework. This team is supported by 10 injecting Advanced Practice Physiotherapists (APPs), four who provide ultrasound-guided injections, and one Sports and Exercise Medicine Consultant for complex cases and intra-articular hip joint injections. Advanced practitioners working within community MSK services provides specialist assessment, diagnostics and intervention within the community and supports the development of clinical colleagues within the service. National data suggests that specialist MSK advanced practitioners play a fundamental role in ensuring that patients that do not need to be seen in a hospital can have effective care within the community, meaning that access to secondary care is utilised just for those that need it.

Fig 1.2.2. Clinical model and referral pathway

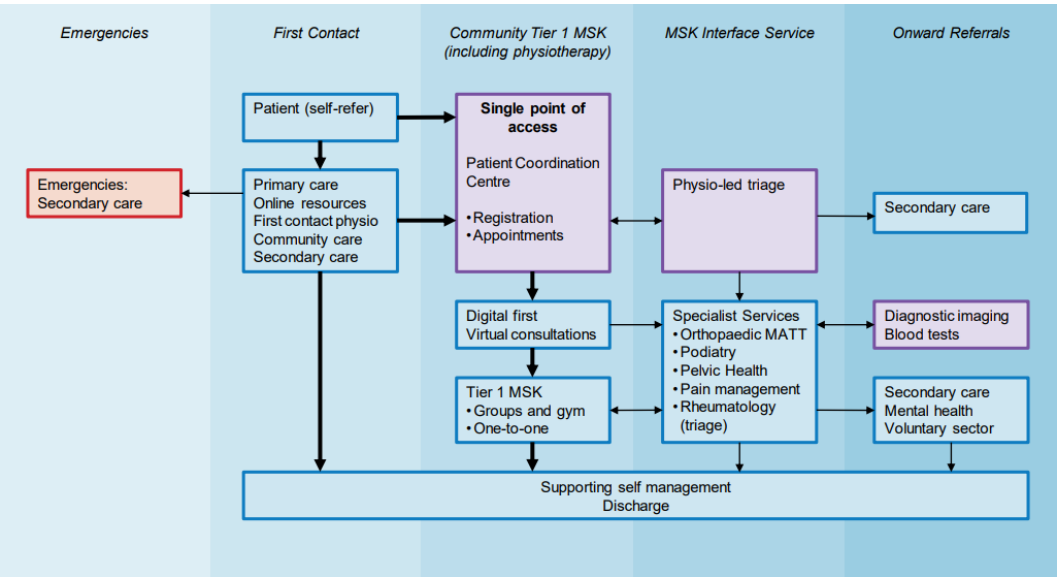
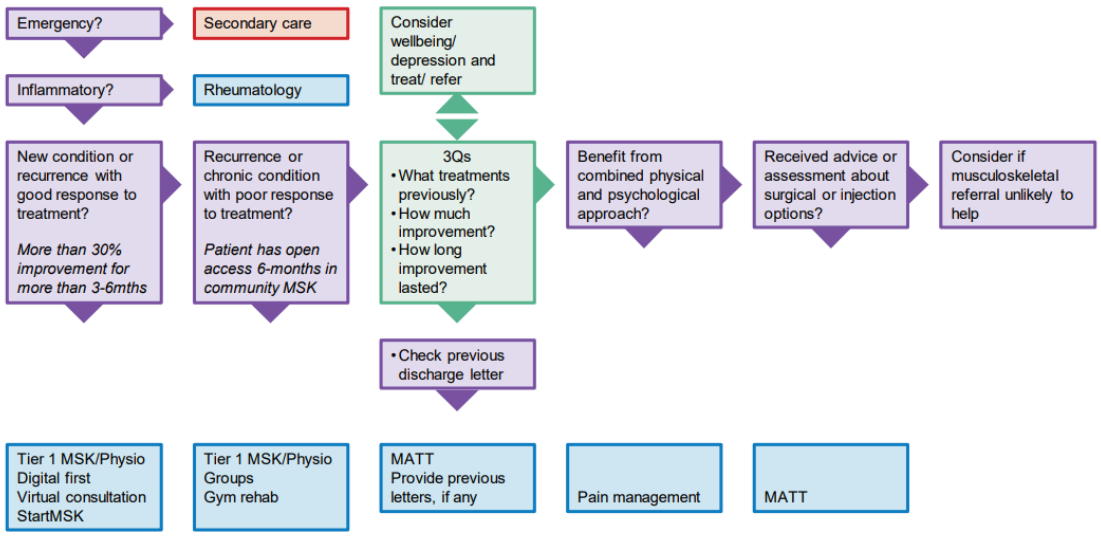


Fig 1.2.3 Referral decision tool for primary care and secondary care colleagues.



1.3 PERFORMANCE

Since the service's inception over two years ago, Connect Health has successfully adapted to increasing demand by deploying innovative delivery models, optimising resources, and maintaining high staff engagement. Despite the absence of additional funding, the service continues to maintain excellent patient outcomes and experiences, as demonstrated by consistently reduced waiting times and patient waitlists.

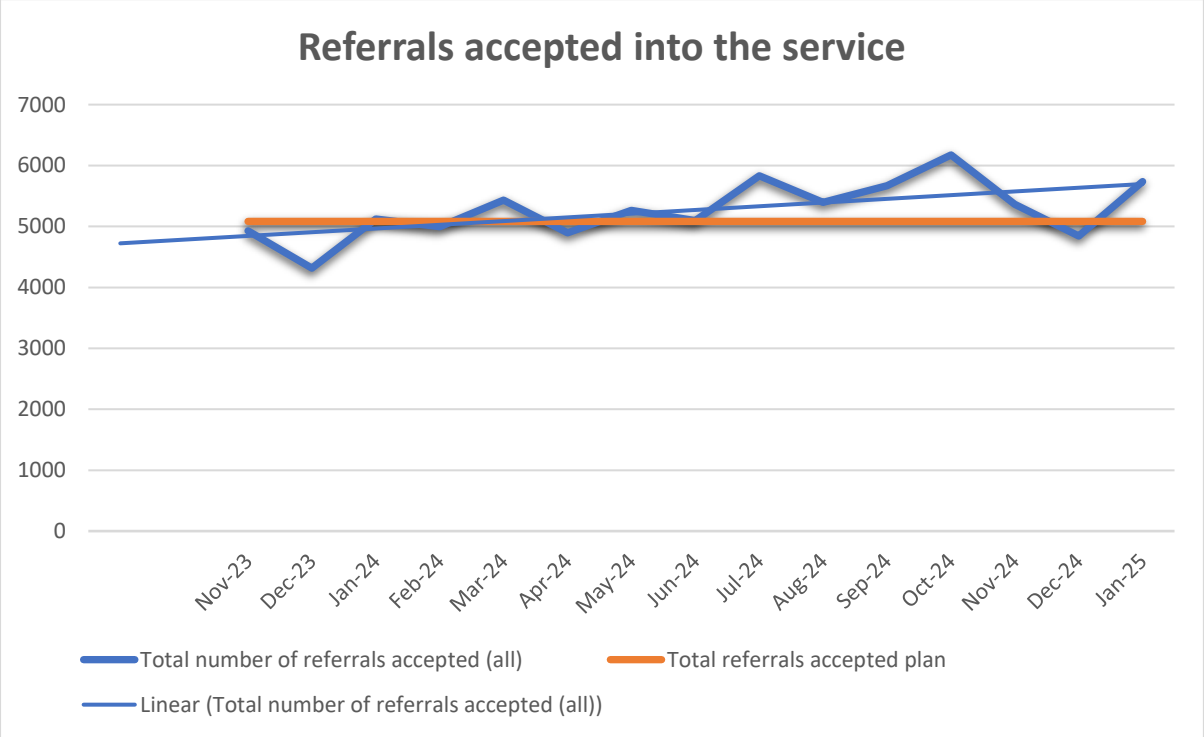
Growing Demand and Strategic Adaptation

The service has experienced increasing referrals, with numbers expected to exceed the contractual plan by 10% in the last six months (Fig 1.3.3). By focusing on resource efficiency and team cohesion, we have absorbed this surge without additional investment, successfully meeting patient needs while achieving continuous improvement in clinical outcomes.

One notable achievement is the reduction in waiting lists across various service lines. For instance, the CATS Tier 2 waiting list has seen a dramatic reduction from 3772 in January 2024 to 401 in January 2025—an impressive 89% decrease. Other service lines, such as physiotherapy, podiatry, and CATS paediatrics, have seen similar reductions in wait times, underscoring the success of our transformation plans.

However, some service lines, such as pelvic health, have faced challenges with recruitment. Efforts to address this, including recruiting an international clinician, are now beginning to yield positive results.

Figure 1.3.1 – Total number of referrals accepted per month



1.3.1 WAITING LISTS AND WAIT TIMES

Fig 1.3.2 illustrates a significant reduction in waiting lists across all service lines. *Figure 1.3.3* shows waiting times for services and is evidence of the transformation work. For example, the physiotherapy waitlist has decreased from 10 weeks to 4 weeks, while podiatry waits have dropped from 13 weeks to 3 weeks. These reductions are a direct result of the service's proactive approach to improving service efficiency.

Figure 1.3.2 - Waiting list size per service line

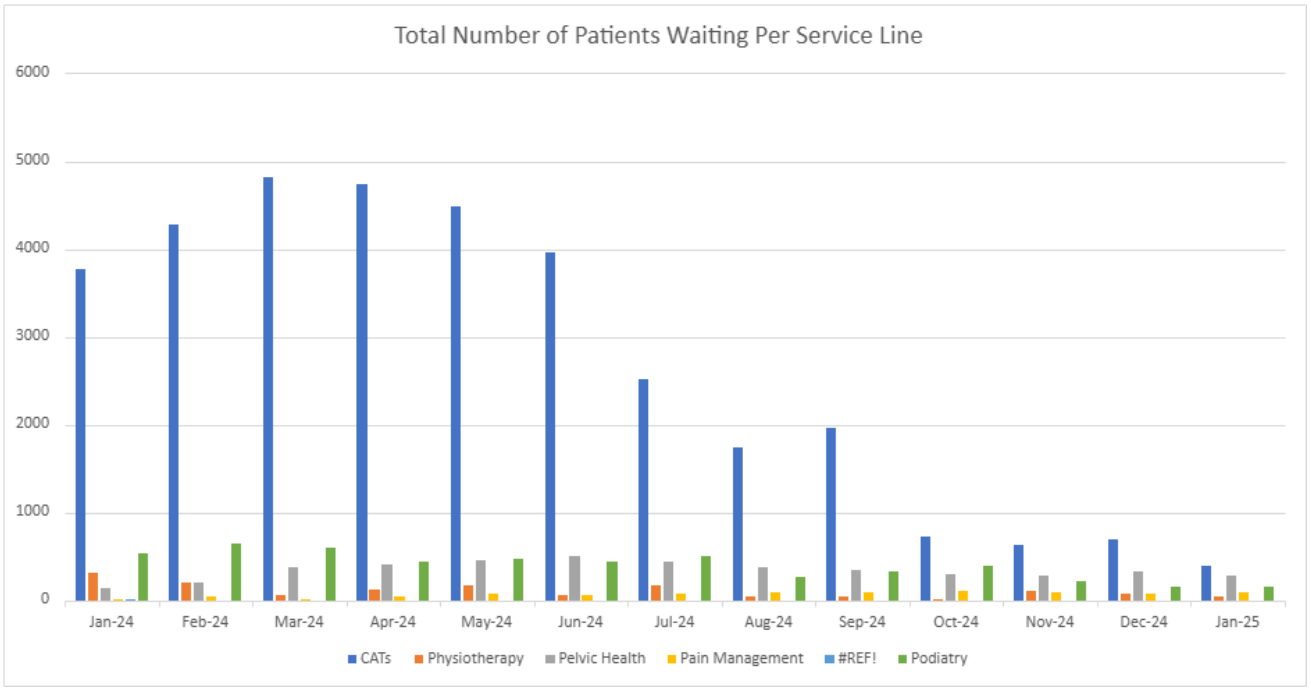
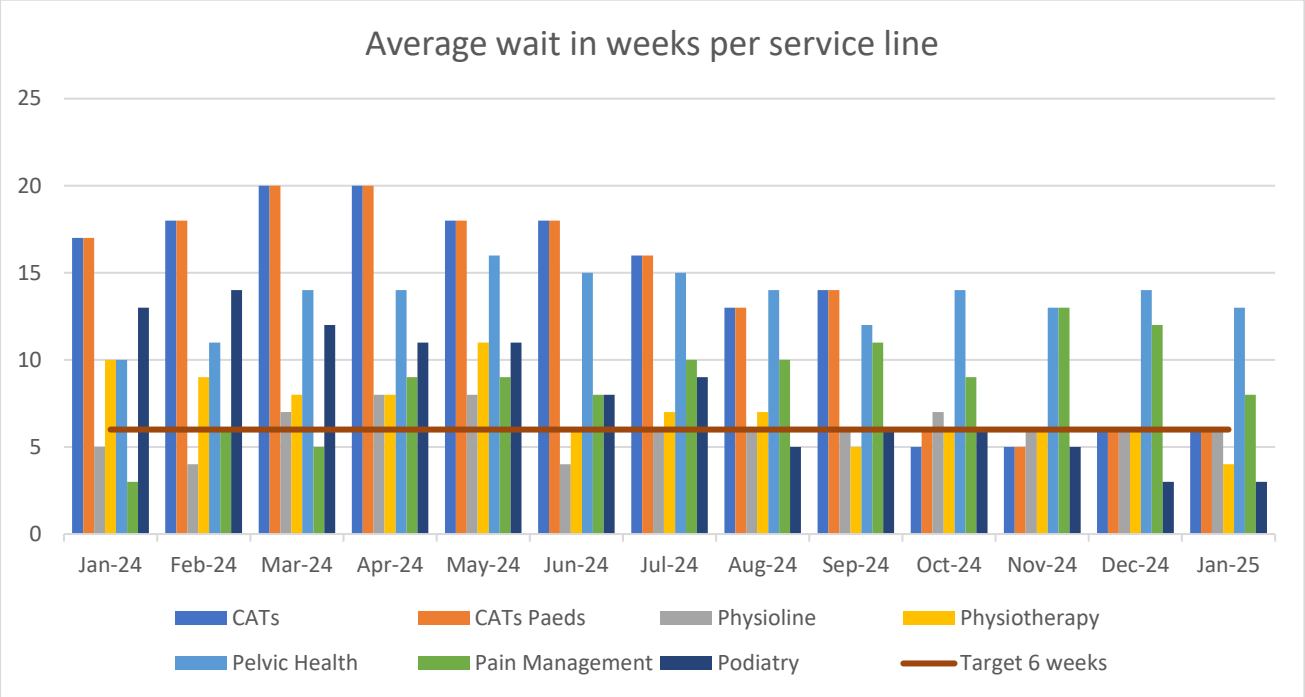


Figure 1 3.3 - Average wait in weeks for an appointment per service line



This impressive progress is clear evidence that the service has effectively implemented continuous improvement and transformation plans, following the first year of mobilisation. The smaller volume more specialist service lines of pelvic health and pain management have improvement plans in place with improvements expected by June 2025.

1.3.2 KPIS

The service monitors and reports on 16 KPIs (*table 1.3.1*), with 13 consistently meeting or exceeding targets each month/quarter. Areas not yet meeting targets are under focused improvement plans (*table 1.3.*3) . These plans are carefully monitored and actioned to ensure the service maintains its commitment to high-quality care.

Table 1.3.1 KPI measures

KPI	KPI Description	Freq	Target
Q1	Percentage of all referrals received triaged within two working days of receipt	M	95%
Q2	Percentage of patients should be offered their first or second choice of MATT within 10 working days	M	95%
Q3	Percentage of patients to receive a treatment plan	M	90%
Q4	Percentage of Referrals sent to secondary care within 5 working days of decision to refer	M	75%
Q5	Patients requiring onward referral to secondary care will be offered choice of appropriate providers (in accordance with provider DOS) via e-referral	M	>95%
Q6	Percentage of priority referrals that have been offered an appointment within 10 working days from date of referral	M	100%
Q7	Percentage of routine referrals that have been offered an appointment within 30 working days from date of referral	M	95%
Q8	Percentage of patients requiring diagnostics have the treatment plan reviewed within two operational days of the result being received	M	95%

Q9	Percentage of patients informed of the diagnostic Serious Diagnosis results within the same day	M	95%
Q10	Percentage of patient discharge summary letters sent electronically to the patients registered GP practice and the patient within 5 working days of discharge from the service	M	>95%
SG1	Staff Training - Safeguarding Adults	Q	90%
SG2	Staff Training - Safeguarding Children	Q	90%
PRV	Staff Training - Prevent (WRAP)	Q	90%
PE1	Patient telephone calls answered by a member of staff within two minutes from IVR	Q	95%
PE2	A patient experience of good or excellent as measured by the current Connect Health care assessment tool in use (Family and friends test)	M	85%
PE4	Number of complaints completed within 30 working days	M	100%

There are 3 KPI's which we are not currently meeting but we have action plans already in action, as illustrated below in table 1.3.2 with the percentage we achieved for December 2024 and table 1.3.3 – plans for improvement:

Table 1.3.2 – KPI Performance December 2024

KPI	KPI Description	Target	Dec 24
Q2	Percentage of patients should be offered their first or second choice of MATT within 10 working days	95%	62.8%
Q6	Percentage of priority referrals that have been offered an appointment within 10 working days from date of referral	100%	77.1%
Q7	Percentage of routine referrals that have been offered an appointment within 30 working days from date of referral	95%	72.8%

Table 1.3.3 – Deep dive findings, actions and trajectory

KPI Q6	
Both PCC and Clinicians were using around 50% of the priority protected slots each month booking in non-priority patients	Feedback given collectively to both PCC and Clinicians 1:1 Feedback has been given to both PCC and Clinicians
We also highlighted that the spread of priority slots across locations and clinicians was sub-optimal	This has been changed in diaries from February 2025 with a greater spread across clinicians and better representation at sites, based on referral demand.
Trajectory - We expect to see improvement in this KPI each month from February 2025	
KPI Q7 and Q2	
Data analysis of Q7 breaches show that this is intrinsically linked to the Q2 KPI.	

We had long wait times in our CATs service at the start of 2024. This has now been cleared. Our wait times improved from >20 weeks to less than 6 weeks.	
We do have longer waits outside of our KPI for Pelvic Health. This is due to staffing challenges, however we have recently recruited clinicians and they are due to start in April 2025.	We will be working with our administration team to identify an action plan by the end of February 2025 and implement changes needed over the next 3 months to see improvements in both these KPIs.
Trajectory – We expect to see improvement in this KPI by May 2025 in line with new starters in Pelvic Health.	

1.4 OUTCOMES

Connect Health is the only provider in the Country to be submitting data into the national MSK audit, outside of the audit team themselves (52 providers have expressed interest in contributing but have been unable to satisfy the required governance, data security and capability to be onboarded). The Connect Health patient portal enables collection of digital e-proms including matched data sets for MSK-HQ as per NHSE/GIRFT standards. The portal also collects data on protected characteristics to enable analysis of outcomes by population served. The portal is available in voice to text, easy read and in 144 languages.

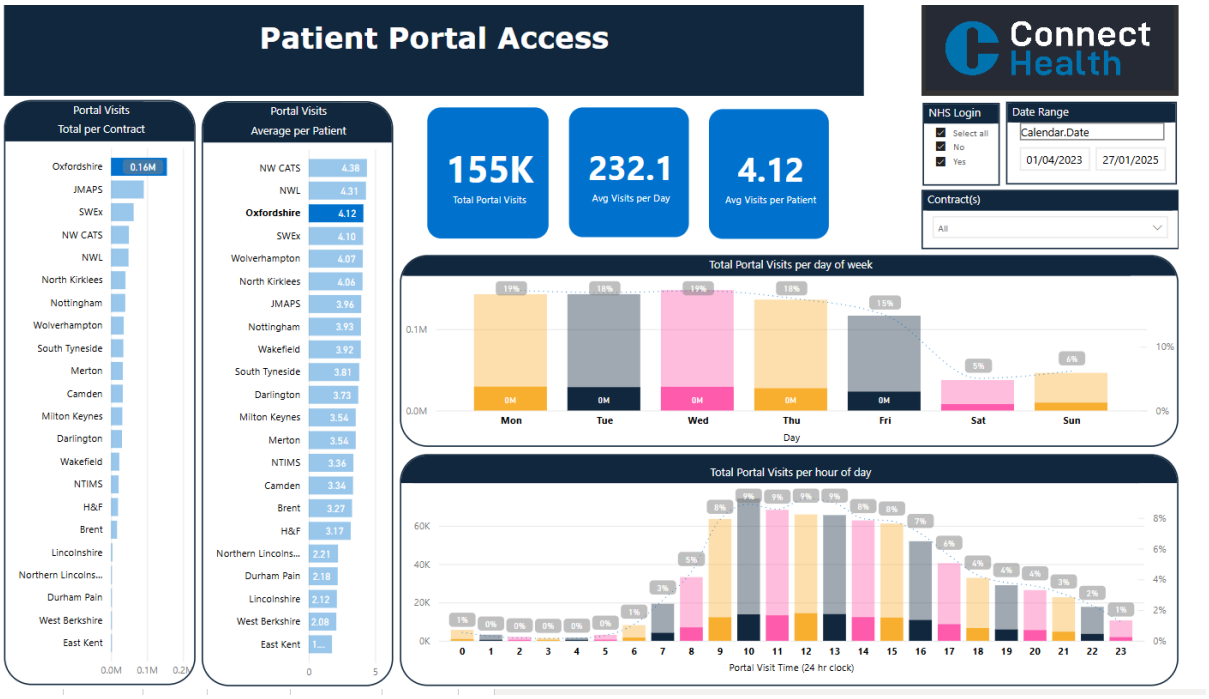
MSK-HQ Jul 2023 to current date:

- Mean shift score of 6.53 (minimum shift needed for meaningful improvement is 5.5) based on a sample of 6991 matched data sets. So this shows that we significantly improve people's quality of life!

With demand increasing the service has had to review transformation holistically and those plans have not only ensured that access times have reduced, but they have also ensured that patients are getting effective treatment and a good experience.

Figure 1.4.1 shows that the patient portal has been accessed 155,000 times by Oxfordshire patients since inception in November 2023. The portal is accessed 7 days a week and 24 hours a day, 18% of portal log ins occur outside of working hours.

Figure 1.4.1 Patient Portal Access

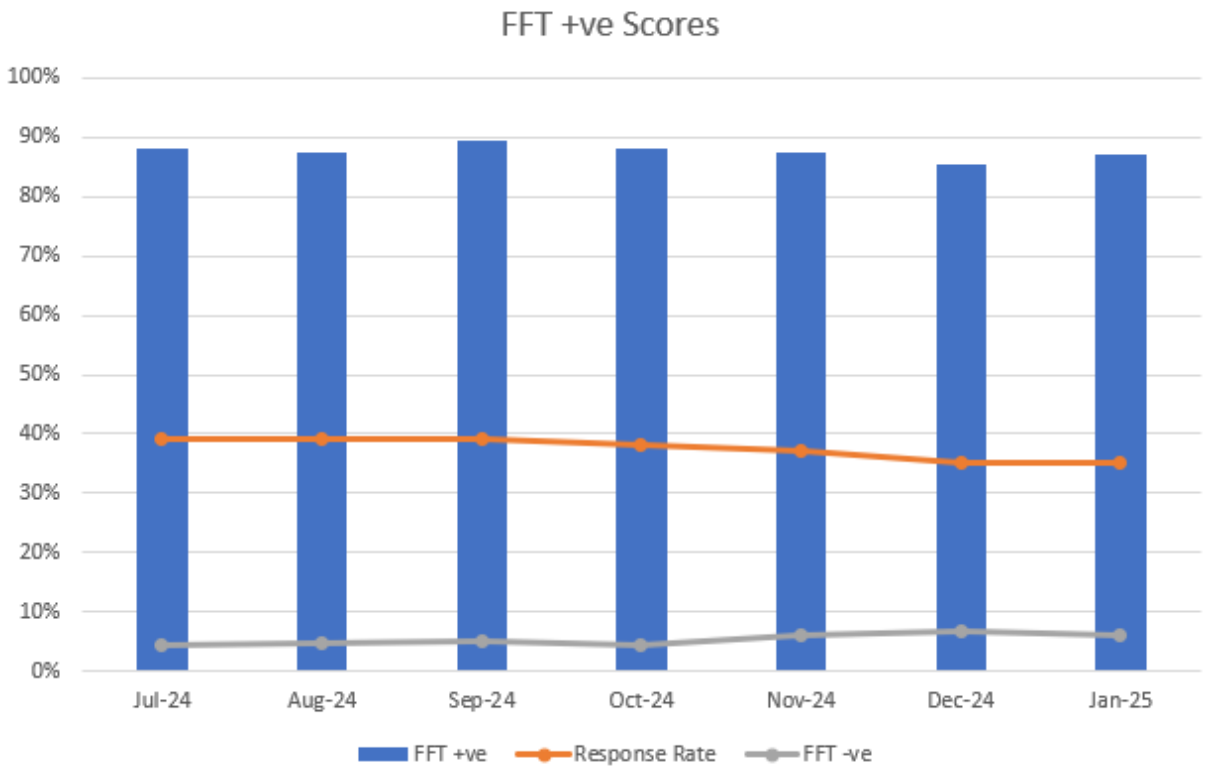


1.5 PATIENT FEEDBACK AND EXPERIENCE

Feedback is actively collected via various channels, including the Friends and Family Test (FFT). Complaints and compliments are also captured through the website, phone, in person, and via written communication.

We collect Friends and Family Test patient experience data via:

- A URL link sent with first appointment reminder text message
- A reply text message on discharge
- A IVR voice messaging to landlines on discharge
- Postcards in clinic



THEMES IN FFT

Common positive themes from FFTs:

- Caring and friendly clinicians – At Connect Health, one of our values is to be people-centred. We encourage our clinicians to be respectful and empathetic to all their colleagues and patients. The local leadership encourages the team members to continue to live these values by sharing patient feedback and compliments with the wider team. We also run MVP of the month to identify, recognise and celebrate the work done by our colleagues.
- Helpful advice and information – All clinicians at Connect Health aim to work at the competency required at the level they are working. With the support of their team leads using competency assessment tool, they can identify the gaps in their competency. Their yearly objectives, 5% CPD time,

clinical supervision is all linked towards achieving those competencies. The Connect Health Academy is a wealth of resource, and each clinician has full access to it. All staff members can apply for funding request to be able to sign up to courses outside of Connect Health. All clinicians have access to their team leads and on-call rota to discuss cases and get opinion. We support all clinicians work at the optimal levels to ensure patients get the best advice and treatment.

- Easy to access exercises on Physitrack – Physitrack offers clinicians a range of tools to create customised home exercise programs, supporting adherence with easy-to-follow videos, pain tracking, and progress monitoring, all designed to boost engagement and completion rates. Every patient can have access to Physitrack if they have an email address and have access to a mobile phone or laptop.

- Symptoms improving – At Connect Health, we strive the best evidence informed care to all our patients. Data collection and analysis is at the heart of our provision of MSK service. The Clinical Delivery Leads and Team Leads review the PREMs and PROMs data to sense check the quality of care provided. All clinicians have time in the diary with their line managers to discuss difficult cases. There are clearly defined pathways of escalation of care with support from team leads, clinical delivery leads and national on-call rota(Set of clinicians available all through the week to give virtual support to any clinician if they do not have access to one locally). A few of the datasets collected - FFT scores, MSK HQ data, NP to FU ratio, 6 – 12 appt tracker. These allow us to objectively understand the performance of a clinician and the service line. With robust clinical supervision and use of the trackers above, we ensure our patients are getting the best care they deserve.

Patient quotes:

“I felt the physio was very helpful & liked the idea of not having to go back for a hospital for follow up to see the surgeon, which often happens after an operation. Also good only having to travel to Wallingford. Thank you.”

“Seen very quickly, after my referral, in a local hospital which made it particularly easy and the healthcare professional I saw was very thorough, knowledgeable, and explained everything in terms I could understand and follow clearly.”

“Very good advice and encouragement to continue to exercise to recover strength and mobility. Good to have backup of calling for six months in case more advice is needed.”

“I was offered two date options to choose from. My appointment started spot on time, was very thorough in terms of discussion, listening, physical examination and practical solutions. Admin communication was clear and effective throughout, allowing me to keep track of things for myself.”

“I was very happy with the treatment | The physio gave me exercises which made my shoulder better I don’t think you could have done anything better I was very pleased my shoulder is better now”

“I spoke to Ryan who was very helpful & friendly. He gave me exercises to do with a video so Im hoping this will help my shoulder but hes also told me if it doesnt within a few weeks then I will have

a face to face appointment which is reassuring | Also I was impressed with the quick & efficient reply to my self referral with a phone call to make an appointment then actually speaking to someone"

"Firstly booking the appointments by phone was very easy and there werent any long wait times for the phone to be answered. I prefer to book on the phone rather than online. Secondly, parking at the Bicester Community hospital was fairly easy and FREE. Lastly and most importantly, my physio, Emily Whall was fantastic! She is extremely knowledgeable but also very personable too. She has helped me immensely and I literally cannot thank her enough."

"Physio carried out a careful and thorough assessment of my joint movements and after discussion prescribed 6 exercises. She went through each one in detail to ensure I understood the purpose and method for each, that I had the proper equipment at home and that I could correctly carry out the movements. Also explained likely time frame for seeing improvement.An excellent experience."

COMPLAINTS AND INCIDENTS

Formal and informal complaints account for just 0.02% of the 106,587 referrals received from June 2023 to December 2024.

From June 2023 to Dec 2024 we've had:

- 71 formal complaints
- 171 informal complaints
- 32 compliments

Complaint frequency is consistent quarter on quarter, at ~1.3 informal complaints per 1000 patient contacts and ~0.5 formal complaints per 1000 patient contacts.

Complaint Themes

Waiting time was a common theme, specifically for the CATS arm of the service. This has improved as part of a transformation plan In the last 5 months we have been within KPI for all arms of the service except Pelvic Health.

Common themes in complaints are:

Theme	Analysis	Action
Dissatisfaction with clinical care/pathways	The root cause for the dissatisfaction was due to expectations not being met. The patients would have an expectation of injection at the first appointment or a scan (mostly being informed by their GPs and sometimes due to their own research) which was not fulfilled as clinically not indicated or having to go through the assessment	This was addressed with the GPs either by direct emails or mostly at the seminars/evening talks organised by us explaining and reasoning the process at our end. We are in the process of creating patient expectation videos that are sent to patients upon receipt of their referral.

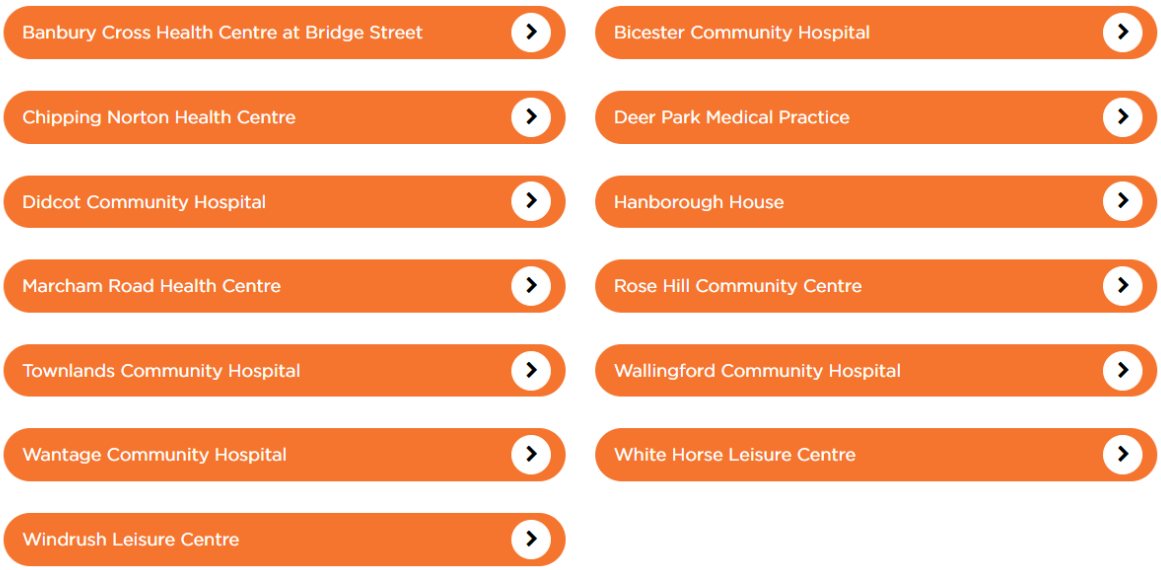
	/screenings to be able to decide on the plan further	
Short notice cancellation of appointments	This is due to clinician sickness	We have lot of help and support available for our staff members to support with their well-being. Help at Hand which offers **Unlimited mental health support** from qualified mental healthcare professionals, 24/7, unlimited remote **GP appointments** – so staff can get fast access to a doctor at a time convenient to them, a fully integrated **Employee Assistance Programme**, including a 24/7 helpline for emotional and practical support, as well as financial and legal support, **360 Wellbeing Score** —staff can take just four short assessments to get their score and unlock six 1-2-1 lifestyle coaching sessions per year, **Physiotherapy** — eight sessions a year, **Medical second opinions, On-demand wellness content**, plus our Wellbeing Calendar, which is packed with podcasts, articles, webinars and more to help manage staff wellbeing)
Parking fines at Hanborough House	- The facilities management at Hanborough House faced issues of lots of vehicles being parked in the premise which were not meant to be there. Hence on 30 May 2024, they installed surveillance cameras and made parking available only for registered users	We updated our website to reflect this information, and staff were trained to let patients know about these changes. Staff would suggest on alternate locations around the facilities to parking. All alternative parking's are less than 5 minutes away and free. We also have negotiated a 10 minute time period to allow patients to be dropped off within the premises. However, a select number of patients (less than 20) raised a complaint about receiving a parking fine. Now the process is embedded this is no longer a theme.

1.6 ACCESSIBILITY

The service operates from 13 sites across the County. Annual full estates and Referral demand distribution reviews are carried out.

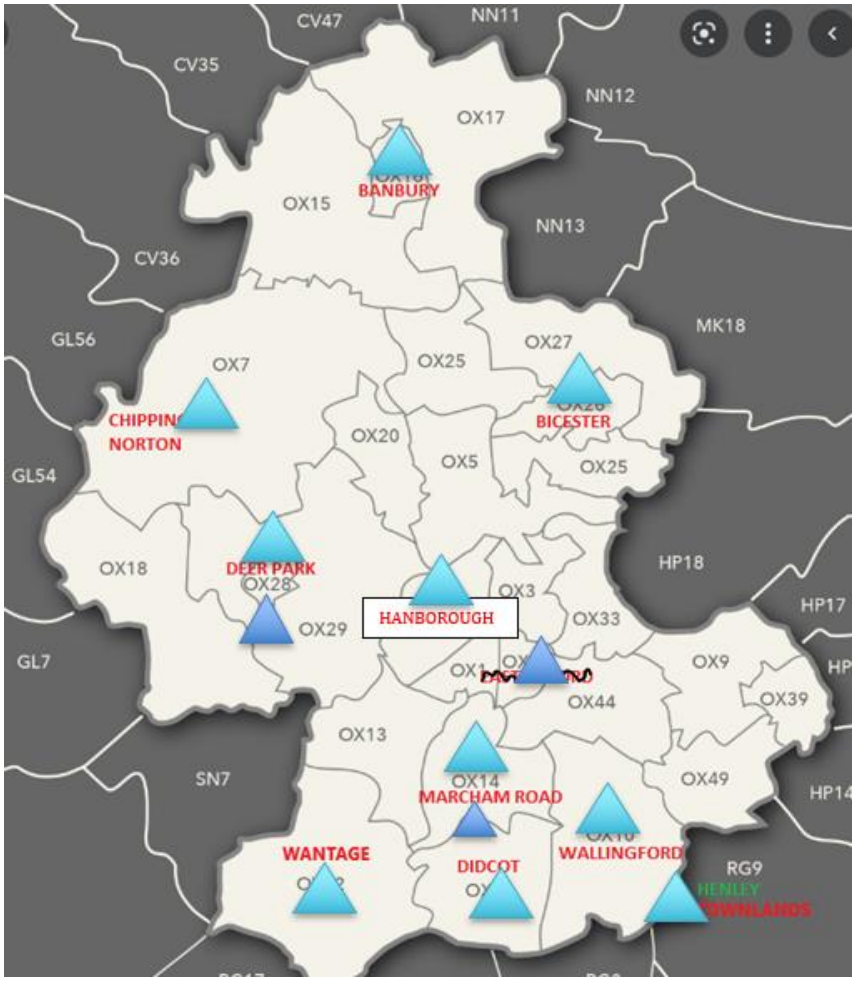
- analysing estates suitability based on stakeholder feedback
- Reviewing patient postcodes distribution –split by service line
- Reviewing estates clinical capacity across the region and correlating with the referral demand
- Reviewing skill mix of clinicians across the County
- Reviewing diary planning and recruitment strategies as part of actions linked to the findings from the above.

1.6.1 CURRENT SITES



The service operates within 13 clinical sites across Oxfordshire (*figure 1.6.1*). A recent review of demand per service line per postcode was carried out and service provision in each location is in line with demand. As demand surges change across the county or if capacity was to change (unplanned leave), we are dynamic with our delivery planning and will adjust timetables and diaries to meet the demand.

Figure 1.6.1 Map of clinic locations across the County



We review our referrals by postcode against how many sessions we have at each clinic, represented as a percentage of sessions carried out at each site as a percentage of the total sessions for the service. We then analyse which postcode the referrals are coming from to ensure that capacity and demand at each geographical location is largely matched. We correlate this analysis with wait times at each location, for each speciality and patient experience themes. The site capacity and referral demand that took place in October 2024 is represented below in table 1.6.1

Table 1.6.1 – Sessions at sites as a percentage of total sessions offered. Referrals per location as a percentage of total referrals.

Clinic	Site capacity split	Referral demand split
Wantage	5%	2%
Marcham Road	11%	8%
Didcot	5%	0%
Wallingford	5%	14%
Henley on Thames		13%
Hanborough	30%	24%
Deer Park	15%	11%
Chipping Norton	4%	4%
Banbury	13%	10%
Bicester	12%	13%

1.7 INTEGRATION AND PATIENT/PUBLIC ENGAGEMENT

1.7.1 PATIENT AND PUBLIC ENGAGEMENT GROUP

Engagement with patients and the public is central to service development. We regularly host patient and public engagement groups (PPEGs) and collaborate with Healthwatch to improve our service delivery. We also participate in community events, such as the Windrush Leisure Centre Community Engagement event (figure *1.7.1),* to raise awareness of MSK conditions and promote self-management.

Figure 1.7.1 Windrush Leisure Centre Event

Our recent PPEG had 9 participants. Many patients praised the care they received, particularly highlighting good communication and effective treatment from their MSK clinician.

One patient appreciated the seamless process and excellent communication, even when wait times were long.

These examples reinforce the value of our efforts to engage patients with empathy and professionalism—thank you for your dedication. There were some learning points, illustrated below Table 1.7.1

Table 1.7.1 – Learning from PPEG

1. System Navigation and Access	Patients expressed a need for more clarity about our service and its pathways.	Action: It is helpful to have conversations with patients about the service lines they may be interested in or appropriate for. Where a particular service isn't suitable, explaining the reasons clearly can help manage expectations.
2. Treatment and Care Experience	Access to Medical Records: Patients shared their desire for easier access to their medical records, including better integration between GP and MSK service records. Some patients reported dissatisfaction, including poor treatment experiences and frustration with communication.	Action: We now have valuable feedback to share with our commissioners to further advocate for the improved sharing of records. Action: Communication was sent to the clinicians about the importance of the patient-centred approach. Listening to patient concerns, validating their experiences, and ensuring their care plan is clear are vital steps to address these issues. There are additional modules on the clinical academy related to shared decision making and motivational interviewing
3. Communication and Follow-Up	Process Maps and Flowcharts: Patients suggested visual tools to better understand their care journey. Communication Between Clinicians and PCC: Improving this communication could enhance continuity of care.	Action: Clinicians and administrative colleagues were reminded of the importance of clear communication about what the service can offer and when it may not be appropriate. A transparent plan should also be documented to guide the next clinician if the case is handed over. This will be reviewed in supervisions and notes audits Action: Clinicians were reminded to ensure that expectations for patient care are clearly documented and communicated to all involved parties. This would be reviewed a part of notes audits
4. Special Needs and Accessibility	A patient with special needs reported feeling inadequately supported.	See table 1.7.2

A carer of a patient attended our patient and public engagement group and wished to provide some feedback that would support in key learning to help the team to better support patients with additional needs.

Table 1.7.2

Observation points	Actions for clinicians
Clear Documentation of Additional Needs: Patient referrals often lack essential information about additional needs, such as learning disabilities. This omission can result in delays and inappropriate care pathways.	Action: When receiving referrals or interacting with patients, ensure that any additional needs are flagged clearly in our records. If unclear, seek clarification from the patient, carer, or referring GP.
Consistency in Communication: Patients and carers have expressed frustration with inconsistent information from the helpline and service teams.	Action: Please ensure that any updates given are accurate and reflect the current status of the patient's pathway. Notes in the system should be thorough and up to date to enable consistent communication
Tailoring Care to Individual Needs: Some patients require adjustments to standard care approaches. For example, a patient with a learning disability may need more guided and demonstrative instructions during physiotherapy.	Action: Familiarise yourself with the patient's specific needs as early as possible, and adapt your approach accordingly. Open communication with carers can be invaluable in understanding and meeting these needs. If you feel you may require further support please discuss this with your team lead. All colleagues have complete Oliver McGowan training and longer appointments can be arranged at the request of the clinician.
Training and Awareness: While mandatory training, such as the Oliver McGowan training, provides a foundation, practical application of this knowledge is crucial.	Action: Reflect on how to incorporate training principles into your daily practice. If you feel further support or resources are needed, please share your feedback so we can address it. There will be follow up training from the Oliver McGowan training.
Learning and Moving Forward	Proactive Care: Always consider whether additional needs might require adjustments to prioritization, such as triaging patients with unique barriers as urgent where clinically appropriate.

	Collaborative Practice: Engage with carers and involve them in planning care pathways, as they are often key advocates for the patient.

We have attended 3 SEOXHA patient engagement events in past 18 months supporting the PCN to engage some of their patients with chronic pain and multiple comorbidities and help them better understand what they can do to manage their health and what services there are to support them.

We have attended 4 Oxfordshire on the Move networking events and this has supported us to develop better links with:

1. Move Together service (exercise on referral) - we regularly refer & signpost patients to them
2. Beezee (weight management service) - They have attended our team meeting to give an overview and we have attended on of theirs
3. Stop for Life Oxon (smoking cessation) - they have shared digital and print resources for us to use with patients.

These events enable us to strengthen relationships with partners across the system and ensure that pathways are effectively utilised.

1.7.2 COLLEAGUES

We have numerous initiatives that support colleague engagement, to name a few:

Annual away days, as illustrated in figure 1.7.2, the team away day this year had a focus on sustainability. We wanted to improve colleague retention. We partnered with the Local wildlife trust charity and got agreement to build bug houses within the park. Our attrition has improved and we currently only have 1 vacancy within the service

Each year we host an annual awards ceremony to recognise outstanding impact and colleague excellence. Next awards event is on 4th April 2024.

Figure 1.7.2 - Colleague Away day

1.7.3 PRIMARY CARE

Partnered with the GP Federation Principal Medical Ltd (PML)and jointly designed pathways

Attended Primary Care Network meetings to engage about the service clinical model and referral pathways

Attend the North Oxfordshire Network Group meeting every month.

Connect Health has worked in collaboration with the ICS to support development of FCPs in the Oxfordshire region. Our clinicians have delivered sessions to the FCPs and GPs to support with the integration of pathways to improve patient experience.

1.7.4 SECONDARY CARE

Monthly multi-disciplinary meeting set up with Optimise Pain team

Lumps and bumps pathway agreed between Connect, NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board, OUH and Primary care

Clinician on secondment from Oxford Health with conversations to include senior clinician rotations into the service. There are also conversations about the service supporting podiatry apprenticeships

Connect are working in partnership with Cherwell Hospital and Manor Hospital. We meet with them regularly to streamline pathways and for any updates. With insights from us, Manor Hospital has now started knee clinics and will soon be starting spine and shoulder clinics. This will help OUH to reduce their wait list and patients to get quicker access to specialist care.

Connect have been invited to contribute to the Thames Valley Spinal Network

Connect met with Paediatrics to discuss pathways and collaborative working

Connect met with PML – local community gynaecology service provider to streamline pathways for our patients. Outcome was direct referrals to the community clinics which has helped with reducing wait times for patient and reduced admin time as previously all patients were referred to GP to refer onwards.

Connect Health and OUH Rheumatology:

Delivered joint sessions with OUH Rheumatology for Primary care workforce with the aim to improve quality and number of relevant referrals.

Supported with the Advice and Guidance Service execution and bringing awareness within the primary care colleagues including FCPs.

Impact:

- **Direct referral numbers to Rheumatology have reduced**
- **Increase in the use of Advice and Guidance service**
- **Improved patient pathway as advice received within 48-72 hours allowing clinicians to make efficient decisions**
- **The EIA clinic wait times have now come under 6 weeks which is the national target due to reduced direct referrals**

Connect Health holds monthly meetings with the Orthopaedic Team at Oxford University Hospitals to update on wait times and discuss any concerns. In addition, in the last 3 months we have met with the commissioners, the executive directors at OUH and senior clinical members of team to support with their current long wait times.

Connect Health has worked with the emergency department, spinal team, radiology team and commissioners to execute the CES pathway laid by GIRFT. These discussions have led to a new pathway being set up for patients to be referred from A and E to spinal for further management. We continue to discuss ways to implement the GIRFT recommended CES pathway.

1.7.5 COMMUNITY TEAMS

Pelvic Health Community team - plans to share training, regular meetings to ensure best treatment pathways for patients

Community Falls service: collaborating on plans for reciprocal learning regarding MSK and falls across both services

Delivering the best outcomes and value across systems is dependent upon replacing siloed views of performance and demand by individual service lines with a whole-pathway approach that identifies and acts on opportunities for system-wide quality improvement. Connect and NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board met on 27th November 2024.

Board membership includes representation from Primary Care, the MSK MATT service, secondary care (T&O, Rheumatology, Pain and Paediatrics) and commissioning and will meet quarterly to problem-solve individual and shared performance issues and collaborate on quality improvement across the pathway.

1.7.6 PREVENTION

Connect Health's Oxfordshire MSK MATT service is dedicated to improving patient outcomes by providing access to expert-created resources and comprehensive support. Our service directs patients to valuable resources, including clinical expert-created patient materials and the "Waiting Well" support program, ensuring they receive the best possible care while waiting for treatment.

Impact on Patient Care and Outcomes

The Oxfordshire Community Musculoskeletal (MSK) service, managed by Connect Health, receives 69,000 referrals per year.

This high volume underscores the critical role we play in the local healthcare system. Our focus on the whole person, including lifestyle and prevention, aligns with national research and current guidance

Supporting National Policies and Government Goals

Connect Health's initiatives are in line with the NHS Long Term Plan's emphasis on prevention and early intervention

Our services contribute to the NHS's goals by:

Reducing Health Inequalities: By providing accessible and high-quality care, we help bridge the gap in health disparities, ensuring that all patients receive the support they need regardless of their background

Promoting Self-Management: Our resources empower patients to take control of their health, encouraging self-management and early detection of conditions

Collaborative Care: We work closely with local GPs, hospitals, and other healthcare providers to ensure a seamless and integrated approach to patient care

Connect Health is proud to support the NHS and the government's goals through our comprehensive MSK services. By focusing on prevention, early intervention, and collaborative care, we are making a significant impact on patient outcomes and contributing to a healthier community.

Oxfordshire MSK Service has a webpage which directs patients to clinical expert created patient resources and waiting well support.

https://www.connecthealth.co.uk/resources/

https://www.connecthealth.co.uk/waiting-well/

Fig 1.7.3. Patient resource page of the website.

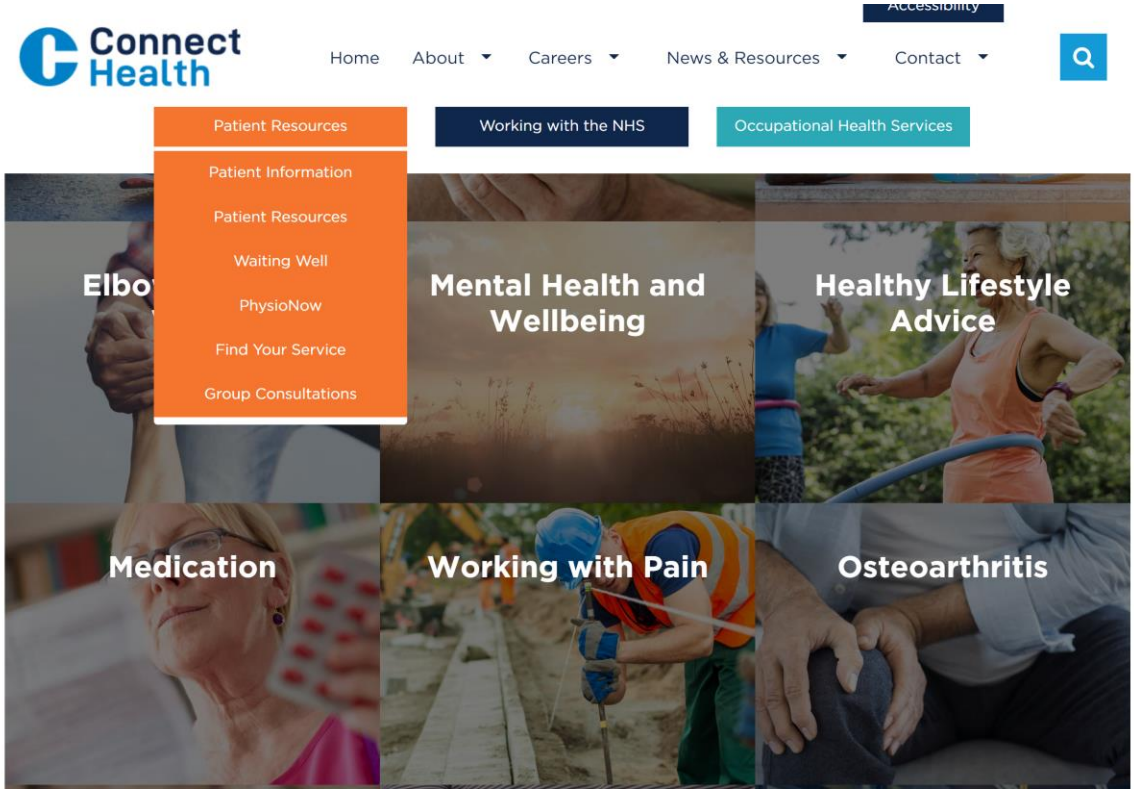
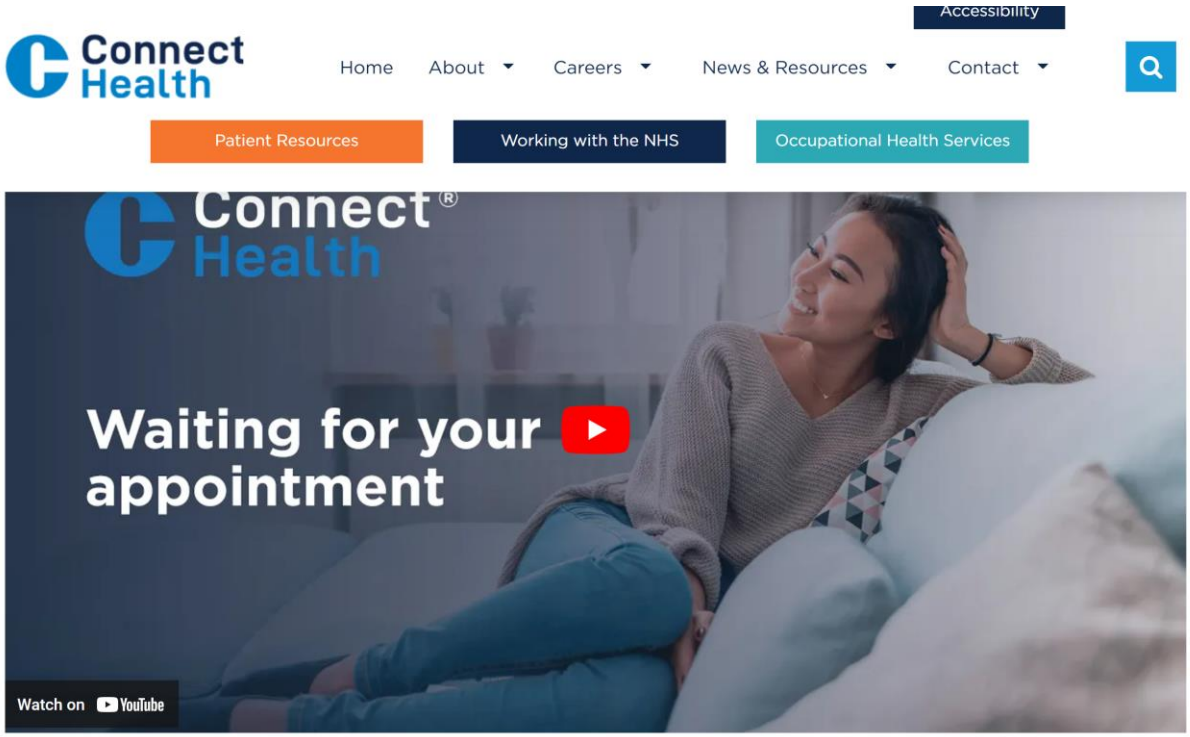


Fig 10. Waiting well page of the website



Is there anything I can do whilst I am waiting?

1.8 WHAT'S NEXT?

ICB System alignment for MSK community services	The ICB has plans to align MSK service delivery across the BOB ICS footprint including the desire for one SPOA.
Healthwatch Review	We are working with Healthwatch to support them to complete an independent review of our service.
Shared Records	The next phase of integration with primary care is to work on the integration of clinical systems and shared care records.
Health Inequalities Project	The service has a health inequalities plan that has numerous projects to improve equality for our patients.

Despite increasing demand and limited additional funding, Connect Health's NHS MSK service continues to excel in providing high-quality care, efficient access, and positive patient experiences. Through strategic workforce development, innovation in service delivery, and ongoing collaboration with key stakeholders, the service has proven resilient in meeting the challenges of today's healthcare landscape. The future remains bright, with continued improvements in care delivery, outcomes, and patient satisfaction at the heart of our mission.

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Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) Report Audiology Services in Oxfordshire February 2025	
Meeting Date	6th March 2025
Report prepared by	Catherine Richards, Planned Care Performance Lead, NHS Buckinghamshire, Oxfordshire & Berkshire West ICB (with input from Rachel Humphriss, Head of Audiology at Oxford University Hospitals NHSFT)

Introduction

BOB ICB commission a community age related hearing loss service for patients who are 55 and over, registered with an Oxfordshire or Buckinghamshire GP. The service is commissioned via an Any Qualified Provider (AQP) contract with six providers. This type of contract means that a number of providers can bid to provide a service in line with the service specification. The current providers are:

Audiological Science
Buckinghamshire Healthcare NHS Trust
Outside Clinic Ltd
Royal Berkshire NHS Foundation Trust
Scrivens Ltd
Specsavers Hearcare Group Ltd

Royal Berkshire NHSFT provide a community service from Townlands Hospital in Henley

The service was last procured in 2021 and the contracts started on 1/11/21 – the initial length of the contract is 5 years. The service is available at 53 different locations across Oxfordshire, Buckinghamshire and Berkshire.

More complex audiology needs outside of the community service are provided by the acute hospital trust at Oxford University Hospitals (OUH).

For clarity, this report provides an overview of adult audiology services in Oxfordshire and does not include the paediatric service.

1. Details of the geographical coverage of audiology services – are services accessible to patients in rural and urban areas?

Community Service

Community clinics are run across Oxfordshire in multiple locations and patients can access the service via their chosen provider and location.

	Providers		Providers
Abingdon	2	Kidlington	1
Banbury	4	Oxford	7
Bicester	2	Thame	1
Chipping Norton	2	Wantage	2
Didcot	2	Witney	3

Outside Clinic provides domiciliary services to housebound patients.

Hospital Service

OUH provides audiology services from both Oxford and Banbury - the main base is at John Radcliffe Hospital, with the secondary base at Horton Hospital.

Peripheral clinics are held at Didcot, Bicester, Witney and Chipping Norton, with plans to hold future clinics in Wantage. There are also plans for the Implant team to hold clinics in Brackley, but this is subject to approvals and funding.

Both the auditory implant service and adult audiology services offer remote appointments when clinically suitable.

The Auditory Implant Team offers remote appointments for all manufacturers of cochlear implants (CI) and are working towards remote appointments for both bone anchored hearing aid (BAHA) manufacturers. Patients now attend face to face (F2F) appointments every 2.5 years, with remote checks in between - this has reduced the requirement to attend the hospital for annual appointments.

Some home visits are provided for those individuals who cannot travel to the hospital and in need of urgent hearing assistance.

There is a postal hearing aid repair service with a 14-day turn around for non-urgent servicing/repairs.

2. Waiting periods for initial consultations, diagnostic tests, and treatment sessions; and whether there are any strategies in place to reduce these waiting times.

Community Service

There are local quality requirements in the contract for this service. Assessments must be completed within 16 working days following receipt of the referral and hearing aids must be fitted 20 working days following assessment. This means the longest anyone should have to wait from referral to fitting is 7 working weeks, but waiting times are often shorter.

Hospital Service

There are capacity pressures in all areas of the audiology services at OUH.

Waiting times as at 2/2/2025 are:

- New adult referrals: 33 weeks
- Simple hearing aid fittings: 1 week, Complex fittings 14 weeks

- Hearing therapy new: 1 year
- Vestibular assessment (diagnostics) long and short: 1 year
- Hearing aid reassessments simple: 1 week, complex 31 weeks
- CI Assessments: 24 weeks.
- BAHA Assessments: 1 year

OUH are developing strategies to reduce these long waits and these include:

- Insourcing adult audiology appointments from an external company to run weekend clinics (Oct 24 – Mar 25)

- Developing a business case to replace this insourcing activity with a more sustainable solution (i.e. more substantive staff)

- Working with commissioners to develop an enhanced community pathway to support a specific cohort of patients. The pathway is for patients with stable and previously investigated asymmetric hearing loss (who do not meet existing AQP criteria) to be seen by community providers after completion of an assessment with OUH.

- Liaising with the Community Diagnostic Centre (CDC) in Oxford on future provision of adult audiology services

- Carrying out CI and BAHA assessment weeks to screen patients in and out of criteria, using a shorter appointment, bringing back those in criteria to complete their assessment

3. How easy is it for patients to book, reschedule, or cancel appointments? What technological solutions are being utilized to streamline this process?

Community Service

Patients can access the community audiology service via self-referral or they can be referred by their GP. Details of self-referral are available via the webpage: Audiology (hearing loss) - Stay Well. Patients can contact their provider via a number of communication channels (telephone, email, walk in) to book, rearrange and cancel.

Hospital Service

Access to audiology services at OUH is via referral from a healthcare professional - this will usually be a patient's GP or from the Ear, Nose and Throat (ENT) Department

Appointments are booked by phone, letter or email and patients can use any of these methods to rearrange appointments.

It is acknowledged that there can be frustrations with getting through on the phone or waiting for email responses as the OUH administration team is very small for the size of the service that it supports. A request has been made within the OUH Trust for an additional administrator to support the adult patient pathway.

The Audiology Patient Management System (Auditbase) is separate to the main OUH electronic patient records system. The Trust has offered only limited support to integrate these systems, which limits the opportunities for patients to book/reschedule/cancel

Audiology appointments in the way that they can do for other Trust outpatient appointments (e.g. via "DrDoctor"). Audiology appointments are not visible to patients in the NHS app.

4. How is patient satisfaction measured? What mechanisms are in place to collect and analyse patient satisfaction data? How is this feedback used to improve audiology services?

Community Service

Five audiology specific outcomes are included in the contract:

- Outcome 1: Improvement in service user disability, and/or difficulty in communication (reduced communication difficulties)
- Outcome 2: Improvement in service user reported quality of life
- Outcome 3: Percentage of service users reporting continued use of their choice of hearing aid and or other intervention(s).
- Outcome 4: Percentage of service users reporting benefits from their choice of intervention
- Outcome 5: Percentage of service users reporting satisfaction with their choice of intervention

There is also a requirement that 100% of service users are offered a patient experience survey to complete. The percentage of patients responding is variable across providers.

A review of patient feedback, patient satisfaction and outcome measures is being carried out by the ICB Quality & Patient Experience Senior Manager – Elective Care. Meetings are just starting with the community providers and it is anticipated that it will take a few months to complete. Findings and improvement measures can be fed back in due course.

Hospital Service

Friends and Family Test data is collected at OUH.

There is also learning from PALS concerns, formal complaints and informal patient feedback – a record of "You said, We did" is maintained.

The above feedback is reviewed in Adult team meetings and whole service clinical governance meetings and actions put in place to improve the service where possible.

The Auditory Implant Team collects 1 year outcome data from CI patients and it is reviewed annually.

5. Details of the protocols and technologies used in diagnostics. Are they up-to-date and reliable?

Community Service

There is a requirement in the provider contract that all audiometric equipment should be regularly calibrated and checked against relevant national guidelines and should comply with the relevant NHS England recommendations. Providers are required to be accredited to IQIPS: Improving Quality in Physiological Services (IQIPS)

Provider protocols and policies are required as part of the NHS standard contract documentation.

Hospital Service

All staff operating diagnostic equipment are qualified and registered audiologists, unless they are in training, in which case they work under the supervision of a registered audiologist. All equipment is calibrated on an annual basis and is repaired as required.

Many of the OUH adult audiology protocols are up to date, but some require updating (for example to reflect latest versions of professional body guidance) and this is in progress.

6. Details of the variety of treatments offered. Are treatment plans comprehensive, and to what extent are they personalised?

There is no 'one size fits all' policy in audiology so treatments are always personalised.

Community Service

The community service provides a variety of services and treatments and every patient has a personalised care plan (the threshold for this requirement is 100%). The services include:

- pre-assessment questionnaire which does not disadvantage any community or condition, to be undertaken to confirm suitability for the audiology service
- rapid triage of the pre-assessment questionnaire to ensure the referral is suitable for the service
- hearing needs assessment
- direct referral to secondary care for urgent and red flag conditions
- advice on self-management of ear wax and ear wax removal where necessary prior to assessment that complements primary care guidance on self-management of ear wax
- provision and fitting of hearing aid(s), where clinically appropriate and agreed with the service user
- appropriate hearing rehabilitation, for example service user information, hearing therapy
- information on and signposting to any relevant communication/social support services
- follow-up appointment to assess whether needs have been met
- discharge from hearing assessment and fitting pathway
- aftercare services for the duration of the patient pathway (where hearing needs remain unchanged), including advice, maintenance and repairs or replacements of hearing aids
- battery, tips, domes, wax filters and tube replacement service
- assessment of usage of hearing aid and appropriate action if the patient is not coping with them
- re-assessment of patient needs after three years with annual aftercare until hearing needs change

Hospital Service

All adults have individual management plans. These may include the following:

- advice
- fitting of devices

- management of tinnitus and hyperacusis
- communication advice
- onward referral to other services such as ENT
- onward referral (via ENT) for MRI scan, where indicated
- onward referral for assessment for implantable devices
- signposting for provision of Assistive Listening Devices

7. Information on any new advanced technologies being utilised including modern hearing aids, implants, and other assistive devices.

Community Service

The community service is commissioned to provide NHS funded hearing aids which will be of a minimum technical specification as designated by the NHS – more complex devices are provided through the Adult Audiology Service at OUH.

Every effort must be made to address the needs of the patient from within the NHS funded service but community providers can apply to commissioners for funding for different models of hearing aid by exception if there is a functional requirement.

Hospital Service

OUH fits the latest hearing aid devices offered by manufacturers, or transitions patients to the latest devices. All hearing aids have connectivity to smartphone apps for controls. All hearing aids can be used to stream calls and audio from Apple devices, and some hearing aids can stream calls and audio from any Bluetooth device.

CI technologies have allowed the development of remote programming so patients can be seen quickly by video call for troubleshooting. Remote assessments are also available if a baseline has been established shortly after a F2F review of a patient. The baseline can then be used for comparison for change in performance, check wound concerns, check impedances following head injuries etc.

OUH has a managed service for their largest implant provider, which allows the management of spares, repairs and basic troubleshooting to be carried out by an outsourced service - this has significantly reduced waiting times and reduced the stock requirement.

The National Hearing registry is due to launch in April 2025 following NHS approval.

Information is offered on all assistive devices compatible with hearing aids provided (e.g. TV streamers).

8. Is there effective follow-up care, and what protocols are in place for monitoring patient progress post-treatment? How are follow-up appointments managed to ensure continual care?

Community Service

Service users must be able to access aftercare services within two working days of their request. A follow up appointment is undertaken within 70 calendar days of fitting of a hearing aid to assess whether needs have been met. The contract price includes a full three years of aftercare following the fitting of a device.

Providers must carry out automatic recall to offer a review assessment to all hearing aid patients at 3 years as part of the provision of aftercare. The cost of this review is including in the original fitting tariff. The patient will then move to annual aftercare.

Outcome measures and how they are reported are currently being reviewed (see point 4 above).

Hospital Service

Adult hearing aid patients are offered follow up appointments either F2F or by telephone when clinically suitable. Due to a recent increase in assessment and treatment activity there is a waiting list for follow ups. Patients with a hearing aid can request a follow up or hearing aid repair if an urgent need arises. If the request is three-years after their previous assessment, they will be offered a reassessment (i.e. further assessment of hearing).

Implant follow-ups for CI patients have been reviewed and a protocol is in place for F2F follow-ups alongside remote appointments for those patients who can manage them. More frequent F2F follow up appointments are available for those who are unable to attend remote appointments. BAHA follow-up is currently being triaged and a similar protocol is likely to be implemented.

9. Are there adequate resources (including funding, staffing levels, equipment, and facilities) to meet patient needs?

Community Service

Providers should have an appropriate skill mix within their team in keeping with the national recommendations and guidance (listed in the contract). Assessment and treatment should always be provided by staff that are either suitably registered or are supervised by a suitably registered practitioner and who are appropriately trained, qualified and experienced.

Hearing assessments should be conducted in appropriately sound treated rooms and the provider must provide equipment and software for audiometric assessment for the fitting and evaluation of hearing aids and the recording and export of service user data.

The community service is provided by five community providers across 26 locations in Oxfordshire plus one provider covering housebound residents and Royal Berkshire NHSFT in Henley. This provides a comprehensive service across the county. The number of providers ensures there is sufficient capacity to meet patient needs and this is reflected in the short waiting times.

Hospital Service

The demand on the adult audiology service exceeds OUH capacity by about 90% and there is a need for additional staffing, equipment, facilities and estates to ensure that long waits in adult audiology don't build up. This has partly arisen with the introduction of "audiology first" pathways where audiologists see patients who were traditionally seen first by ENT. Audiologists now refer patients for an ENT opinion only if indicated.

Space is also a limiting factor for the auditory implant service. The implant team has five audiologists and just two rooms at the JR hospital. Implementation of remote telehealth has helped with this but clinical capacity could increase if more soundproof rooms were available. There is discussion underway with Brackley to set up a peripheral clinic with soundproof booth capable of speech testing which is a mandatory requirement for CI/BAHA patients.

10. What is the level of collaboration between audiology and other medical departments. How well do they coordinate to provide holistic care for patients with comorbid conditions?

Community Service

Community providers liaise with both audiology and ENT and refer onwards when appropriate. They have pathways to identify if there is a serious condition that requires referral to the local emergency department, neurology service or there is a suspected cancer. All providers of Adult Hearing Services must ensure that there are clear local pathways for referral into more specialist medical services in line with British Academy of Audiology (BAA) and British Society of Hearing Aid Audiologists (BSHAA) Onward Referral Guidance for Adult Audiology Service Users (2023).

Non urgent conditions may be referred back to the patient's GP.

Hospital Service

Adult Audiology has a close relationship with Ear, Nose and Throat and offers joint ENT / Audiology clinics. Collaboration with other departments is by onward referral (either by an audiologist or the patient's GP)

There are established links with the Trust Learning Difficulties and geratology teams to offer best care to those with learning difficulties or dementia.

There is a Multidisciplinary Balance Clinic where Audiology, ENT and Physiotherapy work together. There are also multidisciplinary clinics for patients with skull base tumours and Neurofibromatosis type 2 – this includes joint working with ENT surgeons, ENT Specialist Nurse, Audiology, Neurosurgery and Physiotherapy.

The auditory implant programme has a strong multidisciplinary team which is staffed by audiologists, ENT surgeons, ENT Specialist Nurse, and speech and language therapists with additional links with local teachers of the deaf, community paediatricians and geratology.

11. To what degree are audiology services coproduced?

Community Service

A market engagement event was held prior to going out to procurement which introduced the service specification and funding model to all interested providers. They were able to provide feedback which was incorporated into the final procurement documents.

Joint meetings were held with all the community providers and OUH during the mobilisation phase of the contract.

Hospital Service

The Adult Audiology service provided by OUH sits alongside Paediatric Audiology and many audiologists work across both services.

OUH does not have any audiology clinics that are provided jointly by other departments or by other organisations (other than the insourcing activity already mentioned).

healthwatch Oxfordshire

Your voice on health and care services

Report to the Oxfordshire Joint Health Overview Scrutiny Committee

March 2025

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1. Healthwatch Oxfordshire reports to external bodies

For all external bodies we attend our reports can be found online at:
https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/

We attend the Oxfordshire's Health and Wellbeing Board, Health Improvement Board and Children's Trust. We attend **Oxfordshire Place Based Partnership** meetings under Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). We work together with the five Healthwatch groups at place across BOB ICB to give insight into committees at BOB ICB wide level.

2. Update since the last Health Overview Scrutiny Committee (HOSC) Meeting on 30 January 2025:

Healthwatch Oxfordshire reports published to date:

Enter and View Visits

Since the last meeting we made Enter and View visits to:

- Phoenix Ward, Littlemore Hospital (Feb 2025).

We published the following reports: on Enter and View visits to the following services:

- Boots Pharmacy Oxford (Feb 2025)

All published Enter and View reports are available here:
https://healthwatchoxfordshire.co.uk/our-work/enter-and-view
and information about why and how we make visits here:
https://healthwatchoxfordshire.co.uk/wp-content/uploads/2024/01/Enter-and-View-easy-read-information.pdf

All our reports published since the last HOSC meeting can be seen here:
https://healthwatchoxfordshire.co.uk/reports

All reports are available in **easy read**, and word format.

Webinars: We held one public webinar:

> **NHS Change and Ten-Year Plan** – enabling people to feed into government consultation. Our webinar focused on hearing about the theme 'analogue to digital' and we had a good discussion supported by Chief Digital Officer from

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). The outcome of the webinar has been fed into the Change NHS portal.

Upcoming webinars:

- Tuesday 18 March 1-2 pm **'Mental wellbeing support for our children and young people' –** details and speakers to be confirmed

To see our programme of webinars, Zoom links and recordings of all webinars: https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/

All are welcome.

Our ongoing work:

- Our **Quarter 3 (Oct-Dec)** activities summary can be seen here: https://healthwatchoxfordshire.co.uk/impact/activities-and-achievements/
- We closed our survey on **navigating urgent and emergency care** services https://www.smartsurvey.co.uk/s/UECservices/ but continue to do on the ground outreach, speaking to people across same day urgent care settings in the county.
- We continue ongoing face to face **outreach** to groups and events across the county, including hospital stands (Churchill and Horton), Rose Hill Larder, OX16 Banbury Shops.
- Forthcoming reports include:
  - findings on women's health
  - listening to men
  - summary of what we have heard about GPs
  - Wood Farm Community Insight Profile.
- Our priorities and work plan for 2025-6 will be published in March.
- Healthwatch Oxfordshire **Board Open Forum** was held on 19 February (see here https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/)

3. Key issues we are hearing from the public:

We hear from members of the public via phone, email, online feedback on services (see here: https://healthwatchoxfordshire.co.uk/services), and when out and about. This enables us to pick up issues and raise with health and care providers and commissioners. Below are some of the themes we are hearing public giving some

patient insight into specific agenda items for this HOSC meeting (Audiology, MSK services, and cancer waiting times)

Audiology:

Some feedback including experiences of local audiology providers - difficulty making appointments; lack of clarity about private/NHS care pathways and qualifying criteria, quality of care, and access to earwax removal.

"The audiologist did nearly 2hrs of tests and explained everything very well. They also kindly helped me find sparse transport back to Oxford!" (Jan 2025)

"In the past I had excellent service but since the surgery went over to triaging appointment requests, I have found the process difficult and have ended up not having medical issues attended to. One of these concerns a referral to my GP from an audiologist concerning [ear condition] which meant that I couldn't have hearing aids fitted. This wasn't followed up and when I visited the surgery to speak to a receptionist, I was given a speech about how they no longer do ear wax removal. I do not have a problem with ear wax. I tried phoning a couple of months later but found the whole process complicated and frustrating with an unhelpful receptionist. Nearly a year down the line one of my ears is in a bad state my heating loss is worse to the extent that I avoid social contact." (Jan 2025)

"I got a letter from the JR Audiology Department as I had been waiting for an NHS hearing check-up for quite a while, and they offered me the choice of going to Specsavers on the NHS rather than the hospital, which I decided to do as it meant I would get seen quicker and would be easier to get to. When I got there, they had no information about me or any records other than I had booked an appointment so I had to go over my past history - I was disappointed no information had been passed on. I had to tell them twice I was an NHS patient. Despite this the first hearing aid he then showed me was one I had to pay for, which I didn't want, I just wanted NHS hearing aids. I've also found out since the ones I got are different to the ones I would have been issued at the JR which will mean I have to go back to Specsavers for the plastic replacement parts when I need them whereas the JR would send them out. They didn't check they fitted at all - luckily they did - and there was no mention of any follow-up. I didn't feel that I had got a very good service, it was not what I was expecting, and I wouldn't want to go back there. It certainly wasn't up to the standard of the JR clinic I used to go to." (Sept 2024)

"I recently received a letter from the Audiology Department, Oxford University Hospitals. It said I was being transferred out to local providers. I therefore looked at the list of providers and decided to make an appointment with Oxon & Bucks NHS Audiology Service at the West location. I phoned them using the number in the letter to book an appointment at Witney Community Hospital. However, I was very surprised that the person dealing with my enquiry knew nothing about the transfer scheme from the OUH and did not want the transfer code that was given me. They asked for my NHS number and dealt with me like a new patient, saying I will have to have another hearing test. Initially I was put through to two different ladies in India. But the calls could not continue because the connection kept breaking up at their end. The third person I spoke to was based in the UK but did not know anything about the transfer scheme from the OUH." (Jan 2025)

"We had an audiology referral from the John Radcliffe with a list of providers on the back. We went to one of the providers listed - Specsavers and made an appointment, but they have cancelled this and said the service is only for people who live and have a GP in Oxfordshire. We rang Specsavers in Banbury who said this is not true, but they can't deal with the specific hearing aid we need fixed. I have been back to audiology, but we are stuck with a broken hearing aid and it seems like we have to travel 30 miles into Oxford or put it in the post." (Feb 2025)

MSK services: some feedback on Connect Health on getting appointments, and travels distances for appointments.

- "*The Physiotherapy service was excellent but very underfunded. My daily sessions were a delight."* (Jan 2025)
- "*I was referred by the MSK service to the hospital for hip surgery, the hospital has said I do not meet the criteria with no explanation as to why. The MSK service don't answer their phone and don't seem to know what they are doing.*" (Jan 2025)
- I *have a foot injury from work, I've been waiting for an appointment for nearly a year. NHS asked [my employer] why they don't have any physio themselves. I tried Connect Health, and they threw me back to NOC – waiting and waiting."* (outreach in Wood Farm, Sept 2024)
- *I have used and am still using musculoskeletal services in Oxford. At present I attend services in Botley. Whilst the service I have received has been very good, there is no parking available, and it is therefore difficult to access especially for persons with disabilities who cannot access the bus*

or walk from the parking areas. Taxi fares are expensive especially if you have to attend for more than one appointment. Previously the musculoskeletal service was based in the East Oxford Health centre which also had parking so was easier to access including disabled spaces. I am aware that for disabled people you had to access it via a lift which is not ideal if it breaks down, but if you add that to the lack of parking and the distance from the bus stops and parking at Botley. I still feel/believe that the service at The East Oxford Health Centre was the better option (by email Feb 25)

- *… Connect Health's provision to the residents of Chipping Norton in Oxfordshire and the inappropriate expectation that patients will travel across the county for basic services… Instead of attending the local clinic, patients are expected to travel up to 90 miles (return journey) to attend a Connect Health physio appointment. Many patients cannot drive for pain - whether pre- or post-operative and many therefore need to travel by public transport on crutches/in wheelchairs - with lengthy distances to navigate on crutches. Local physio options are essential. However, I have been advised I cannot attend your Chipping Norton clinic in early February- as required for post op physio - as you do not have the staff. I need to wait until March. This is too late. Why is it always almost impossible to attend Chipping Norton for Connect Health physio - and especially now? How is it that Connect Health is the sole provider of NHS physio in our area and yet we do not have a functional facility to attend? Why, with ongoing pain after joint replacement surgery, am I expected to travel to the furthest away Connect Health hubs for my post-operative physio? Previously I was expected to attend clinics in Henley and Wallingford with joint pain so severe that I could not drive…*

Cancer waiting times and treatments

- *"Having had a previous cancer diagnosis from the initial appointment with the GP I was seen at the hospital within two weeks. I had the operation within five weeks from the GP appointment." (May 2024)*
- *"Potential skin cancer – First visit was to a GP. Not too good to be honest as recommended antibiotic cream. But did suggest I see the nurse for subsequent dressing. It was the nurse and another GP who subsequently referred me to skin specialist. This should I think have been done sooner*." (August 2024)

- "*Fast track pathway for cancer diagnosis. I was looked after so well. I was given a treatment plan and appointments were given quickly. I felt I was in safe hands. Speed of being seen and the quality of care could not be bettered. Could be improved by giving me more information on support that is available to people who are given a cancer diagnosis*." (Sept 2024)
- *"[I had a] mammogram [and] was recalled for further tests. The actual surgery went well, but there was zero aftercare. Oh, I had multiple hospital appointments, which were never on time. I had to travel a relatively short distance, 25 miles each way, but the traffic and parking meant 1.5 hours travel time, so effectively half a day each time. All I ever got told was 'it's normal' or 'everyone is different'. No constructive help with seroma, iron bra syndrome, or scar management. Every bit of help I got was paid for by me or from charities.*" (April 2024)
- "*I visited my friend in hospital on the oncology ward. I asked them what cancer you have – they didn't know. I asked what their treatment was, what was the prognosis – they didn't know. They didn't have access to an interpreter, the doctors had tried to explain but they still didn't know. I asked the nurse what cancer my friend had and then I told them they were shocked as they hadn't known. I asked if we could see a doctor and waited hours and when the doctor came, I communicated with the doctor by text. The doctor said it's not his job to book an interpreter! When the social worker came to see my friend, they had to explain to my firend all about their cancer, their treatment and their medication. They were in hospital for five weeks and if I hadn't have visited how would they have found out about the illness and the treatment. I was an advocate for my friend but I shouldn't have had to have been his advocate, they were was relying on me all the time they were in hospital*." (Action for Deafness coffee morning, May 2024)

- Feedback from the women's health survey included:
    - Concerns about age limits around screening preventing people older and younger with concerns (e.g. family history) from getting screening
    - Barriers to screening include issues with accessibility for people with physical impairments, pain and discomfort, embarrassment. We also heard praise for local, convenient appointments and caring staff.

We continue to hear concerns about waiting times for CAMHS, including Neuro-developmental Diagnostic Clinic (NDC) and the adult pathway for those with diagnosis with ADHD.

- "*CAMHS waiting times - daughter has been waiting 4 years with no support- has now stopped school- and no help or way forward*" (June 2024)
- "*We've been waiting for CAMHS and physio for my teenage son for 5 years. We're waiting for the NDC pathway and the school don't know anyone put forward who doesn't get a diagnosis, so why is there no support? There is no communication and just generic emails. Autism Oxford is OK but there's only so many webinars you can do in 5 years! And I've already done them for my older child. CAMHS were not interested in my child who has such severe anxiety she [self-harmed*]." (August 2024)

Adults with a new diagnosis of ADHD continue to report they are unable to access prescriptions for medication as there is no shared care arrangement in Oxfordshire. We are aware that BOB ICB has initiated a task and finish group in response to ongoing ADHD issues. However, there is no timeline for this group to report back.

- "*my GP won't prescribe my medication as there is no shared care arrangement in place, I mean what about "Live Well"! The medication I take helps me and keeps me balanced, this means I am functioning well and am not using other services because I am well. Without my meds I end up using other services -it just doesn't make sense to me*." (telephone call February 2025)
- *"I would like to raise my disappointment that the [GP] will not agree to 'Shared Care' with private providers (or the NHS if I have understood correctly) for Adults with ADHD. I feel I am now in a postcode lottery situation to find a surgery that will take on my son's care to help us with the ongoing cost of his medication. Something that I did not expect to happen"*

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Oxford University Hospitals
NHS Foundation Trust

Oxfordshire Joint Health and Overview & Scrutiny Committee

Wednesday 06 March 2024

Title: **Cancer summary for Oxfordshire Health Overview Scrutiny Committee Meeting 6th March 2025**

Status: **For Information**

Board Lead: **Chief Operating Officer**

Author: **Alexandra Poole, Lead Cancer Nurse, OUHFT**
Nicky Swadling, Cancer Manager, OUHFT

Confidential: **No**

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1. Executive Summary

1.1 This paper aims to provide a summary of some of the key activities currently being undertaken within the Cancer service for Oxford University Hospitals NHS Foundation Trust (OUHFT).

1.2 It encompasses the outcomes of the 2023 Cancer Patient Experience Survey (CPES), which was conducted by the Picker Institute on behalf of NHS England. In addition to the survey results.

1.3 The paper elaborates on the annual cancer standards, which are aligned with the national benchmarks, including the 28-day Faster Diagnosis Standard (FDS), the 31-day standard from decision to treat, and the 62-day standard from referral to commencement of treatment.

1.4 Furthermore, the document presents detailed information on the Cancer Outcomes and Data Set (COSD). The COSD is a pivotal component in the collation and analysis of cancer-related data, which is essential for continuous improvement in cancer care services. The collection of this data set is nationally mandated.

1.5 The report also explains the development and implementation of the Personalised Care Agenda, which is an integral part of the national plan aimed at providing tailored care to cancer patients. This agenda focuses on addressing the individual needs of patients, ensuring that they receive the most appropriate and effective care throughout their treatment journey.

1.6 In summary, this paper is intended to offer assurance to the Oxfordshire Health Overview Scrutiny Committee regarding the ongoing progress and achievements within the Cancer service, highlighting the commitment to maintaining and enhancing the quality of care provided to patients.

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2. Cancer Patient Experience Survey

2.1 The national Cancer Patient Experience Survey (CPES) 2023; carried out by Picker Institute on behalf of NHS England is an annual patient experience survey designed to monitor local and national progress on improving patient experience in cancer care.

2.1.1 A total of 2,872 OUH NHS FT patients treated during April- June 2022 were eligible to take part, of which 1,571 returned a completed questionnaire giving a response rate of 55%. The national response rate was 52%.

2.1.2 18 question responses scored higher than the national expected range. No responses scored lower than the expected range. Positive questions identified included:

- Staff provided the patient with relevant information on available support
- Patient was definitely involved as much as they wanted to be in decisions about their treatment
- Patient was always treated with respect and dignity whilst in hospital
- Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment
- Patient had confidence and trust in all of the team looking after them during their stay in hospital
- Cancer research opportunities were discussed with patient

2.1.3 Results are available where there are 10+ responders for each question. It should be noted that not all tumour sites (Brain and central nervous system, Sarcoma) have published results on individual questions due to requirement of <10 responses.

Patients are asked to provide an overall care score out of 10, within 2023 OUHFT maintained the trusts score from previous years.

Question	OUHFT 2018 result	OUHFT 2019 result	OUHFT 2021 result	OUHFT 2022 result	**OUHFT 2023 result**
Overall score for care /10	8.8 ↔	8.8 ↔	9.0 ↑	*9.0* ↔	***9.0*** ↔

2.2 Outcomes

Each tumour site has identified 3 key actions for improvement, with 3 overarching areas for trust focus.

OUHFT priorities developed on this feedback are therefore:

2.2.1To improve sensitivity in delivering Cancer diagnosis. We recognise the importance of delivering a cancer diagnosis with utmost sensitivity and empathy. By implementing change, we aim to ensure that every patient receives their diagnosis with the sensitivity and compassion they deserve, thereby improving their overall experience during a difficult time.

2.2.1To improve how a cancer diagnosis explained in a way the patient could completely understand. The current data indicates that there is a reduction in the number of patients

who feel that their cancer diagnosis is explained in a way they can completely understand. It is vital to ensure all patients feel supported and informed throughout their treatment pathway.

2.2.3 Enhance Patient Comprehension of Immunotherapy Information. Our goal is to increase the proportion of patients who feel they have received clear and comprehensible information about immunotherapy. This will ensure that patients are well-informed about their treatment options, leading to better decision-making and improved overall care experiences.

3 Cancer Standards

3.1 From 1 October 2023, the national standards measuring waiting times for cancer diagnosis and treatment were modernised and simplified. The changes were developed by clinical experts and are supported by leading cancer charities. The NHS moved from the 10 different standards to three:

3.1.1 **Faster Diagnosis Standard**: Communication of cancer diagnosis or benign reassurance to patient **within 28 days** of Urgent Suspected Cancer referral (or screening programme recall)**.**

3.1.2 **31-day treatment standard**: Treatment should be offered **within 31 days** of a decision for treatment agreed with patient. This includes second treatments or treatments for recurrences/secondary cancers.

3.1.3 **62-day treatment standard**: Applies to new cancer diagnosis only. Start treatment from **62 days** from Urgent suspected cancer referral, Screening programme recall or consultant upgrade to an urgent cancer pathway to start of first treatment.

The main changes were:

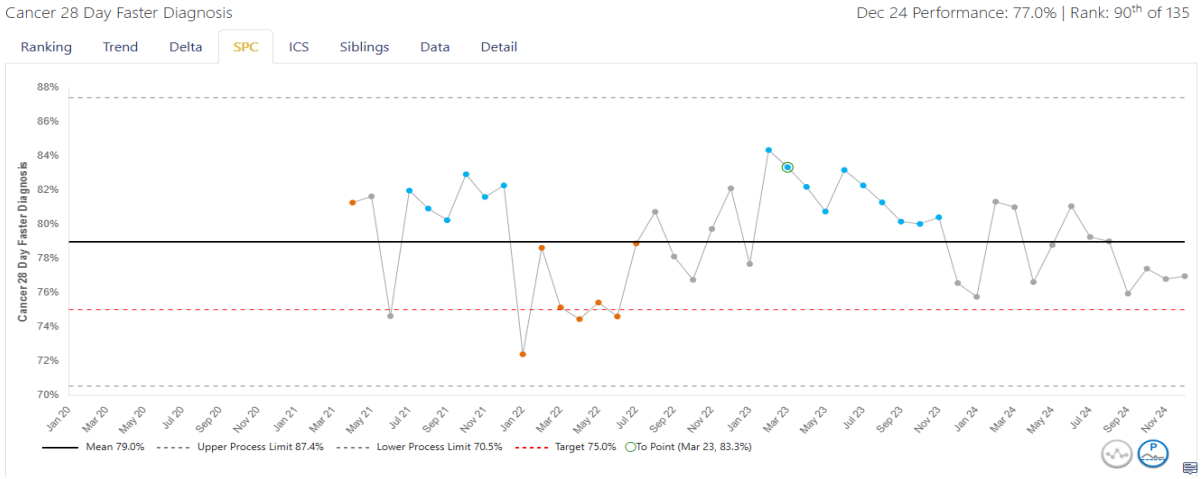
3.1.4 Removal of the Two Week Wait standard requiring a first appointment within two weeks.

3.1.5 Combining the first and subsequent treatment 31-day standards to create one headline performance standard.

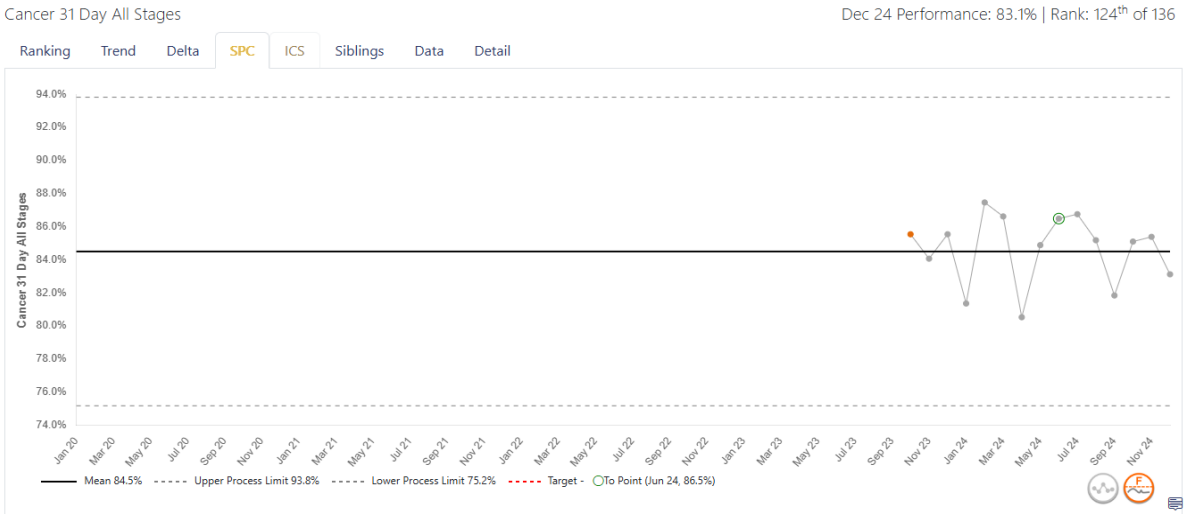
3.1.6 Combining the Urgent Suspected Cancer GP referral, Urgent Screening and Consultant Upgrade 62-day standards to create one headline performance standard for all patients.

3.2 Overall, OUHFT has achieved the Faster Diagnosis standard. The Trust is actively working to enhance performance against the 31-day and 62-day treatment standards, implementing recovery plans across key tumour sites with assistance from our quality improvement team.

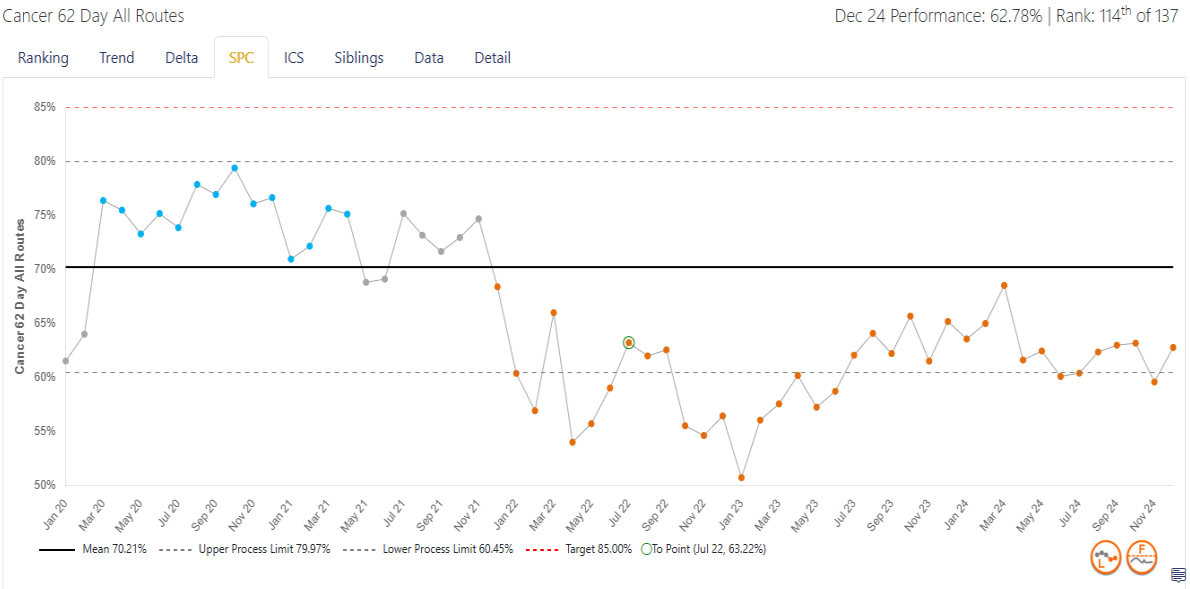
3.2.1 OUHFT 28-Day Faster Diagnosis Standard



3.2.2 OUHFT 31-Day Treatment standard



3.2.3 OUHFT 62-Day standard

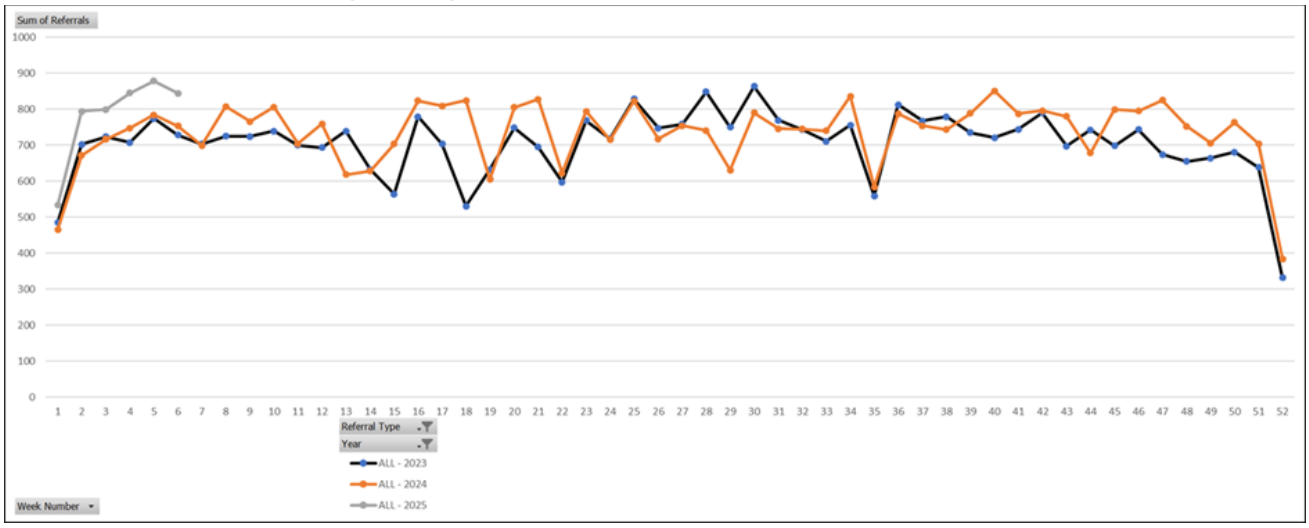


3.3 Referrals

3.3.1 The Trust has observed significant increases in referrals, with overall Urgent Suspected Cancer Referrals rising due to factors such as population growth, the impact of public awareness campaigns, and an ageing population. At OUHFT, we have noted an overall increase of 100-150 referrals per week compared to the same weeks in 2024 (Chart 4). We continue to work with all local providers whose patients may access our services to ensure the right patient is referred at the right time for cancer services. Specifically, we are working with the Thames Valley Cancer Alliance (TVCA) to develop a comprehensive inter-provider transfer pathway for all tumour sites.

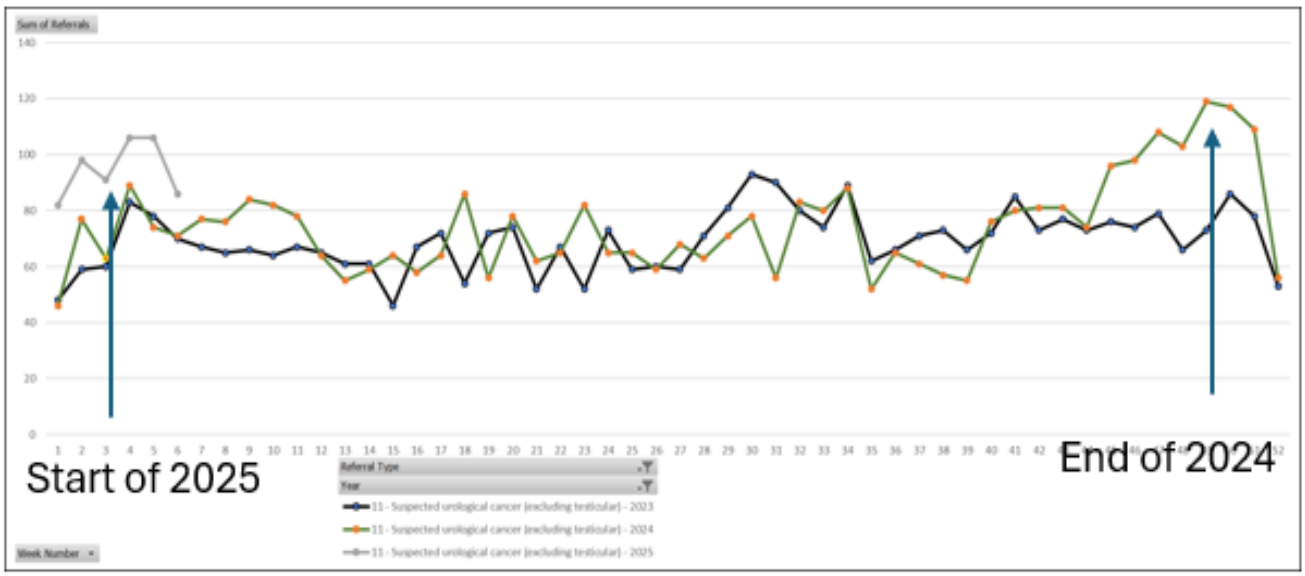
3.3.2 We are also witnessing elevated referrals for subsequent treatments. This includes further treatment for a primary diagnosis, treatment for a recurrence, and treatment for metastases or secondary conditions. This trend is partly attributed to the increasing success of initial cancer treatments in extending survival rates and the development and availability of new treatments. Oxford University Hospitals NHS Foundation Trust ranks among the top seven trusts in the country regarding the number of treatments reported for this patient cohort.

3.3.3 Increase in referrals (Chart 4).



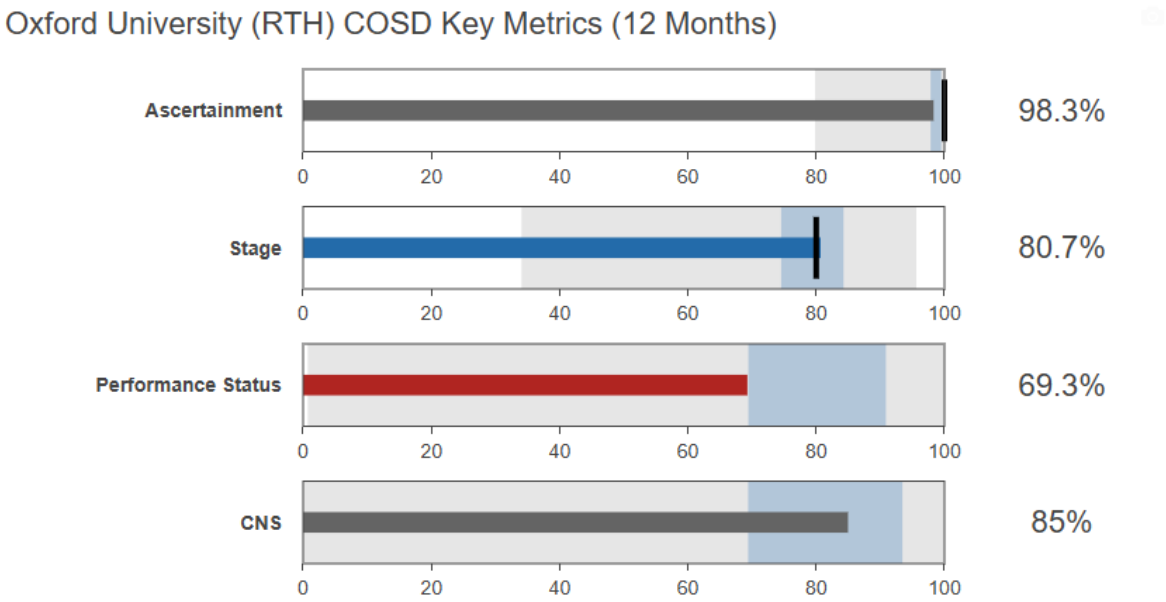
3.3.4 Recent cancer diagnoses among prominent public figures have led to an increase in Urgent Suspected Cancer Referrals. Notably, there has been a rise in prostate cancer referrals following the diagnosis of Sir Chris Hoy (Chart 5).

3.3.5 Urgent Suspected Cancer Referrals (Chart 5) Prostate diagnosis



4 Cancer Outcomes and Services Dataset (COSD)

4.1 OUHFT report data on the staging of cancer patients at diagnosis, performance status at diagnosis and whether a Nurse specialist was present to support patient at the results appointment. Our staging completeness is above 80% gaining us recognition from the National Team on the quality of our data.



5. Digital improvements

5.1 OUHFT has transitioned to using the digital Dr Doctor system for appointment letters. This transition enables patients to receive their appointment letters digitally, thereby avoiding postal delays. Additionally, patients are notified of upcoming appointments through text messages and email reminders.

5.2 These digital appointment letters can also be accessed via the NHS app. OUHFT aims to expand this service to encompass all clinical correspondence, ensuring that patients have prompt and convenient access to their medical information.

5.3 OUHFT also offers 'Health for Me' which is an online system that allows you to easily view parts of your digital health record safely and securely from your computer or smartphone.

6 Personalised Care Agenda

6.1 Personalised Stratified Follow up (PSFU) is an effective way of modifying care to meet the needs of cancer patients following treatment. This has been shown in pilot studies to improve cancer patient experience and quality of life following their treatment. This also allows services to be more efficient and cost effective, by freeing up capacity to those patients who require urgent attention.

6.2 The aim is to ensure all patients have access to personalised care interventions from diagnosis which include, Personalised Care and Support Planning based on Holistic Needs Assessments, Health and Wellbeing Information and Support, End of Treatment Summaries, and digital systems, which are safe and robust allowing for clinical tracking of discharged patients, and patients have timely access to their results and clinical team. This will be delivered in line with the NHS Comprehensive Model for Personalised Care which was published in 2018 and the NHS long term plan.

Summary of OUHFT deliverables to date

6.3 Holistic Needs Assessments (HNA's) and Care Plans

An average of 220 HNA's are provided each month, with 77% resulting in a personalised care plan for all cancer patients, allowing staff to focus on what matters most to individuals. These are well embedded in our Cancer Specialist Nursing Teams (CNS).
Using the Macmillan My Care Plan platform, a digital solution has been developed to integrate all HNAs into InfoFlex (our cancer reporting system). This integration will enable national reporting to COSD, with an expected launch date in March 2025.

6.4 End of Treatment Summaries (EOTS)

There is currently an average of 91 reportable EOTS per month. These treatment summaries provide both the patient and their GP with valuable information, including a detailed summary of treatment completed, potential side effects, 'red flags' signs and symptoms of recurrence, support services available and most importantly the contact details of the caring team to address any concerns quickly.

6.5 Health and Well-being

Our CNS Teams hold regular Health and Wellbeing events for an average of 118 patients, although all patients receive written information on local and national support irrespective of stage of cancer diagnosis. Alongside this we also offer individual and group events through CNS teams, Here for Health teams, support groups, and third sector agencies like Maggie's and Hummingbird Centre. Feedback on these sessions have been extremely positive, and patients have valued this opportunity to participate and talk to other patients.

6.6 Psychological Medicine Team

Ninety percent (90%) of oncology patients undergo screening for anxiety and depression, which is approximately 750 patients per week. About one-third of these patients will receive a phone assessment from the team, following this assessment and one-third of those assessed will be offered the Depression Care for People with Cancer talking therapy programme. Patient feedback on this service is positive and engagement has been very good.

6.7 Personalised Stratified Follow-up (PSFU)

PSFU is currently available for Breast, Prostate, Testicular, and Endometrial cancers, and is functioning effectively. It means that patients receive care appropriate to their needs and ensures that we can offer appointments based on clinical need. This enables all patients to receive a timely cancer diagnosis and offer support to those through the services listed above where they may still have questions in relation to their care.
Colorectal cancer already provides elements of PSFU, the final part is the digital remote monitoring, this is in the final stages of testing, with a planned launch date of April 2025.

6.8 Prehabilitation

This program is delivered by the Enhanced Recovery After Surgery (ERAS) team to patients undergoing Colorectal, Upper Gastrointestinal (UGI), and Hepatopancreatobiliary (HPB) surgeries. Currently, we are developing a referral process in collaboration with Maggie's charity, aiming to extend the offer of a universal prehabilitation session to all cancer patients. A pilot program will be launched in April 2025, focusing initially on Breast, Lung, and Head & Neck cancer patients.

Director of Public Health Annual Report 2024 - 2025

A Stich in Time: Supporting the Mental Wellbeing of Young People Today to Improve Their Prospects for Tomorrow

Foreword

To be finalised

Contents

Introduction

1.0 Mental health and wellbeing in children and young people

For children and young people to lead healthy, fulfilling, and happy lives, good mental health is essential. It is central to overall wellbeing and allows children and young people to take advantage of opportunities that present throughout life. However, providing support for children and young people facing mental health problems and fostering good mental health is complex, and remains an ongoing challenge that demands collective effort from the individual, their families, schools, workplaces, and communities. This report highlights how the mental health of children and young people in Oxfordshire – those aged up to 25 years – is changing and what can be done to manage this change.

Improving the population's mental health has been a national priority in the past decade[1]. Despite this, the burden of mental health problems remains substantial and continues to grow for individuals of all ages, with an estimated 70 million or 1 in 6 people aged between 16-74 years in England experiencing symptoms of a mental health problem in the past week[2] and over 3.5 million people in contact with secondary mental health services in 2022/2023 alone, a 10% increase compared to 2021/2022.[3]

An estimated 1 in 5 individuals between the ages of 8 - 25 years were likely to have had a mental health problem in England in 2023[4], with referrals to child and adolescent mental health services (CAMHS) in England increasing by around 12% each year since 2016.[5]

1.1 Defining Mental Health

The World Health Organisation[6] defines mental health as 'a state of wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community'. This definition references how mental health relates to the person themselves, their relationships, and their ability to function in and contribute to a society. Because mental health affects how people experience and respond to the world around them, it influences all aspects of life and is integral to individual and collective decision making.

Discussion of mental health is therefore complex, and it is important to acknowledge that definitions of mental health problems can differ between contexts. This report includes data from various sources that are sometimes not directly comparable. For example, some sources record mental health based on patients reporting their own

[1] NHS England. NHS Long Term Plan. https://www.longtermplan.nhs.uk/areas-of-work/mental-health/children-and-young-peoples-mental-health/ (2019).
[2] NHS England Digital. Adult Psychiatric Morbidity Survey. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey (2014).
[3] NHS England. NHS mental health dashboard. https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/ (2024).
[4] NHS Digital. Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey. https://www.gov.uk/government/statistics/mental-health-of-children-and-young-people-in-england-2023-wave-4-follow-up-to-the-2017-survey (2023).
[5] Rt Hon Professor the Lord Darzi of Denham, T. Independent Investigation of the National Health Service in England: Technical Annex The Rt Hon. Professor the Lord Darzi of Denham OM KBE FRS FMedSci HonFREng. (2024).
[6] World Health Organisation https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

experiences, where in other contexts, rates of prescriptions for commonly used drugs are used as an indicator for mental health problems or mental health problems are differentiated by whether or not they limit capacity for work. We aim to make this clear throughout the report where necessary.

Mental Health Language

While we all have different ways of talking about our mental health, some words and phrases are more respectful and widely accepted by others. As more people talk about their mental health, the language we use about mental health is changing. This can have a positive impact on the stigma of mental ill health. Mental health problems is a phrase that many people who experience them have said feels appropriate and helpful for them, we therefore use this phrase throughout this report.

Mind[7] and the Mental Health Foundation[8].

The landscape of mental health can include discussion of wellbeing, and emotional wellbeing. Therefore, interventions intended to support wellbeing may be different to mental health interventions, there is frequently crossover, and these can be protective of, or beneficial to mental health. Additionally, mental health problems frequently occur alongside other conditions. Certain diagnoses, such as autism or attention deficit hyperactivity disorder, are widely acknowledged to increase the risk of mental health problems but are not in themselves mental health problems.

The mental health landscape includes self-harm, suicide, and severe mental health problems. These are important and Oxfordshire's Suicide and Self-Harm Prevention Strategy is currently being refreshed and will be published in 2025.

The scope of this report does not focus on clinical management of mental health problems, but on the wider picture of mental health including exploring the factors influencing trends in mental health, and potential systems approaches to protecting and supporting the mental health of children and young people.

1.2 What are the consequences of mental health problems in children and young people?

Mental health problems in children and young people are interlinked with physical and emotional wellbeing, and impact individuals, families and surrounding communities.

Insert infographic on the impacts of mental health on emotional wellbeing, physical health, social consequences and health inequalities

[7] Mind, *Mental Health Language:* Online - mental-health-language.pdf
[8] Mental Health Foundation, *Talking about Mental health*: Online Talking about mental health | Mental Health Foundation

For instance, mental health problems in childhood have been linked with a wide range of emotional and behavioural impacts such as reduced sleep quality[9] increased risk of self-harm and suicide[10], greater rates of alcohol or illicit drug use[11], and challenges with attention and conduct at school.[12]

There is growing awareness of the physical health consequences of mental health problems, including difficulties with maintaining a healthy weight[13], issues with sticking to treatment for medical conditions such as type 1 diabetes mellitus[14] and higher risks of developing chronic conditions such as heart disease in adulthood.[15]

Mental health problems in children and young people are also linked with social outcomes such as lower school readiness, higher school absenteeism and lower educational attainment.[16] Difficult family environments including domestic violence, abuse, or neglect are also strongly related to mental health problems in children, with individuals in such family conditions being more than twice as likely to have a mental health problem than those in more stable families.[17]

This can have significant implications for employment and training opportunities, with adults that report mental health problems at an early age less likely to be in employment, education and training, and more likely to hold lower-quality jobs.[18]

Finally, mental health problems are strongly linked to inequality, with children from lower-income families around four times more likely to experience mental health problems than those from higher-income families. This can be cyclical, with mental health problems being worsened by factors associated with deprivation such as unemployment or poor housing, while also being a barrier to taking actions to improve living conditions Promoting and enabling good mental health is therefore a vital component to reducing health differences within communities to break the cycle of negative thoughts reinforcing each other.

1.2 What are the objectives and aims of this report?

Supporting and improving the mental health and wellbeing of children and young people is paramount to building a thriving society.

[9] Liu, J. et al. Childhood sleep: physical, cognitive, and behavioral consequences and implications. World Journal of Pediatrics 20, 1 (2024).
[10] Moran, P. et al. The natural history of self-harm from adolescence to young adulthood: a population-based cohort study. Lancet 379, 236–243 (2012).
[11] Roberts, J. Low mood and depression in adolescence: clinical update. British Journal of General Practice 63, 273–274 (2013).
[12] Schlack et al. The effects of mental health problems in childhood and adolescence in young adults: Results of the KiGGS cohort. J Health Monit. (2021) doi:10.25646/8863.
[13] Patalay, P. & Hardman, C. A. Comorbidity, Codevelopment, and Temporal Associations Between Body Mass Index and Internalizing Symptoms From Early Childhood to Adolescence. JAMA Psychiatry 76, 721–729 (2019).
[14] Borus, J. S. & Laffel, L. Adherence challenges in the management of type 1 diabetes in adolescents: prevention and intervention. Curr Opin Pediatr 22, 405–411 (2010).
[15] Goldstein, B. I. et al. Major Depressive Disorder and Bipolar Disorder Predispose Youth to Accelerated Atherosclerosis and Early Cardiovascular Disease: A Scientific Statement from the American Heart Association. Circulation 132, 965–986 (2015).
[16] Mccurdy, C. & Murphy, L. We've only just begun Action to improve young people's mental health, education and employment. Resolution Foundation (2024).
[17] Office for National Statistics. Children whose families struggle to get on are more likely to have mental disorder. https://www.ons.gov.uk/releases/childrenwhosefamiliesstruggletogetonaremorelikelytohavementaldisorders (2019).
[18] Goodman, A. et al. The long shadow cast by childhood physical and mental problems on adult life. 108, 6032–6037 (2011).

This report provides an overview of mental health and wellbeing of children and young people in Oxfordshire, highlighting the potential drivers for changes in mental health over the past decade. It will also explore the intricate relationship between mental health and employment, emphasising the challenges and barriers that young people with mental health problems face during this transition period to adulthood. This report describes what we can do to tackle this growing issue, examining the current evidence base behind interventions aimed at improving mental wellbeing and showcasing the ongoing efforts in Oxfordshire to support local children and their families. Lastly, it will outline the recommendations aimed at improving the mental health of all children and young people in Oxfordshire.

Changing mental health among children and young people

2.0: What is the global and national picture of mental health in children and young people?

Mental health problems among children and young people have been increasing at an alarming rate over the past few decades, with an estimated 166 million young people suffering from a mental health problem in 2019 – roughly equivalent to one in seven.[19]

Depression and anxiety are now ranked as the 4th and 7th biggest contributors to poor health in children globally. In comparison to 1990, the overall burden from mental health problems in children and young people has grown by 15%, with the United Kingdom having one of the higher rates of young people diagnosed with new mental health problems compared to other countries in Western Europe. [20]

In England it is estimated that approximately 1 in 5 children and young people aged 8-25 had a probable mental health problem in 2023, as defined by scoring highly on the strengths and difficulties questionnaire – a questionnaire used to assess children's mental health.[21] This has risen sharply in recent times, with around a 66% increase in 8–16-year-olds and more than a doubling in 17–19-year-olds since 2017. Since 2021, there has also been a 30% increase in probable mental health problems amongst those aged 20-23, with young women experiencing approximately twice as high rates of probable mental health problems as young men.

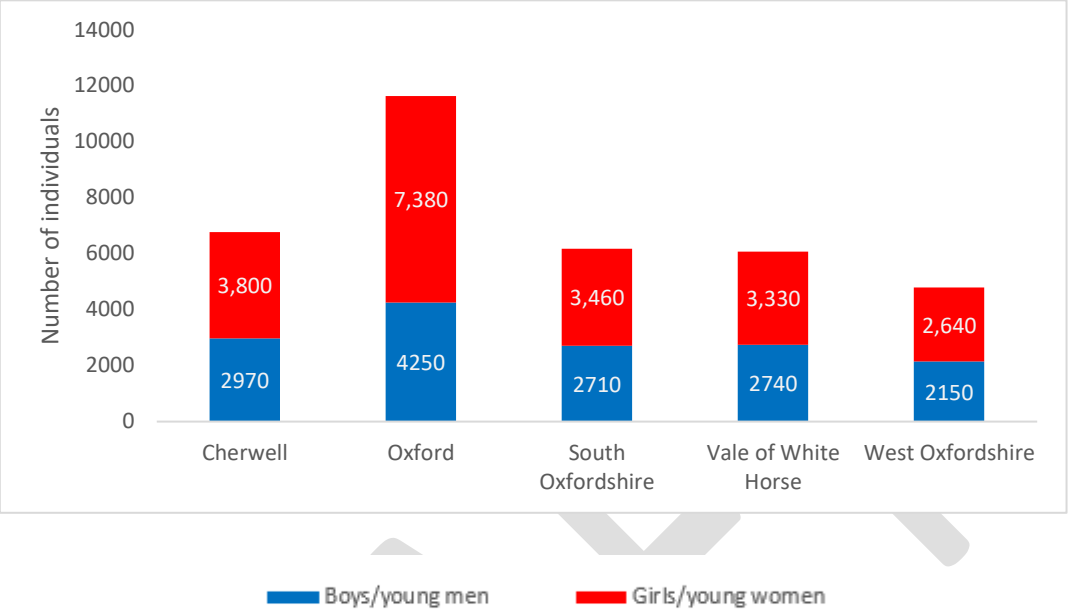
Insert infographic showing the rise in mental health problems in children and young people in England between 2017 and 2023.
Source: Mental Health of Children and Young People in England 2023 Survey.[22]

2.1: What is happening in Oxfordshire?

Oxfordshire has also observed changes in the mental health and wellbeing of its children and young people. This is particularly important given the high proportion of students in the county. Using national estimates, around 35,000 of Oxfordshire's children and young people were likely to have had mental health problems in 2023 (Figure 1.)

[19] UNICEF. Adolescent mental health statistic. https://data.unicef.org/topic/child-health/mental-health/ (2021).
[20] Piao, J. et al. Alarming changes in the global burden of mental disorders in children and adolescents from 1990 to 2019: a systematic analysis for the Global Burden of Disease study. 31, 1827–1845 (2022).
[21] NHS Digital. Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey. https://www.gov.uk/government/statistics/mental-health-of-children-and-young-people-in-england-2023-wave-4-follow-up-to-the-2017-survey (2023).
[22] NHS Digital. Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey. https://www.gov.uk/government/statistics/mental-health-of-children-and-young-people-in-england-2023-wave-4-follow-up-to-the-2017-survey (2023).

Figure 1. Estimated burden of mental health problems in children and young people by Oxfordshire districts in 2023.



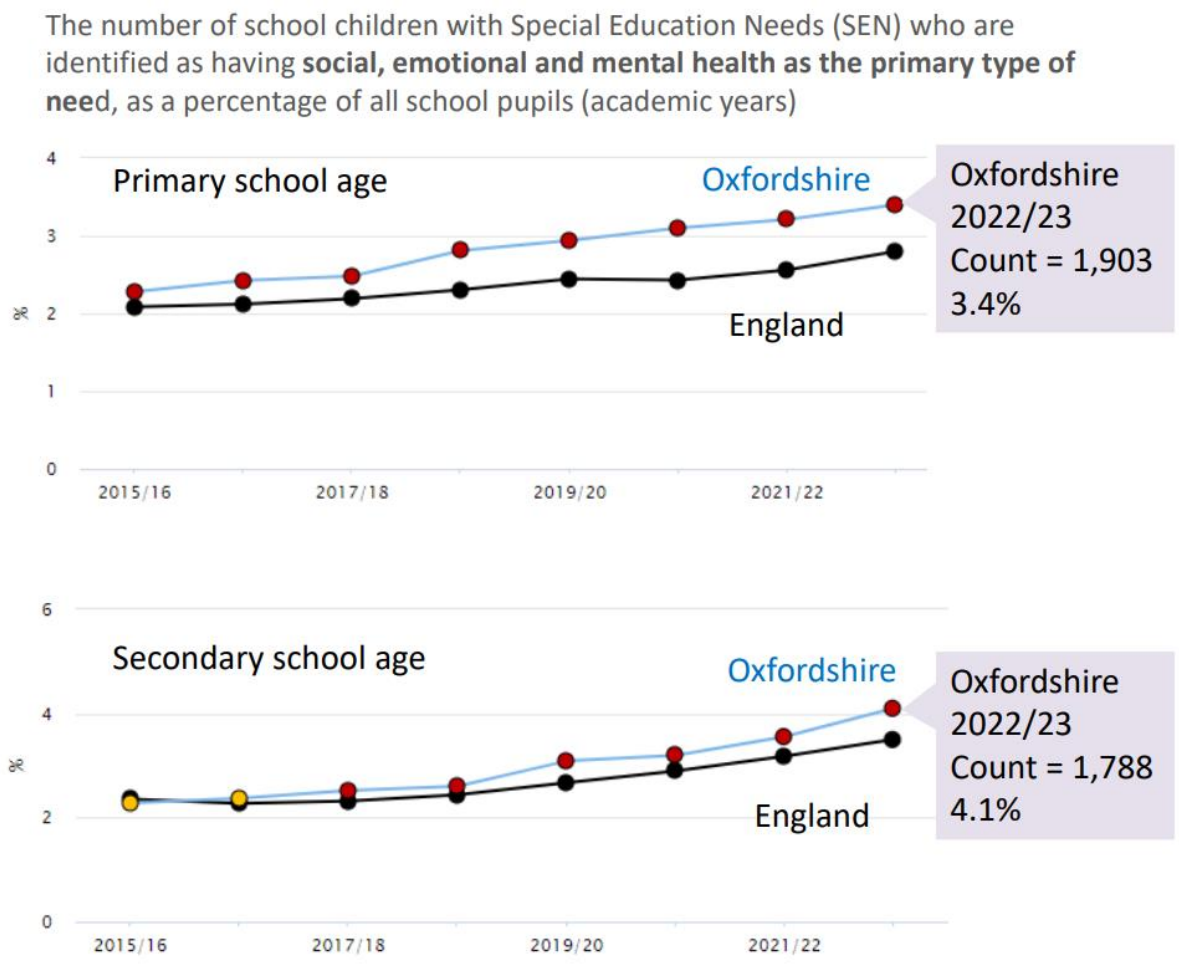
NB: These numbers have been generated by applying national estimates of prevalence of probable mental health problems in children and young people (from Mental Health of Children and Young People in England Survey 2023) to the ONS mid-population estimates for Oxfordshire in 2023. This estimate includes the student population.

Referrals to secondary mental health services have steadily increased across all childhood age groups, with an 83% rise between 2016/2017 and 2019/2020 for ages 0 to 9, a 58% rise for ages 10 to 19, and a 36% rise for ages 20 to 24.[23]

These increases are significantly greater than those seen in individuals aged 25 and older. Overall, an estimated 11% of 0–19 year olds were referred to secondary mental health services in 2022/2023, one of the highest rates in the South East region.[24],[25] The proportion of children receiving support in school for a special educational need, with social, emotional and mental health identified as the primary need, has also been steadily rising in Oxfordshire and nationally, with growth in Oxfordshire outpacing the national trend (Figure 2).

[23] Oxfordshire County Council. Mental Wellbeing Needs Assessment. (2021).
[24] Centre for Mental Health. Mapping the mental health of the UK's young people. https://www.centreformentalhealth.org.uk/publications/mapping-the-mental-health-of-the-uks-young-people/ (2024).
[25] Oxfordshire County Council. Oxfordshire Marmot Place Launch Event Slide Deck. (2024).

Figure 2: Percentage of all school children with social, emotional and mental health identified as their primary type of need, who are registered as having a special educational need. Source: Oxfordshire County Council Data Hub

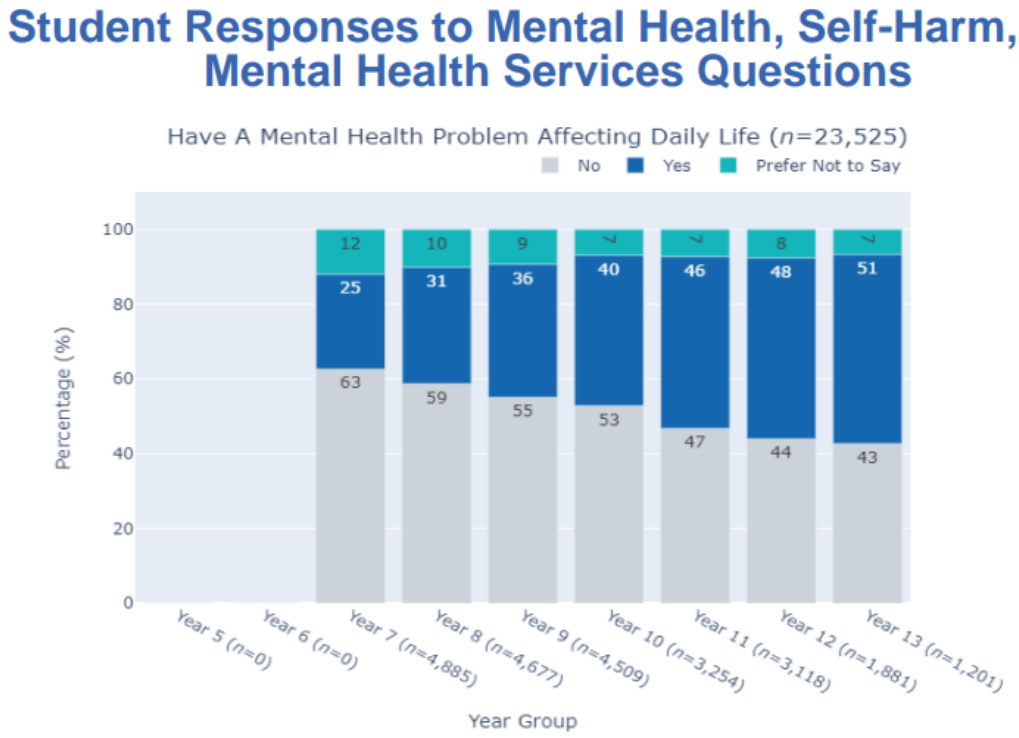


In Oxfordshire, we have observed not only an increase in the number of children requiring specialist mental health support, but also a growing number of children and young people with mental health needs below the threshold for referral for clinical services. Approximately 48% of referrals to CAMHS were assessed as needing alternative support pathways rather than specialist CAMHS care, suggesting a rising number of children who may be living with mild-to-moderate symptoms of mental health problems.[26] This also suggests challenges in identifying appropriate alternative support for these young people from other relevant organisations in the county.

The 2023, the OxWell School Survey provided deeper insights into mental health and wellbeing of children in Oxfordshire. A significant proportion of pupils reported that mental health problems impact their daily lives, including over half of pupils aged 17-18 years (Figure 3). Additionally, around one in five students reported feeling lonely and one in four reported often or always feeling sad or empty[27].

[26] Oxfordshire County Council. Oxfordshire Children and Young People's Emotional Wellbeing Promotion and Mental Ill Health Prevention Strategy. (2022).
[27] University of Oxford. OxWell 2023 Results. https://oxwell.org/2023-results/ (2023).

Figure 3. Proportion of students who report a mental health problem affecting daily life in 2023. Source: OxWell School Survey 2023.



Special educational needs are distinct from (although they can occur alongside) mental health problems. However, the number of children with special educational needs that impact their educational experience has also risen. The prevalence of autism among students known to schools is significantly higher in Oxfordshire compared to the national average. In 2020, approximately 20 out of every 1,000 pupils in Oxfordshire were recorded as having autism, a figure that has more than doubled since 2015.[28] Though this should not be conflated with the rise in mental health problems, it is relevant to the discussion around diverse needs in education, as well as demand for services such as CAMHS and educational psychology.

Within Oxfordshire, striking inequalities in mental health and wellbeing are evident. Around a quarter of children aged 8-16 years with mental health problems have a parent who is unable to afford out of school activities, compared with around 1 in 10 children who do not report mental health problems[29]. More deprived areas such as Greater Leys have approximately 6.5 times the rate of self-harm as less deprived areas such as North Central Oxford.[30]

2.2: What could be behind the rise in mental health problems in Oxfordshire?

Due to the wide range of drivers that can affect and impact youth mental health, several factors are likely to have contributed to the rise in mental health problems in children and young people in Oxfordshire.

[28] Department of Health and Social Care. Fingertips. https://fingertips.phe.org.uk/ (2024).
[29] Oxfordshire County Council. Unemployment claimants to May 2022, Oxfordshire Insight. https://insight.oxfordshire.gov.uk/cms/unemployment-claimants-may-2022 (2022).
[30] Oxfordshire County Council Data Hub https://data.oxfordshire.gov.uk/

Insert infographic on the drivers of mental health problems

Better awareness of mental health problems in children and young people
Greater awareness of the symptoms suggestive of mental health problems in children has contributed to higher referral rates and demand for services. A growing awareness of support available and reduction in stigma attached to mental health support may also be contributing to the growth in people seeking help. This has also been seen in other areas, such as higher rates of referral for autism spectrum disorder and attention deficit hyperactivity disorder[31].

Traumatic childhood experiences
Stressful and traumatic events during childhood are strongly linked to mental health problems in childhood and later in life. An estimated three out of four adolescents who have experienced traumatic childhood experiences develop mental health problems by the age of 18[32]. Prevention of these events remains a priority in Oxfordshire, where the number of domestic abuse crimes involving children in Oxfordshire has been increasing since 2012[33].

Parent child relationships
There is a growing understanding of the importance of a strong parent-child relationship for the wellbeing of children. Factors such as family disruption, parenting distress, and the use of harsh discipline are linked with a greater risk of developing behavioural problems, whilst nurturing and responsive parenting are associated with better wellbeing during childhood.[34] Recent research has also highlighted that relationships, emotional wellbeing and development in the earliest years of life predict later learning, earning, emotional and social skills and mental and physical health[35].

Changing behaviours
Changing behaviours have also played a key role in the worsening mental health in children and young people. Reduced levels of physical activity have been linked with mental health problems.[36] Recent survey data suggesting that children aged 11-16 with a likely mental health problem were more than four times more likely to not have exercised in the previous seven days than children without a probable mental health problem.[37] Although Oxfordshire still has a higher proportion of children and young people who are physically active than nationally, this has declined since 2019[38]

As can rising costs of living especially in counties such as Oxfordshire, where the cost of housing is high relative to incomes, has led to changes in family dynamics

[31] Russell, G. et al. Time trends in autism diagnosis over 20 years: a UK population-based cohort study. (2021) doi:10.1111/jcpp.13505.
[32] Hughes, K. et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. Lancet Public Health 2, e356–e366 (2017).
[33] Oxfordshire County Council. Oxfordshire's Overarching Domestic Abuse Strategy 2022-2025. (2022).
[34] R, R. et al. Parenting and child mental health. London J Prim Care (Abingdon) (2017).
[35] Parent Infant Foundation Securing Health Lives (2022) https://parentinfantfoundation.org.uk/securinghealthylives/
[36] Biddle, S. J. H. et al. Physical activity and mental health in children and adolescents: An updated review of reviews and an analysis of causality. Psychol Sport Exerc 42, 146–155 (2019).
[37] NHS Digital. Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey. https://www.gov.uk/government/statistics/mental-health-of-children-and-young-people-in-england-2023-wave-4-follow-up-to-the-2017-survey (2023).
[38] Department of Health and Social Care. Fingertips. https://fingertips.phe.org.uk/ (2024).

with young people living with families for longer, which can impact on their lifestyles and their mental health.

Substance use also continues to an important contributor to mental health problems, with nearly half of young people starting substance use treatment reporting a co-existing mental health problem[39].

COVID-19 pandemic and lockdown restrictions

A particularly important factor has been the consequences from lockdown restrictions during the COVID-19 pandemic – symptoms of social isolation, depression and post-traumatic stress disorder were found to have increased substantially during lockdown compared to before the pandemic[40]. In particular, evidence has suggested that the pandemic was more likely to impact girls and young women, disadvantaged children and those with special educational needs and disabilities (SEND) requirements, contributing to the rise in mental health problems in these specific populations[41].

Social media

The growth of social media has helped children and young people to connect with others and develop relationships and communities. However, social media has also provided a platform for harmful content such as harassment and cyberbullying, which can have severe detrimental effects on a person's health and wellbeing and has been significantly linked with depression and anxiety[42]. This is an important factor for Oxfordshire, where an estimated 37% of children aged 8-18 years spend around 4 hours on social media each day[43].

Unemployment, poverty and deprivation

Unemployment can have a significant impact on young people's mental health, leading to challenges such financial stress and social isolation. It can also lead to poverty and deprivation, which continue to be a significant area of concern for children and young people. The importance of this issue is explored in more detail in the next chapter.

[39] Office for Health Improvement & Disparities. Young people's substance misuse treatment statistics 2022 to 2023 report.
[40] Bignardi, G. et al. Longitudinal increases in childhood depression symptoms during the COVID-19 lockdown. Arch Dis Child 106, 791–797 (2021).
[41] Office for Health Improvement and Disparities. COVID-19 Mental Health and Wellbeing Surveillance Report. https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people#references (2022).
[42] Piteo, E. M. & Ward, K. Social networking sites and associations with depressive and anxiety symptoms in children and adolescents – a systematic review. Child Adolescent Ment Health 25, 201–216 (2020).
[43] Oxfordshire County Council. Oxfordshire Children and Young People's Emotional Wellbeing Promotion and Mental Ill Health Prevention Strategy. (2022).

Mental health and unemployment

3.0 Why is economic activity important for mental health?

Research has highlighted the harmful effects of unemployment on both physical and mental health[44]. Being unemployed or working in poor-quality jobs can result in financial strain, increased stress, and a heightened risk of mental health problems such as depression. In turn, mental health problems can significantly impact a person's capacity to find and maintain employment[45].

Mental health among working age people is critical to economic growth. It is particularly important as an aging population and rising levels of chronic conditions are forecast to increase the number of people living with illness by 37% by 2040, a rise which will not be matched by the estimated 4% growth in the working population[46].

Insert infographic to highlight
- Working age population expected to increase by 4% in 2040
- People living with major illnesses will increase by 37% in 2040
- Nine times the rate of increase in working age population.

Source: Health in 2040: projected patterns of illness in England - The Health Foundation.

3.1 What barriers prevent young people from being economically active?

The current generation of young people face several challenges to entering the employment market and remaining in education and training. The transition into adulthood can be a highly stressful period of life, marked by challenges such as gaining independence, maintaining relationships, and managing finances, with support often being limited or difficult to access. This has become more difficult in recent years due to a variety of factors including where salaries have failed to keep up with rising costs of areas such as groceries and housing[47]. Competition ratios for entry-level jobs, particularly for recent graduates, have also grown substantially in some sectors, making it more difficult for young people to find quality employment opportunities[48].

Insert infographic on current barriers for young people entering the job market
- Three in five young people think that is has become more difficult to find a job than ten years ago
- The three biggest barriers to entering the workplace were lack of skills or work experience, low wages, and lack of support such as reasonable adjustments.

[44] Institute of Social and Economic Research. Understanding the impacts of income and welfare policy responses to COVID-19 on inequalities in mental health: a microsimulation model. https://www.health.org.uk/funding-and-partnerships/programmes/understanding-the-impacts-of-income-and-welfare-policy-response-covid (2022).
[45] The Health Foundation. Unemployment and mental health. https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health (2021).
[46] The Health Foundation. Health in 2040: projected patterns of illness in England. https://www.health.org.uk/publications/health-in-2040 (2023).
[47] Office for National Statistics. Housing Purchase Affordability, UK. https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingpurchaseaffordabilitygreatbritain/2022 (2022).
[48] Institute of Student Employers. ISE Recruitment Survey 2023. https://ise.org.uk/page/ISE_Recruitment_Survey_2023 (2023).

- A third report a mental health problem, with nearly nine in ten believing it affects their ability to find work

Source: Youth Employment Outlook Report 2024 – Youth Futures Foundation[49]

3.2 How does unemployment also act as a precursor to mental health problems?

Unemployment and lack of opportunities in education and training also drives poor mental health through several other mechanisms.

Intergenerational influence

Intergenerational influence refers to the impact that previous generations have on the children and young people of today, particularly on aspects such as behaviours, values, and socioeconomic status. Worklessness in the previous generation in a family can lead to financial strain, exposing children and young people to stressors such as inadequate housing and poor nutrition, as well as impacting on their expectations and aspirations. The effect of intergenerational worklessness shows that children raised by parents who have been out of work were more likely to have poorer educational attainment and to not be in education, employment or training[50].

Deprivation and poverty

Unemployment can lead to deprivation and poverty, which has subsequent negative impacts on mental health. There is a strong association between poverty and domestic violence. While domestic violence affects all types of people, its occurrence is higher among those living in more deprived neighbourhoods, lower income households, and among those experiencing severe debt[51].

It is also more difficult for individuals in more deprived areas to reach mental health support because there can be fewer services available, stigma around poverty, and additional barriers such as lack of transport options.

In Oxfordshire, areas with higher rates of deprivation and unemployment also tend to have higher rates of children and young people with mental health problems and higher rates of unemployment[52].

Social isolation

Loneliness is a key risk factor linked with mental health problems in young people, with strong associations to depression and anxiety[53] Being in employment, education and training can be protective through providing opportunities to socialise, interact and connect with others, and in many cases having access to employee or student support and wellbeing programmes. Furthermore, unemployment is associated with societal stigma, making it more difficult for individuals to seek support from others as well as financial strain that may exclude them from social activities.

[49] Youth Futures Foundation. Youth Employment 2024 Outlook. https://youthfuturesfoundation.org/our-work/ignite/youth-employment-2024-outlook/ (2024).
[50] Schoon, I. et al. Intergenerational transmission of worklessness: Evidence from the Millennium Cohort and the Longitudinal Study of Young People In England Centre for Analysis of Youth Transitions. (2012).
[51] McManus S, Scott S, Sosenko F (2017) Joining the dots: the combined burden of violence, abuse, and poverty in the lives of women. Agenda: London
[52] Oxfordshire County Council Data Hub https://data.oxfordshire.gov.uk/
[53] Mental Health Foundation. Loneliness in young people: research briefing. https://www.mentalhealth.org.uk/our-work/public-engagement/unlock-loneliness/loneliness-young-people-research-briefing (2020).

Insert infographic Negative cycle of unemployment and mental health problems between unemployment and mental health

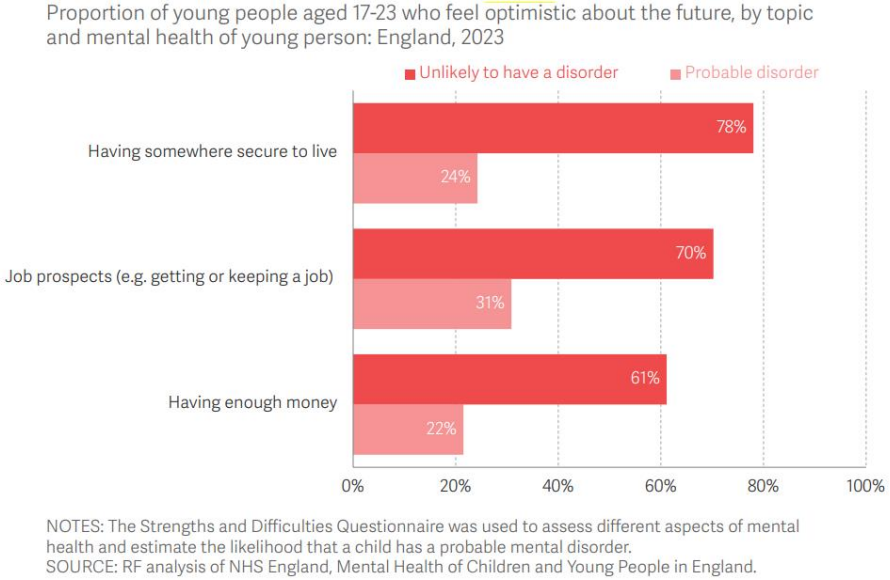
3.3 How does poor mental health lead to unemployment or low-quality employment?

A recent report from The Health Foundation[54] outlines the link between mental health and economic activity and highlighted some particularly worrying trends in the 16-34 age group. It discusses mental health problems which are 'work-limiting' (where it is the primary health condition, and it affects the amount or type of work an individual can do) alongside mental health problems which are 'non-work-limiting'. While both types have increased in frequency, the growth is larger in non-work-limiting mental health problems. The report discusses that their impact can be greatest among people with fewer qualifications further exacerbating inequalities.

Aspiration and resilience

Good mental health and wellbeing is important for fostering a person's resilience, aspiration and ability to look forward to the future. Symptoms associated with poor mental health such as lack of energy, negative self-esteem, and excessive anxiety, can make it challenging to maintain motivation and engagement during employment and training. This can be especially important when seeking work. A survey carried out in England in 2023 found less than a third of young people aged 17-23 years with a mental health problem reported a positive outlook on their job prospects, whilst more than two-thirds without mental health problems are optimistic about their future[55].

Figure 4: Proportion of Young People aged 17-23 years who feel optimistic about the future, by topic and mental health of young people.
Source: The Resolution Foundation[56]



[54] Mental health trends among working-age people - The Health Foundation
[55] Mccurdy, C. & Murphy, L. We've only just begun Action to improve young people's mental health, education and employment. The Resolution Foundation (2024).
[56] Mccurdy, C. & Murphy, L. We've only just begun Action to improve young people's mental health, education and employment. The Resolution Foundation (2024).

Educational attainment
Mental health problems significantly impact educational opportunities for children and young people, negatively affecting attendance and being related to lower educational achievement[57]. In turn, this impacts future employment opportunities where lower qualifications are associated with lower wages and employment rates[58]. Furthermore, the negative impacts of both reduced educational achievement and mental health problems can compound, with 33% of non-graduates with mental health problems reporting unemployment compared to 19% of non-graduates without such problems[59].

Quality of employment
The influence of mental health problems on aspiration, resilience and educational attainment, in addition to potential symptoms such as low energy, reduced concentration, and social anxiety can make it difficult to obtain and retain work. This is particularly true of good quality jobs that are paid well, are secure and have regular hours[60]. 40% of employees aged 18-24 years with mental health problems were on low hourly pay, compared to 35% of employees without mental health problems. Additionally, 11% of employees aged 18-24 years with mental health problems were on zero hours contracts, compared with 6% of their peers[61]. Mental health problems can lead to more time away from work and the need for part-time or flexible working arrangements, making it challenging to sustain employment. As individuals aged between 18-24 years report greater stress-related impacts due to work compared to those aged 55 and over[62], reasonable adjustments and workplace wellbeing is increasingly a priority.

3.4 What are current trends in young people who are not in employment, education or training?

Overall, the percentage of young people in the United Kingdom aged 16-24 years who are not in education, employment or training (NEET) has decreased in the past decade, from 16% of people aged 16-24 years in 2011 to 12% in 2023[63]. However, the number of young people who are not working due to long term sickness has increased dramatically, almost doubling from around 93,000 in 2013 to around 190,000 in 2023 (figure 5) with mental health problems being the most common reason[64],[65]. In 2023, 45% of young people out of work aged 18-24 years reported a

[57] Smith, N. R. Adolescent mental health difficulties and educational attainment: findings from the UK household longitudinal study. BMJ Open 11, 46792 (2021).
[58] Department for Education. Graduate labour market statistics, 2023. https://explore-education-statistics.service.gov.uk/find-statistics/graduate-labour-markets (2024).
[59] Mccurdy, C. & Murphy, L. We've only just begun Action to improve young people's mental health, education and employment. The Resolution Foundation (2024).
[60] Money and Mental Health Policy Institute. Untapped potential: reducing economic inactivity among people with mental health problems. https://www.moneyandmentalhealth.org/wp-content/uploads/2023/03/Untapped-potential-Reducing-economic-inactivity-among-people-with-mental-health-problems-WEB.pdf (2023).
[61] Mccurdy, C. & Murphy, L. We've only just begun Action to improve young people's mental health, education and employment. The Resolution Foundation (2024).
[62] Mental Health UK. Burnout Report: one in five needed to take time off work due to stress in the past year. https://mentalhealth-uk.org/blog/burnout-report-one-in-five-needed-to-take-time-off-work-due-to-stress-in-the-past-year/ (2024).
[63] Office for National Statistics. Young people not in education, employment or training (NEET), UK. https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/bulletins/youngpeoplenotineducationemployomentortrainingneet/august2024 (2024).
[64] Mccurdy, C. & Murphy, L. We've only just begun Action to improve young people's mental health, education and employment. The Resolution Foundation (2024).
[65] Office for National Statistics. Rising ill-health and economic inactivity because of long-term sickness, UK. https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/economicinactivity/articles/risingillhealthandeconomicinactivitybecauseoflongtermsicknessuk/2019to2023#data-sources-and-quality (2023).

mental health problem compared to only 27% of young people in work, a difference that has widened since 2014[66].

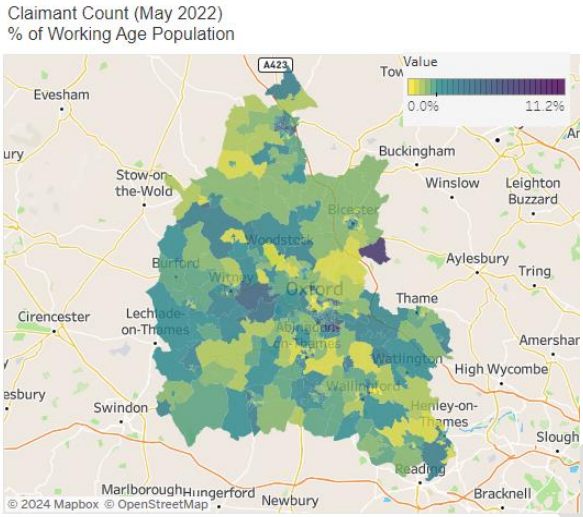
Figure 5: Graph showing economic inactivity due to ill health in young people between 2010-2023 in the UK. Source: The Resolution Foundation.

In Oxfordshire, the overall proportion of young people who are Not in Education, Employment or Training (NEET) is lower than other parts of England – around 4.4% of 16–17 year-olds in Oxfordshire were classified as NEET compared to 6.9% regionally and 5.2% nationally[67]. However, this has started to increase, and the number of students aged 16-18 who are NEET and reporting CAMHS input or mental health problems has risen since 2022.

Although the proportion of individuals aged 16-24 years claiming unemployment in Oxfordshire is lower than the national average (3.6% compared to 7.6%), there remains significant differences in the proportion of unemployment between districts, for example, the lowest rate in South Oxfordshire is at 1.8% whilst the highest rate in Oxford City is at 5.2%[68]. Inequalities are even greater when looking at some of the different communities in the county, with the number of claimants being much higher in more deprived areas such as Littlemore, compared to less deprived areas such as North Oxford (Figure 6)[69].

[66] Mccurdy, C. & Murphy, L. We've only just begun Action to improve young people's mental health, education and employment. The Resolution Foundation (2024).
[67] Office for National Statistics. Labour Force Survey. https://www.ons.gov.uk/surveys/informationforhouseholdsandindividuals/householdandindividualsurveys/labourforcesurvey (2024).
[68] Oxfordshire County Council. Joint Strategic Needs Assessment, 2024: Oxfordshire Data Hub https://data.oxfordshire.gov.uk/
[69] Oxfordshire County Council. Unemployment claimants to May 2022, Oxfordshire Insight. https://insight.oxfordshire.gov.uk/cms/unemployment-claimants-may-2022 (2022).

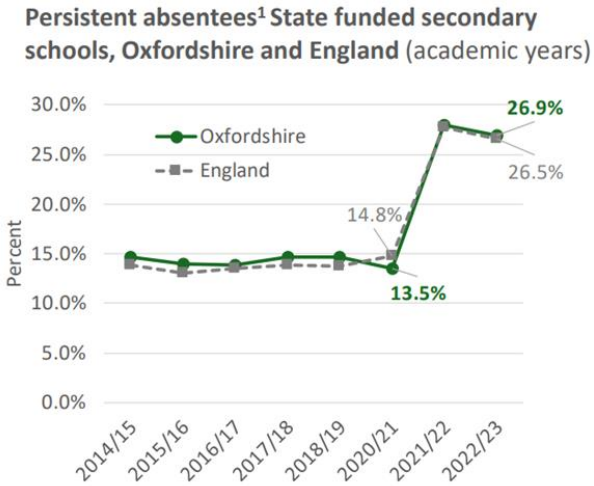
Figure 6: Map showing the differences in proportion of working age population that are unemployed in Oxfordshire in 2022. Source: Oxfordshire County Council Data Hub



When it comes to education, an issue of growing concern for Oxfordshire is the increase in rates of persistent absenteeism in secondary schools. If a pupil is persistently absent it means they miss 10% or more of possible sessions at school or miss 7 days of more across a school term.

The persistent absence rates in secondary schools in Oxfordshire for academic year 2022 to 2023 was 26.9%[70] or 10,177 pupils which was similar to England at 26.5%. For primary schools pupils in Oxfordshire, 14.6% or 6,806 children where persistently absent compared to 16.2% for England (figure 7).

Figure 7: Percentage of children who are persistently absent (missing 10% or more sessions/7 days across a term) from secondary schools. Source: Oxfordshire County Council Data Hub



[70] Child and Maternal Health | Fingertips | Department of Health and Social Care

2022 data showed the educational attainment of disadvantaged young people in Oxfordshire at GCSE level and the A-level point score are below National averages[71], and below that of their peers in other areas considered 'statistical neighbours' to Oxfordshire. The same report showed that Oxfordshire ranks in the lowest 25% nationally for educational attainment for disadvantaged children in early years development, Key Stage 1, Key Stage 2, and Key stage 4. The gap between this disadvantaged cohort and their peers is greater in Oxfordshire than nationally, with disadvantaged pupils achieving 27% below their peers in Oxfordshire in Key Stage 1 compared with 17% nationally. Nationally this gap is reducing, however in Oxfordshire it has widened from 20% in 2019 to 27% in 2022.

Diverse educational and vocational routes - including apprenticeships - are vital to ensuring that young people have an accessible route to skilled employment. Oxfordshire has seen a slight decline in the number of people starting apprenticeships over the last 5 years, with a total of 3640 in 2022/2023 compared to 3771 in 2018/2019[72]. More encouragingly, the number of young people completing their apprenticeships has been gradually rising. Understanding the factors underpinning what makes an apprenticeship successful could provide insight into the training and employment landscape and suggest how apprenticeships can fit into a vision to fill our skills gaps in Oxfordshire.

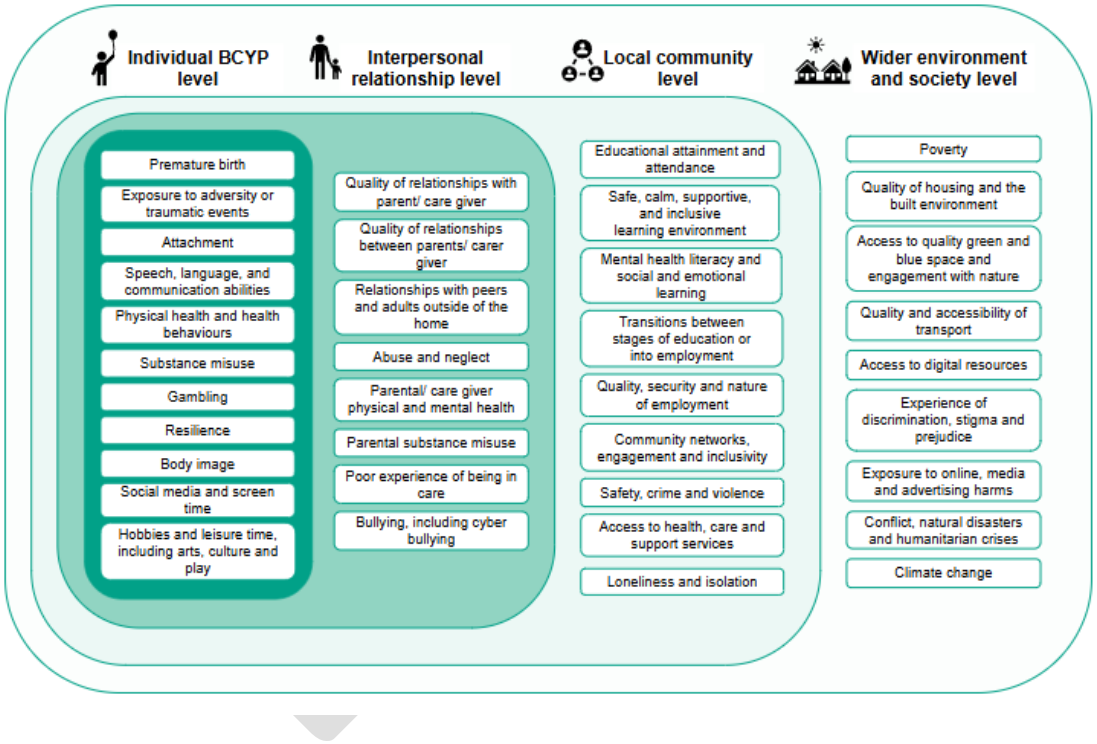
[71] OEC Report_11.09.2023.pdf
[72] Oxfordshire County Council. Oxfordshire Local Skills Dashboard. https://public.tableau.com/views/OxfordshireLocalSkillsDashboard/Home?:showVizHome=no (2024).

What do we know works?

4.0 What interventions can tackle mental health problems in children and young people?

As discussed in previous chapters, multiple factors including an individual's life circumstances, social relationships, and broader environment can influence their overall mental health and wellbeing. This has been outlined by the Department of Health and Social Care's *Improving the Mental Health of Babies, Children, and Young People* framework published in 2024, which highlight factors that can be targeted to improve mental health and wellbeing throughout childhood at the individual level, the interpersonal relationship level, the local community level, and the wider environment and society level (figure 8)[73].

Figure 8: Improving the Mental Health of Babies, Children and Young People framework. Source: UK Government.



Research is underway investigating the diverse and wide-ranging interventions that could positively impact the lives of children and their families, particularly for those that are at greater risk of developing such issues. This section explores the growing evidence base behind such interventions.

[73] Department of Health and Social Care. Improving the mental health of babies, children and young people: a framework of modifiable factors. https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people/improving-the-mental-health-of-babies-children-and-young-people-a-framework-of-modifiable-factors (2024).

4.1 What works for individuals and families?

At the individual level

Interventions focussing on individuals aim to strengthen resilience and reduce the impact of stressors that negatively affect mental health. Psychosocial interventions such as social-emotional learning and cognitive behavioural therapy are commonly utilised for treatment of mental health problems such as anxiety and depression, and have been shown to be effective with both short and longer term benefits[74].

Community-provided cognitive behaviour therapy can be particularly helpful early in development of mental health problems and for those below the threshold for referral for specialist mental health clinical services[75],[76]. Other approaches for children and young people who do not need specialist clinical support include initiatives that promote general wellbeing, such as sports, creative activities, supported access to nature, and participating in community or social groups. These have been shown to have direct mental health benefits and can complement more traditional interventions. This can be especially beneficial for people who may experience barriers asking for or accessing traditional mental health support[77].

Interpersonal relationship level

Given the importance of family throughout childhood, strengthening family dynamics has been a key area of interest for interventions aimed at improving mental wellbeing of children. There is strong and consistent evidence supporting interventions that focus on building parenting skills and enhancing parent-child relationships through behaviour management techniques. Emerging research suggests that in some cases these can be effectively delivered using technology such as online platforms, thereby improving accessibility for parents and carers[78]. Evidence also supports interventions to improve the health and wellbeing of parents as a way to improving the mental wellbeing of their children[79].

Protection from bullying is also important to supporting mental health. This can include cyber bullying. Schools and families can have a role in this, and in cultivating opportunities for positive relationships with peers[80].

[74] Campisi, S. C. et al. Mental health interventions in adolescence. Curr Opin Psychol 48, 101492 (2022).
[75] McGorry, P. D. & Mei, C. Early intervention in youth mental health: progress and future directions. BMJ Ment Health 21, 182–184 (2018).
[76] Early Intervention Foundation. Adolescent mental health: A systematic review on the effectiveness of school-based interventions. https://www.eif.org.uk/report/adolescent-mental-health-a-systematic-review-on-the-effectiveness-of-school-based-interventions (2021).
[77] Centre for Mental Health. Trying something new. https://www.centreformentalhealth.org.uk/publications/trying-something-new/ (2021).
[78] Fazel, M. & Soneson, E. Current evidence and opportunities in child and adolescent public mental health: a research review. Journal of Child Psychology and Psychiatry 64, 1699–1719 (2023).
[79] Early Intervention Foundation. Adolescent mental health: A systematic review on the effectiveness of school-based interventions. https://www.eif.org.uk/report/adolescent-mental-health-a-systematic-review-on-the-effectiveness-of-school-based-interventions (2021).
[80] Department of Health and Social Care. Improving the mental health of babies, children and young people: a framework of modifiable factors. https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people/improving-the-mental-health-of-babies-children-and-young-people-a-framework-of-modifiable-factors (2024).

4.2 What works at the community and wider environment and society level?

Schools and communities

Community-level interventions highlight the role that neighbourhoods play in shaping the mental health and wellbeing of children. Key to this are schools, where providing programmes such as social and emotional learning has shown evidence for short-term benefits and some signs of longer-term impact[81]. Interventions that are focussed on the school environment and incorporating a whole-school approach to mental health, such as cultivating an anti-bullying culture and a sense of community, have demonstrated potential benefits for overall student wellbeing within schools[82],[83]. Additionally, access to nature and green space have been repeatedly shown to be beneficial to mental health as well as to learning. Initiatives such as Forest School have the potential to support mental health in young people through strengthening access to nature, and this is the subject of ongoing research[84].

Among local communities, it is widely acknowledged that strong community networks, a sense of belonging, access to social activities and to safe spaces to independently play and socialise can benefit and protect mental health[85]. Supporting local communities to grow and develop these assets is complex and requires a collaborative approach, centred on the communities themselves. Community safety, spaces, events and activities, as well as community-based services such as libraries, youth groups, and sports and leisure facilities all contribute to a thriving community. This, in turn, can increase a sense of belonging, safety and social cohesion with an associated reduced risk of mental health problems[86].

Place-based approaches (community led initiatives that target the specific circumstances of a place) have seen increasingly supportive evidence for improving mental health in children and young people[87]. Known as 'healthy place shaping', this holistic view of local areas and communities and how they can influence the health of their residents can also support good mental health[88].

Environment and society level

The building blocks of health such as housing, poverty, deprivation, income, and access to greenspace are important factors in the mental health of children and

[81] Gee, B. et al. Practitioner Review: Effectiveness of indicated school-based interventions for adolescent depression and anxiety - a meta-analytic review. J Child Psychol Psychiatry 61, 739–756 (2020).
[82] Centre for Mental Health. Trying something new. https://www.centreformentalhealth.org.uk/publications/trying-something-new/ (2021).
[83] Stea, T. H. et al. Interventions targeting young people not in employment, education or training (NEET) for increased likelihood of return to school or employment—A systematic review. PLoS One 19, e0306285 (2024).
[84] Armitt, H et al: Forest school INterventions for Children's Health (FINCH): a feasibility cluster randomised controlled trial : Forest school INterventions for Children's Health (FINCH): a feasibility cluster randomised controlled trial - NIHR Funding and Awards
[85] Department of Health and Social Care. Improving the mental health of babies, children and young people: a framework of modifiable factors. https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people/improving-the-mental-health-of-babies-children-and-young-people-a-framework-of-modifiable-factors (2024).
[86] Park EY, Oliver TR, Peppard PE, Malecki KC. Sense of community and mental health: a cross-sectional analysis from a household survey in Wisconsin. Fam Med Community Health. 2023 Jun;11(2):e001971. doi: 10.1136/fmch-2022-001971. PMID: 37399294; PMCID: PMC10314672.
[87] McGorry, P. D. et al. Designing and scaling up integrated youth mental health care. World Psychiatry 21, 61 (2022).
[88] Alderton, A. et al. Reducing Inequities in Early Childhood Mental Health: How Might the Neighbourhood Built Environment Help Close the Gap? A Systematic Search and Critical Review. International Journal of Environmental Research and Public Health 2019, Vol. 16, Page 1516 16, 1516 (2019).

young people,[89] however evidence about what works to address these factors is still emerging. Initiatives that address poverty and income inequality have found small positive impacts on mental health through initiatives improving access to income support[90]. As previously discussed, interventions to improve access to nature and green space can also be beneficial, although understanding the exact mechanism remains limited[91].

Economic environments should also be considered. The Organisation for Economic Cooperation and Development published recommendations in 2022 aimed at 'creating better opportunities for young people'. These emphasised the importance of fulfilling employment to mental health and life chances, and specified systems targets to build towards an inclusive economic environment, aiming to reduce inequalities and improve wellbeing through a productive, diverse and sustainable economy[92].

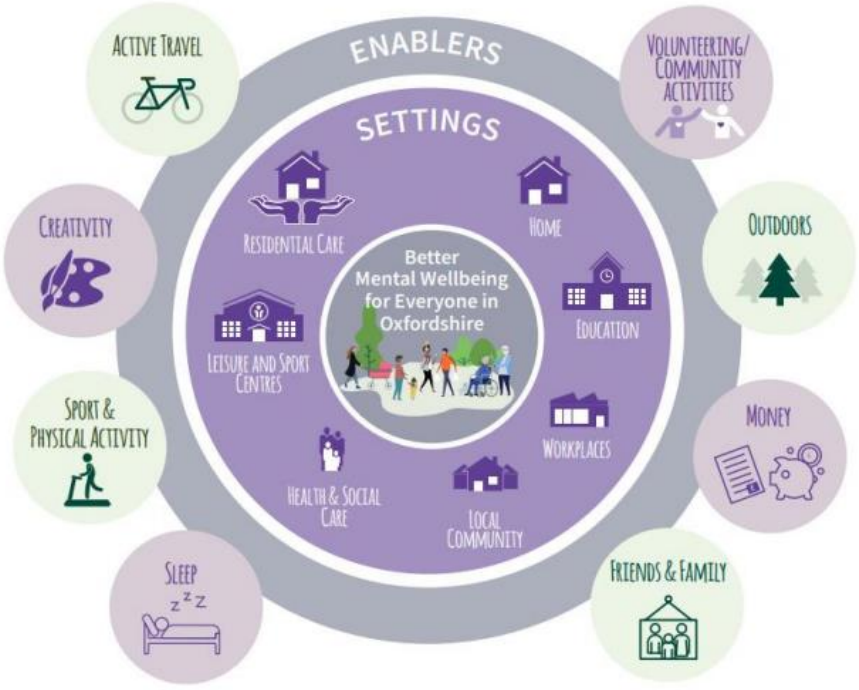
[89] Department of Health and Social Care. Improving the mental health of babies, children and young people: a framework of modifiable factors. https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people/improving-the-mental-health-of-babies-children-and-young-people-a-framework-of-modifiable-factors (2024).
[90] Boccia, D. et al. The impact of income-support interventions on life course risk factors and health outcomes during childhood: a systematic review in high income countries. BMC Public Health 23, 744 (2023).
[91] Bray, I. et al. Exploring the role of exposure to green and blue spaces in preventing anxiety and depression among young people aged 14-24 years living in urban settings: A systematic review and conceptual framework. Environ Res 214, (2022).
[92] Organisation for Economic Cooperation and Development, Creating better opportunities for young people: 2022: OECD Legal Instruments

What's happening in Oxfordshire

5.0 What are we doing in Oxfordshire

Organisations in Oxfordshire have been working together to improve health and wellbeing based on shared ambitions outlined in the Oxfordshire Mental Health Prevention Framework 2024-2027 (figure 9.). This section outlines just some of the initiatives implemented by employers, NHS organisations, local authority, district councils, voluntary organisations and others to promote and enable good mental health among children and young people in Oxfordshire.

Figure 9: Oxfordshire's Mental Health Prevention Framework 2024-2027



5.1 Actions at the individual level

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Self-help services

Self-help services are essential in managing acute stress as well as offering longer term guidance for maintaining good mental health. In Oxfordshire, there are various resources available that provide children and young people with easy, low-barrier access to support without the need for a referral. Below are some examples of these services. As identified in the Oxfordshire Mental Health Prevention Framework, these are accessible through a 'no wrong door' single point of access approach.

- **Oxfordshire's 24/7 Mental Health Helpline** provides support for people of all ages experiencing a mental health crisis or emotional distress, with a specialised service for individuals under 25 years old. It offers a range of support using trained mental health professionals, including immediate help and advice as well as signposting to additional services that are more suited to the individual's needs.
- **OXME.info** is a digital resource that provides an online central hub for information on health, lifestyle, and employment opportunities for young people in Oxfordshire. It includes dedicated sections on wellbeing and offers detailed advice for individuals who are NEET. Additionally, OXME.info has a presence on social media platforms, such as TikTok and Instagram, to further increase engagement and awareness.
- **Tellmi** is a free app that provides a safe and supportive space for young people aged 11-18 living in Oxfordshire to discuss issues affecting their mental health with others in the community. It is fully anonymous and moderated, with additional support via professional counsellors available for individuals with more severe symptoms. Additionally, it has a detailed resource library with articles and information on mental health topics relevant to children and young people, with integrated access to over 700 vetted resources and support services.

Transition into young adulthood

To ease the transition into adulthood, Oxfordshire has implemented several targeted services to help young people navigate this period.

- The **Targeted Youth Support Service (TYSS)** by Oxfordshire County Council works with young people aged 11-18 (up to 25 with an Education, Health and Care Plan) across Oxfordshire to grow aspiration, develop resilience during challenging times, and reduce the risk of mental health problems. The service offers both group work and one-on-one support to address social and emotional needs, with an overall goal of helping young people transition into fully engaged, active adults who can make positive choices for their lives and communities. In 2024, over 120 young people received one to one support.
- The **Migrant Career & Employability Support Programme** is an initiative designed to provide targeted and specific career guidance to students from migrant families. It acknowledges the additional and unique challenges students from migrant families face and aims to supplement and enhance the support such individuals receive in schools. Typical services provided include

career guidance workshop, mentorship opportunities, and work experience placements designed to the needs of the students.

- The **Oxfordshire Supported Internship Programme** supports young people aged 16-24 with learning difficulties/disabilities with an Education, Health and Care Plan who need extra assistance with transitioning into employment. This one-year placement connects individuals with employers, providing them the opportunity to acquire essential skills and practical experience, with the goal of securing paid employment. Delivered in partnership with local organisations like Activate Oxford and Abingdon and Witney College, the program focuses on work readiness and employability skills, as well as offering additional support for mentors and financial support for additional costs such as travel. In 2024, 52% of individuals who completed the programme received an offer of employment following the end of their internship.

Case study from Oxfordshire Supported Internship Programme

"It's a great bridge between college and work and they make sure you aren't thrown completely into the deep end. It has helped boost my confidence and I am sure it would help others as work can be seen as very scary. I feel it's not as scary anymore, it's getting better. I'm not completely thinking about it all the time anymore. It's been a good experience overall."

- Experience of a local young intern

Substance use issues

Substance use can be both a major contributing factor to, and consequence of, poor mental health.

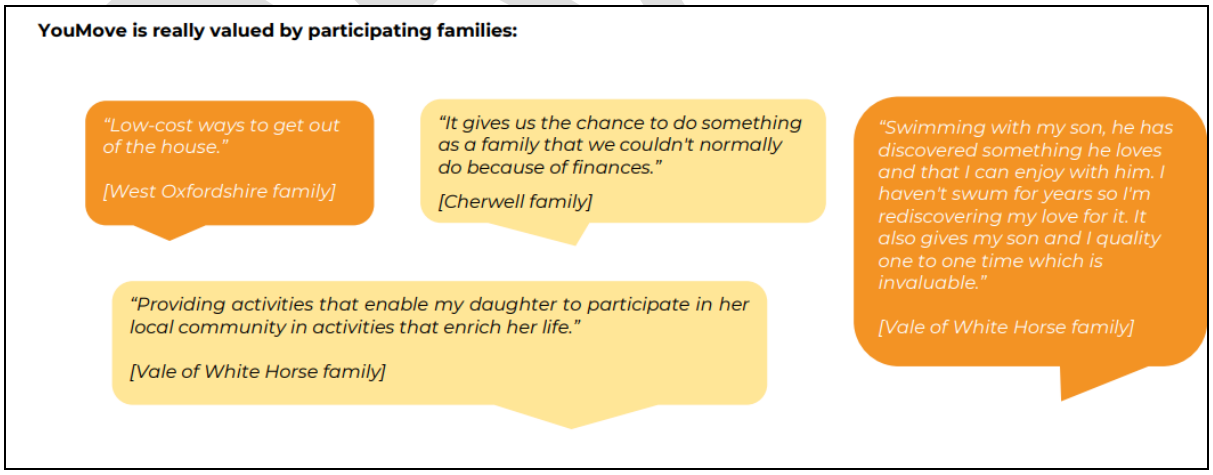
- Cranston's **Here4Youth** providing a specialised support service for children and young people aged between 8-25 years affected by their own or someone else's substance use. A range of personalised services are provided including one-to-one support in safe spaces, education about alcohol and drugs, as well as the use of psychological therapies such as motivational interviewing. Additional support is provided to parents affected by such issues, with the Moving Parents & Children Together Programme providing a whole family-based approach to reducing the harms of substance use. Since April 2024, over 140 children and young people have been seen by the service, with over 550 intervention sessions delivered.

5.2 Actions at the interpersonal relationship level?

Interventions targeting families

Family interventions are essential in supporting disadvantaged children at risk of developing mental health issues, as well as their parents and carers. Oxfordshire offers several initiatives designed to provide timely and appropriate support for these families. Below, we highlight some of the many available programs across the county.

- Several organisations specifically target the earliest years and provide early and effective support for families. The **Oxford Parent-Infant Project (OXPIP)** promotes and enables closer parent-child relationships through specialised therapy sessions designed for parents with infants up to the age of 2, with over 700 families supported in 2023. Additionally, **Home Start Oxford** has provided 470 struggling families with emotional support, practical advice and guidance with accessing additional services. The Growing Minds programme is delivered in partnership between Peeple, Home Start Oxford and The Berin Centre focusing on school readiness and educational attainment in Oxfordshire through activities such as free books for children, group workshops to share practice advice, and individualised home support.
- **YouMove** is an activity programme providing low cost and free activities for local families in Oxfordshire. So far, more than 2,700 families have been provided with access to a wide range of different activities such as swimming and badminton that are aimed at improving both the physical and mental wellbeing of families through promoting a more active lifestyle. In addition, local YouMove Activators in each district of Oxfordshire provide local guidance and advice, particularly supporting disadvantaged families such as refugee families and those with SEND requirements. From September 2024, the program has also expanded to include activities for children under 5 to encourage healthy and active habits from an early age.



- **Bounce Back 4 Kids (BB4K)** is a recovery service provided by Parent and Children Together for children who have witnessed or experienced domestic abuse, alongside their non-abusive parents. The service aims to help families heal from trauma, focusing on safety, emotional readiness, and empowerment, typically through a 10-week program. The service also offers a range of other support, including individual therapy, group interventions, and

online resources. BB4K also provides domestic abuse training for practitioners and access to a private online community for continued support.

- **Children Heard and Seen** is a charity service dedicated to supporting children and families affected by parental imprisonment. Established in 2014, it has worked alongside over 300 families and helped over 1,250 children with the negative impacts of parental incarceration, by using a child-centred approach to listen to and support the needs of the children.
- The **Oxfordshire Parent Carers Forum** webinars is a series of online sessions aimed at providing educational information to individuals and the wider public regarding all aspects of mental health for children and young people. The webinars invite expert speakers to discuss changes in clinical practice, current research and up to date best practices in managing common mental health problems such as anxiety and depression.
- Oxfordshire's **ATTACH team** is composed of clinical psychologists, senior social care workers and educational psychologists which use attachment theory to provide specialised support to adoptive parents, special guardians and foster care families. The team utilises a variety of evidence-based methods such as trauma focused cognitive behaviour therapy to help parents and carers build better relationships with their children and aims to reduce the risk of developing future mental health problems.

Mentoring services

Aside from parent child relationships, additional mentoring support can be crucial for inspiring young people to build aspiration and develop resilience.

- **Oxford Hub's Big Brothers Big Sisters mentoring initiative**, aims to foster supportive, long-term relationships between volunteer mentors and children aged 7-11 years. Launched in 2017, this programme pairs mentors with local children to help boost their self-esteem, provide guidance, and facilitate personal growth through various fun activities, with 86 children supported and over 3,800 outings within the 5 years of the programme's inception. Mentors typically spend around four hours a week with their mentees, engaging in outings, assisting with homework, and introducing new interests. Individuals have reported both positive short-term outcomes such as better self-esteem and confidence, as well as longer term outcomes such as greater resilience and determination.

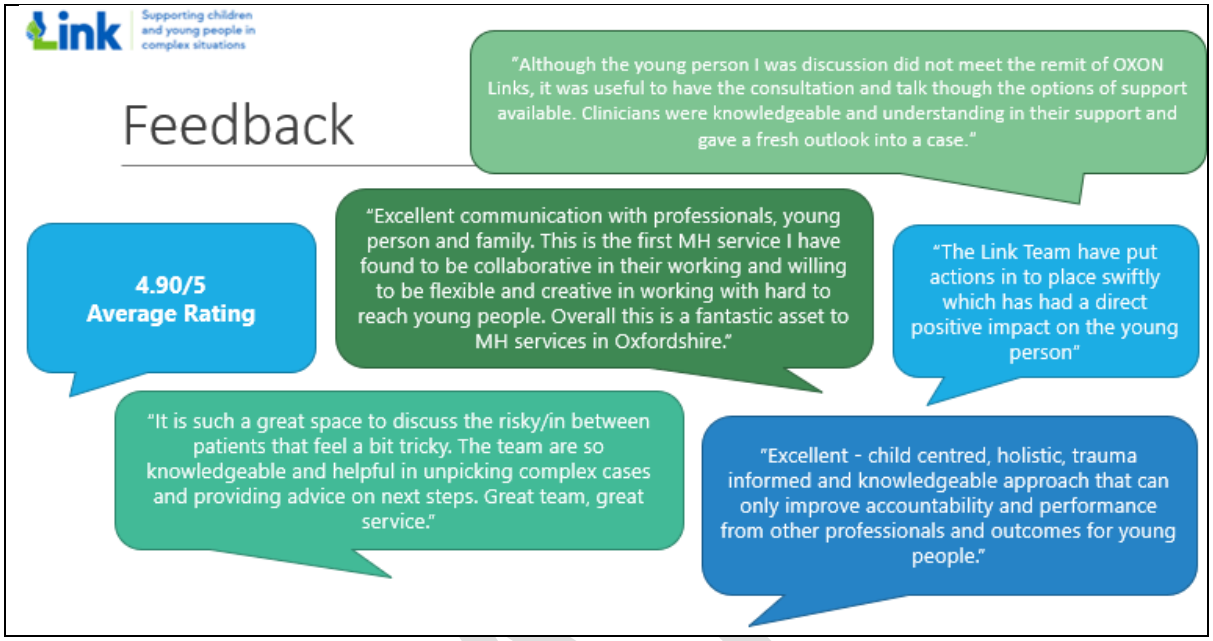
5.3 Actions at the local community level

Communities play a vital role in the promotion of good mental health in children and young people. Below, we highlight several examples from various sectors that demonstrate the positive impact that communities can have on mental wellbeing.

Services by Oxford Health NHS Foundation Trust

- **Oxford Link Programme** is a service established in 2022 that provides extra support to young people with high complex needs within Oxfordshire, often when routine services are finding it challenging to provide the appropriate help needed. With over 280 individuals already supported, the multidisciplinary service collaborates with organisations across the sector and helps people access the care and support they need by bridging the gap between individuals, their families and different agencies such as health and social

care, youth justice, and educational institutions. Additionally, the service has a strategic aim focussing on developing a cross-agency collaboration programme, identifying gaps in provision and acting as an information resource for allied professionals.



- **Children and Young People Healthy Child Programme**, provides 11 integrated teams covering Oxfordshire, consisting of school nurses, health visitors, and family nurses who provide support for a range of health-related issues, including mental health. More specifically, school and college nurses have responsibilities in identifying and helping children and young people at risk of developing mental health problems, as well as supporting transition into secondary school and adulthood. Family nurses provide additional support for first time mothers under 19 years of age, with a specialised pathway that prepares young parents for parenthood.
- The **School In-Reach Team** works with schools to provide students, parents/carers and staff with advice, training and education on common mental health problems such as anxiety. It delivers a variety of workshops and group sessions that improve mental health literacy in schools, as well as signposting to other services and assisting with CAMHS referrals for individuals who require specialised support. Parents are further supported via monthly webinars providing practical guidance and help on a variety of common children's mental health issues.
- The **Mental Health Support Team Programme** enhance the support already available in schools by offering specialised expertise and resources to deliver faster mental health assistance to individuals who may not meet CAMHS thresholds but would benefit from early evidence-based intervention. This typically involves psychological therapies such as cognitive behaviour therapy and mindfulness sessions with a focus on supporting children and young people with common issues such as anxiety, behavioural difficulties, low mood, and phobias.

Services by the Voluntary sector

- **Oxfordshire Youth** is a leading youth charity that aims to enable best-practice youth work to be fully accessible to children and young people aged 8-25 years in the region. The charity focuses on providing safe spaces, fostering strong and healthy relationships, and creating opportunities for young people to develop essential skills. It has reached over 32,000 young people through their extensive network and programs.
  Key initiatives of Oxfordshire Youth include:
  - **Youth Voice Network***:* This network promotes the lived experience and opinions of young adults, enabling young people to guide the charity's work. Initiatives include the Oxfordshire Youth Podcast which explores a wide range of challenges that young people face, as well as the Mental Health Ambassador project which delivers a 10-month programme to build confidence, mental health resilience, and leadership skills.
  - **Supported housing**: Young People's Supported Accommodation is a service that has supported around 130 young people aged 18-24 years particularly care leavers or unaccompanied asylum seekers, with housing needs. Such work has been key in enabling such young people to live in appropriate housing and the opportunities to further develop their life skills.
  - **Support for third-sector organisations**: Oxfordshire Youth provide support for over 150 youth sector organisations through programmes, such as the Wellbeing Programme, that deliver skill-based sessions on managing complex issues, as well as mentoring and leadership training workshops to help develop future leaders in the youth sector. Organisations supported are then linked and connected through the Changemaker Network, allowing for greater collaboration between different sectors.
  - **Skills development:** Several development opportunities and programmes are offered to children and young people such as the Transition Through Leadership programme which has enabled over 70 children aged 11–13 years to develop leadership skills and self-confidence as they transition into secondary education.
  - **Connecting sectors:** In conjunction with Oxfordshire Mind, the annual Youth in Mind conference brings together individuals from all sectors focusing on the mental health and wellbeing of children and young people. In 2024, 16 workshops were delivered to share insights, discuss emerging issues and explore innovative approaches to improving the mental health of young people.
- **Oxfordshire Mind** is a voluntary organisation that collaborates with various sectors to promote mental health and wellbeing among children and young people. A key initiative provided is the Children and Young People Supported Self-Help programme designed for young people aged 7–17 years to help manage mental health challenges through a six-week guided course based on cognitive behaviour therapy principles. Delivered in 15 GP surgeries across five primary care networks in Oxfordshire, it has triaged and assessed over 1,280 young people across the county, with 73% of those who completed the programme reporting improvements to their wellbeing. Additionally, Oxfordshire Mind provides specialised Youth Mental Health First Aid training sessions aimed at improving the ability of individuals from a wide range of

disciplines to spot, manage and support young people in mental health crises and at high risk of suicide, with over 50 people since June 2024.

Oxfordshire Mind's Children and Young People Supported Self-Help Programme Feedback

"Made me feel really comfortable from the beginning. Always listened and had nice general chats with me, the resources my CYP wellbeing worker provided were always helpful and relevant. It helped when we did them together and my wellbeing worker always felt she understood me." -Young Person

- **SOFEA (Social Opportunities For Education and Action)** is a charitable organisation established in 2014 that works to transform the lives of vulnerable young people in Oxfordshire by providing educational, employability and wellbeing programmes. They provide tailored support programmes such as the Powerhouse Pathway to help connect local young people in Didcot with local employers, as well as promoting mental health through wellbeing programs and outreach services such as the Transitional Support Programme which offers one-to-one mentoring to 11–16 year olds. In 2022-2023, SOFEA has supported over 500 young people, with a significant improvement in overall mental wellbeing from young people participating in their programmes.
- **Banbury Young Homelessness Project (BYHP)** is a charity based in North Oxfordshire that is part of the Youth Access Network and provides young people struggling with information, counselling and advice services. Interventions include 1-to-1 therapy sessions to tackle common mental health issues, as well as mentoring and coaching sessions for individuals who are NEET.
- **SAFE!** is an independent charity in the Thames Valley region that supports young people aged 5-18 (up to 25 for those with additional needs) who have been impacted by crime. Since its founding in 2008, SAFE! Has helped young people rebuild confidence and quality of life through services such as the Support After Crime Service, which offers one-to-one and group sessions for individuals who have witnessed or been a victim of abuse.

School based approaches

- Promoting good mental health remains a primary strategic goal for Oxfordshire schools. The **Early Years toolkit** developed by Oxfordshire County Council, supports a whole-school approach to wellbeing and includes 31 core building blocks which include fostering effective leadership, enhancing engagement and learning strategies, and providing training and support for staff.
- As of August 2024, 69% of all Oxfordshire schools have taken up national grants to train **Senior Mental Health leads** in order to provide better oversight and strategic leadership on a whole-school approach to mental health and wellbeing.
- Oxfordshire's **Educational Psychology Service** works with children and young people facing difficulties and helps the individuals achieve the best possible outcomes at school using evidence-based psychological interventions. Additionally, the **Emotional Literacy Support Assistants**

(ELSA) training program has developed practitioners that provide tailored low-level interventions for pupils that help them to understand and manage difficult emotions, whilst building resilience**. Nurture Group Practitioners** support students with social, emotional, and behavioral difficulties through short-term interventions that have a holistic approach, combining academic teaching with developing social skills, confidence-building, and self-respect.

- The **Oxfordshire Virtual School** is an educational service that supports over 500 children and young people in the care system and provides educational programmes to suit their needs. It aims to reduce the attainment gap is decreased, by working alongside schools and carers to provide specific education support such as personal education plans and additional academic tutoring

Services in Higher Education

- Both **Oxford University** and **Oxford Brookes University** provide a comprehensive range of mental health support services to support students facing mental health difficulties and to help them achieve their academic and personal goals. Such services include dedicated welfare teams, confidential counselling sessions, wellbeing drop-in sessions, and access to online resources such as self-help advice.

The **Oxfordshire Recovery College** offers a unique educational approach to mental health recovery for anyone over 16, focusing on co-production and shared learning by involving individuals with lived experiences to co-design and co-facilitate courses with trained professionals. It provides free courses aimed at empowering individuals by enhancing their knowledge and skills related to mental health and wellbeing, with targeted courses for young adults aged 16-25.

5.4 Actions at the broader environment and society level

- **Marmot Place** partners from across Oxfordshire have committed to work together to develop the County as a "Marmot Place". At its heart, this work involves working together to address the underpinning social determinants, or building blocks, of health that drive much of the poor health and health inequality we see in Oxfordshire. System partners have agreed to focus on three key areas:
    - The first of these principles is "**Give every child the best start in life**" and good mental wellbeing is fundamental to achieving this. As already identified in this report the prevalence of poor mental health in children and young people in Oxfordshire is not equally distributed but clustered in certain communities and population cohorts. The Marmot approach will help tackle these inequalities through partners working more closely together on the issues that cause these mental health inequalities.
    - The second priority principle is "**Create fair employment and good work for all**" and the third priority "**Ensure a healthy standard of living for all**"
- Oxfordshire is prioritising children and young people's mental health through the **Oxfordshire Children and Young People's Plan 2024-2028** and the **Oxfordshire Health and Wellbeing Strategy** 2024-2030.

Economic Policy

- The **Oxfordshire Future Generations** initiative, a part of the Future Oxfordshire Partnership, focuses on creating a sustainable and thriving future for the region for generations to come. It serves as a long-term strategic goal to address social, environmental, and economic challenges through collaborative efforts to enhance future health and wellbeing. This strategy aligns with Oxfordshire's vision of building healthier, fairer, and more resilient communities, ensuring a better quality of life for both current and future generations.
- The **Oxfordshire Local Enterprise Partnership (OxLEP)** plays a crucial role in addressing barriers to education, training, and employment to have a sustainable and inclusive economy in Oxfordshire. By collaborating with various stakeholders such as local schools, businesses, and training providers, they provide career guidance and employability training to young people, particularly to those impacted by unemployment or are not in education or training. For example, the Social Contract Programme is a £1.7m initiative that specifically supports vulnerable groups impacted by COVID-19 pandemic by developing key skills and providing mentoring services and apprenticeships. Furthermore, OxLEP provides resilience-building activities which support mental health and personal development.

Environment and Culture

- The **Oxfordshire Local Nature Partnership (OLNP**) plays a vital role in promoting mental health and wellbeing through nature-based initiatives in Oxfordshire. The partnership collaborates with various stakeholders and local organisations to enhance community engagement with the environment, such as improving access to greenspaces. Key initiatives of the approach include Green Social Prescribing which involves enabling individuals facing mental health problems to access and connect with the environment through community-based activities in nature. Such activities include group gardening, walking groups, and other outdoor engagements that support physical and mental wellbeing. The partnership also has a role in fostering community networks and support local group initiatives to combat feelings of loneliness and isolation.

Case study of Greenspace & Us[93]

Greenspace & Us is a community insights partnership project that aimed to understand the barriers and enablers impacting access to greenspace for young women in East Oxford. A focus was placed on examining the potential wellbeing benefits of greenspace and nature for young people in Oxfordshire, with respondents reporting the following:

[93] Community Insights project to understand barriers and enablers around access to greenspace for teenage girls in East Oxford, March 2023, JP047 Edition 1 Greenspace & Us.pdf

"[Greenspace is] a good place to think and to clear your mind."
"It could be a place where when you're feeling upset or angry it's a good place to think or let out your emotions."
"We will get calm at the local greenspaces."
"[Greenspace is] a place to play without boundaries.

Priorities resulting from the project included providing a greater range of activities that integrate greenspaces, creating inclusive and safe environments, and empowering and supporting young women to connect with nature.

- The **Oxfordshire Libraries and Museums service** promotes arts, culture and history in Oxfordshire. It has a focus on improving mental wellbeing and health through workshops and activities that engage children and young people to connect and reflect on their culture and experiences. Additionally, volunteering opportunities at local museum services have been provided to young people to help develop their workplace skills and resilience.

Case study of a young adult with mental health problems volunteering with the museum service, reported by the parent.

"The museum is able to provide something truly special for my son and me. It gives us encouragement, inclusion and the patience he needs. There is a wonderful person there, leading the archaeology team. I watched the first meeting of my son and her and felt my shoulders relax as I could see she 'got it' and that this was a place I could leave my son. It gives him some space and independence. Somewhere he can calmly and quietly contribute, be appreciated and understood. Long periods of illness mean that he often misses going and the manager of the team keeps in touch with us via WhatsApp. This means so much, because illness can be so isolating and being given the opportunity to be part of something he is interested in means a great deal. I would like to take this opportunity to thank the museum staff for all they do for us."

Community safety

Community safety is an important aspect of enabling children and young people to feel comfortable in their community and access local activities and resources.

- The **Safer Oxfordshire Partnership** acts as a strategic board that comprises of representatives from public health, youth justice and exploitation services, and police services to help shape and deliver community safety agenda. Initiatives that been generated include bespoke substance misuse and exploitation workshops to school aged children, as well as the development of a multi-agency place-based Community Safety Framework for addressing crime and anti-social behaviour in the region.

Transport

- The **Oxfordshire Bus Service Improvement Plan** aims to improve access to key services, including mental health support, by making buses a more accessible, affordable, and sustainable transportation option. Since 2021, over £8m has been allocated to the initiative, with the addition of 25 new bus routes. The plan also promotes affordable fares, including £1 fares on

Sundays in December 2024. Additionally, over £100,000 is being invested to explore ways to improve travel options for work-related journeys, aiming to reduce barriers that prevent access to employment.

Research and academia

To deepen our understanding of how broader factors influence the mental health of children and young people, several research initiatives are currently underway to explore the local impact of these determinants. Two examples among many are:

- The **Flourishing and Wellbeing Programme** in Oxfordshire is a research initiative led by the Oxford Health Biomedical Research Centre and funded by the National Institute for Health Research. Its primary focus is on developing evidence-based strategies and interventions to promote mental health and wellbeing for both patients and the public, using local infrastructure and resources in Oxfordshire. One example of such workstreams is Living Laboratories, where community resources like Oxford Botanical Garden and Harcourt Arboretum are used to investigate the best ways to improve individuals' mental health and wellbeing.
- The **OxWell Survey** is an initiative between Oxford University's psychiatric department, the NHS, schools and local authorities to undertake a large scale survey of the mental health and wellbeing of school aged children and young people. As well as academic research, the team report the anonymous survey results to schools and local authorities, enabling them to use the information to identify and address wellbeing needs.
- **Optimising cultural ExpeRiences for mental health in underrepresented younG people onLiNe (ORIGIN)** is a research programme led by the University of Oxford and in collaboration with several NHS trusts, museums, and charity partners. This research study aims to investigate the impacts of co-designed online arts and culture intervention aimed at reducing anxiety and depression in 16–24-year-olds. It particularly focusses on community engagement and collaboration, for young people facing challenges such as being a disadvantaged background, unemployment or from minority ethnic backgrounds. The effectiveness of such an intervention will be investigated in around 15,000 young people from all types of backgrounds.

Recommendations

6.0 Introduction

This report has highlighted the importance of children and young people's mental health - not only for the physical and psychological health of future generations, but also for the broader benefits to society. We showcase just some of the wide range of initiatives, actions, and policies in Oxfordshire that contribute to supporting mental wellbeing and preventing mental health problems, emphasising the shared role that everyone can play.

Nonetheless, there remains much to be done. This report has four key recommendations for ensuring the mental health of our children and young people is effectively supported for years to come. We also highlight actions that can be taken at the individual, interpersonal relationship, local community, and wider environment and society level to support progress in promoting better mental health among children and young people in Oxfordshire.

6.1. Key recommendations

1. **Strive to reduce mental health problems by addressing wider factors**

   Mental health problems are closely linked to the building blocks of health such as deprivation, income, housing, and access to green spaces. In Oxfordshire, this is reflected in the varying rates of mental health problems across the county, which align with differences in deprivation. By collaborating with system partners, we can address these building blocks to create conditions that can prevent mental health problems arising and give us the best opportunity to improve mental health outcomes in the county. The success of this endeavour will hinge on meaningful partnerships and collaboration with the NHS, county and district councils, universities, businesses, educational institutions, and the voluntary sector.

   - Wider environment and society

   Organisations across Oxfordshire are collaborating with the University College London, Institute of Health Equity on a Marmot Place project to address health inequalities in local communities.

   - Community

   There is an increasing emphasis on empowering and supporting local communities to develop and maintain what is important and beneficial to them. Strengthening communities can lead to more opportunities for community events and regular activities, providing children and young people with a sense of belonging. These mechanisms have been shown to support good mental health. This report recommends prioritising work with local organisations such as community action groups, parish councils, schools and faith organisations.

2. **Prioritise opportunity, activity, independence, and community**

Evidence in this report raises concerns around increasing isolation, reductions in physical activity, and excessive time spent on social media as contextual factors in the rise of mental health problems. Yet taking part in social activities including community-based arts and sporting clubs, and unstructured outdoor activity and play can be protective for mental health and wellbeing.

Young people are often dependent on adult family members for funds, transport, and organising activities outside the home. Prioritising public and active transport solutions and safe community spaces can help young people have safe places to socialise outside of the home, and provide opportunities for independent travel for social, education or economic purposes.

- Wider environment and society

Improving access to safe, inclusive spaces by addressing barriers such as transport links and ensuring that greenspaces and outdoor activities are available to all.

- Community

Provision of community hubs, family hubs and outdoor recreation and socialising spaces which are accessible for families, will enrich the choices available to families in terms of social and cultural opportunities. Strengthening our youth communities and increasing access to group activities, such as after school clubs, that build resilience, set habits for greater independence in young adulthood. and tackle social isolation.

- Individual

Targeted schemes for young people to reduce barriers to accessing activities, social or economic opportunities should be prioritised. This may include free or subsidised bus travel, provision of cycling equipment or secure storage for cycles, and the provision (and targeting) of subsidised or free activities. A partnership approach should be taken to ensure that these measures can reach their intended audience.

3. **Prioritising early and effective intervention**

By providing timely, appropriate, and evidence-based family and individual support, we can address challenges before they escalate when it is often at its most effective in fostering positive mental health and wellbeing. This can reduce the risk of developing more severe consequences of poor mental health in the future.

- Wider environment and society
  Fostering collaboration between academic institutions and various sectors to advance research and the evidence base on interventions that address the root causes of mental health problems among children and young people.

- Community
  Developing and empowering senior mental health leads at schools to ensure delivery of early and effective support and intervention.

- Interpersonal relationships
  Improving mental health skills training, such as mental health first aid training, for parents, caregivers, and professionals working with young people. Provide pathways for struggling families to access early support through initiatives like family hubs and parenting programmes.

- Individual
  Increasing awareness of the signs and symptoms of mental health problems among children through universal health and wellbeing promotion. Expand mental health support options, including using digital platforms, to improve access for all individuals who needs it.

4. **Ensuring diverse career and training opportunities are available for all young people**
   By offering a greater range of alternative training and career pathways such as apprenticeships, we can help young people identify and pursue goals and aspirations that align with their interests. This is crucial in empowering young people and equipping them with the tools to succeed both personally and professionally over the long term.

- Wider environmental and social

Prioritising mental health and workplace wellbeing to ensure everyone has access to quality education, employment, entrepreneurship opportunities and financial resources.

- Community

Partnering with local businesses to increase the range of employment opportunities available for young people, including apprenticeships and supported placements for those with mental health problems.

- Interpersonal

Providing mentorship programs to engage children and young people, especially those without strong family support networks, to foster resilience and aspirations.

- Individual

Ensuring mental health support and career advice is available throughout childhood, with a particular focus during transition periods, to prevent individuals from falling through the cracks.

Divisions Affected – All

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

06 March 2025

Update on potential changes to the Council's Constitution relating to Joint Health Overview and Scrutiny Committee

Report by Director of Law and Governance and Monitoring Officer

RECOMMENDATION

1. The Committee is recommended to consider and **AGREE** its support for the proposed changes.

Executive Summary

2. The Council is in the process of reviewing its constitution. Included within these changes are changes to the Constitution as it refers to the Joint Health Overview and Scrutiny Committee (HOSC). As the HOSC comprises members who are not members of the Council – district representatives and co-opted members – the Committee is being consulted on those changes that relate to the HOSC.

Background

3. The Audit and Governance Committee agreed to establish a politically proportionate member Constitution Working Group to review the Council's Constitution building on earlier work Officers began meeting with members in November 2024 on an approximately bi-weekly basis until its final meeting, which concluded on 20 February 2025. A workplan with a priority RAG (Red-Amber-Green) rating was set out. Members have reviewed all aspects of the Constitution which were rated red (mainly requiring changes to reflect changes to legislation or the efficient functioning of the Council), and amber (containing known issues which were not time-sensitive but would benefit from being addressed).

4. Since the last time the aspects of the Constitution relating to HOSC was updated, the Health and Care Act 2022 has been brought into force, significantly changing the health and social care landscape (including the establishment of Integrated Care Boards), and altering a legal power of HOSCs, the referral of

NHS changes to the Secretary of State for call-in. The proposed changes therefore have focused on:

(a) Updating the wording of Part 6.1B of the Constitution to bring it in line with the new health and social care landscape and powers, following the passing of the Health and Care Act 2022.
(b) Recognising the Council's participation and potential responsibility for hosting the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (BOB HOSC) in the event that an Oxfordshire member is appointed Chair at its next meeting, and including its agreed terms of reference.

In addition, a number of minor clarifications or improvements have also been proposed.

5. The documents submitted to the Constitution Working Group explaining the proposed changes are shared with the Committee, along with the agreed proposed amendments, and can be found in Annex 1. These changes have also been discussed with the Chair of the Committee, whose input has been incorporated into the final proposals.

6. The proposed changes (together with all of the recommendations from the Constitution Working Group) will be considered by the Audit and Governance Committee on 12 March 2025, and subject to agreement by the Audit and Governance Committee and any amendments approved , will be put to Council on 01 April 2025.

7. Members of the Constitution Working Group have been tasked throughout with liaising with their political groups about proposed changes, and Oxfordshire County Council members will have the opportunity to input their views at the Audit and Governance Committee, at the member briefing scheduled for 19 March 2025, with approval sought at Council on 01 April 2025.

Corporate Priorities

8. Improving health and wellbeing of residents and reducing health inequalities are stated ambitions within the Council's Strategic Plan. The proposed changes support the functioning of the HOSC to contribute towards these ambitions.

Legal Implications

9. The HOSC is a joint committee formed by Oxfordshire County Council, Cherwell District Council, Oxford City Council, South Oxfordshire District Council, Vale of the White Horse District Council and West Oxfordshire District Council under Regulation 30(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

10. Its operation and business is conducted in accordance with the relevant Regulations and government guidance and in accordance with the terms of reference referred to as the HOSC Constitution as set out in the Council's Constitution.

11. Oxfordshire County Council's Constitution outlines the framework within which the Council will exercise its powers and duties. Subject to some minor exceptions, which are reserved for the Monitoring Officer, the Constitution may only be amended by a decision of Council (Part 1.2 (2) (a)). The changes being proposed will be subject to approval by Council.

12. Committee members should be aware that the BOB HOSC terms of reference (in Annex 1) contain solely the terms of reference for that committee agreed by all constituent councils and cannot be unilaterally changed by Oxfordshire County Council. For the purposes of transparency the Committee is advised to agree that the BOB HOSC terms of reference should be included in the Council's Constitution.

Comments checked by: Anita Bradley

Anita Bradley, Director of Law and Governance and Monitoring Officer. anita.bradley@oxfordshire.gov.uk

Financial Implications

13. There are no direct financial implications arising directly from the recommendations in this report.

14. The proposed changes to the HOSC elements of the Constitution are not expected to have any direct financial implications if agreed.

Comments checked by: Kathy Wilcox

Head of Corporate Finance
kathy.wilcox@oxfordshire.gov.uk

Staff Implications

15. Committee members are being consulted on potential changes to the Constitution, rather than making changes to it. Thus, there are no direct staff implications arising from the recommendations in this report. Further, the changes to the HOSC elements of the Constitution, if agreed, are not expected to have any staff implications.

Equality & Inclusion Implications

16. Committee members are being consulted on potential changes to the Constitution, rather than making changes to it. Thus, there are no direct equality and inclusion implications arising from the recommendations in this report. Further, the changes to the HOSC elements of the Constitution, if agreed, are not expected to have any equality and inclusion implications.

Sustainability Implications

17. Committee members are being consulted on potential changes to the Constitution, rather than making changes to it. Thus, there are no direct sustainability implications arising from the recommendations in this report. Further, the changes to the HOSC elements of the Constitution, if agreed, are not expected to have any sustainability implications.

Risk Management

18. The primary driver of change within the HOSC section of the Constitution is to bring it in line with current legislation, thereby reducing risk.

19. There are no risks arising from responding to the Council's wish to consult with committee members on proposed changes.

Anita Bradley
Director of Law and Governance and Monitoring Officer

Annex:	1. Agreed HOSC-related changes by the Constitution Working Group to the Constitution.
Background papers:	None
Other Documents:	None
Contact Officer:	Tom Hudson, Scrutiny Manager tom.hudson@oxfordshire.gov.uk

March 2025

Proposed Changes to the Health Overview and Scrutiny Committee

The passing of the Health and Care Act 2022 has significantly altered the health landscape. These changes have rendered, part 6. 1B of the Constitution (the Oxfordshire Joint Health Overview and Scrutiny Committee Constitution, Operating Procedures and Protocols) out of date, requiring amendments to reflect the new legislative landscape.

The most notable changes for Health Overview and Scrutiny Committees are:

- The abolition of Clinical Commissioning Groups (CCGs) and the introduction of Integrated Care Boards (ICBs)
- The removal of an automatic right to have significant changes made by health providers be considered by the Secretary of State (call-ins), and replacement with the ability to request intervention.
- The creation of regional health scrutiny bodies to scrutinise Integrated Care Board proposals. This is of particular relevance now because if an Oxfordshire Councillor is appointed at the next meeting to be Chair of BOB HOSC, Oxfordshire County Council will be the responsible authority for the next two years.

In addition to these changes, there are minor house-keeping matters

Issue	Rationale	Current Wording	Proposed Wording (tracked)
HOSC (Health Overview and Scrutiny Committee) Deputy Chairs	It is custom and practice at the HOSC for the Deputy Chair position to be offered to a different district/city council on a rolling basis. This is not stated in the Constitution. It is recommended this is formalised within the Constitution.	Part 61B (8) The Deputy Chair of the Joint Committee shall be drawn from the District/City Councillors members of on the Committee and elected on an annual basis immediately following the election of the Chair.	The Deputy Chair of the Joint Committee shall be drawn from the District/City Councilmembers on the Committee and elected on an annual basis immediately following the election of the Chair. The position of Deputy Chair will be offered to each District/City Council representative on a rolling basis in the following order: Oxford City Council, Vale of the White Horse District Council, West Oxfordshire District Council, South Oxfordshire District Council, Cherwell District Council.

			Should a member be offered the position of Deputy Chair and decline, the representative of the next Council on the list will be offered the position.
Committee membership	As members have been asked to do elsewhere, it is proposed to remove the list of members for Health Scrutiny Committees and replace them with a link to the website.		Remove section from 'Joint Committees Oxfordshire Joint Health Overview & Scrutiny Committee (7)' onwards and replace with links to the memberships of the relevant committees.

Duty of NHS Bodies or Health Service Providers to Consult on Substantial Developments or Variations in Provision of Service	Part 6.1B 18, relating to the duty of NHS of NHS Bodies or Health Service Providers to Consult on Substantial Developments or Variations in Provision of Service is the most heavily impacted by the changes of the Health and Care Act. It is recommended that a fuller explanation of the new position is adopted than can be achieved through the Monitoring Officer's minimalist changes.	See Part 6.1B (18) – Duty of NHS Bodies to Consult set out below	Tracked changes set out below to reflect the additional explanation in light of legislative changes recommended Part 6.1B (18) – Duty of NHS Bodies to Consult below
Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (BOB HOSC)	Under the terms of reference agreed by the constituent councils of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee, responsibility for administering its meetings falls to the Council from whom the Chair comes. Should members of the BOB HOSC appoint the current vice-Chair (or another		Create a new section 6.1C called 'Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Terms of Reference' and include the agreed terms of reference for this committee (see below for details).

	Oxfordshire councillor) to become Chair in February 2025, responsibility for these meetings will fall to Oxfordshire County Council, likely for two years. It is recommended, therefore, that the agreed terms of reference for the BOB HOSC are included within the Council's constitution.		

Part 6.1B (18) – Duty of NHS Bodies to Consult

Under Regulation 23(1) of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 an NHS body or health service provider must consult the Committee, where it has under consideration any proposal for a substantial development of the Health Service or a substantial variation in the provision of such service. This will not apply where:

a) it is a proposal to establish or dissolve or vary the constitution of the ICB or establish or dissolve an NHS Trust unless the proposal involves a substantial development or variation.

b) proposals are part of a trust's special administrator's report or draft report (i.e. when a trust has financial difficulties and is being run by an administration put in place by the Secretary of State). These are required to be the subject of a separate 30-day community – wide consultation.

c) the relevant NHS body or health service commissioner believes that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff. In such cases the NHS body or health service provider must notify the local authority that consultation will not take place and the reason for this.

The NHS body or health service provider must inform the Committee when a consultation is happening, the timeframe of a decision and, following a decision, whether to proceed with the proposal. The Committee may comment on the proposals by a date set by the NHS body or health service provider.

Under Regulation 26(2) of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny), where an NHS or health service provides, or arranges for the provision of, services to persons residing within the area of several local authorities, its duty under paragraph (1) will be satisfied if it provides information to the joint overview and scrutiny committee of those authorities. The Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview and Scrutiny Committee qualifies as the joint overview and scrutiny committee to be informed when a variation in services will affect residents across the Buckinghamshire, Oxfordshire, and Berkshire West Geography as a collective.

The Committee may report to the Secretary of State in writing to request that the Secretary of State call the proposal in where it is not satisfied that:

d) consultation with the local authority on any proposal for a substantial change or development has been adequate in relation to content or time allowed

e) that the proposal would be in the interests of the health service in Oxfordshire

f) a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate

The Committee will, when making any decision to request a call-in by the Secretary of State, give consideration to current guidance on the process and requirements.

BOB HOSC Terms of Reference

Joint Health Overview and Scrutiny Committee (Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham)
Terms of Reference

Purpose

1. Health Services are required to consult a local authority's Heath Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority (according to patient flow), the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.

2. The NHS LongTerm Plan (published at the beginning of 2019) sets out the vision and ambition for the NHS for the next 10 years. It states - "Every Integrated Care System will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level." The purpose of the JHOSC would be to hold to account and challenge these commissioning decisions at system level. This function would be new and a different part of local health scrutiny arrangements. The powers and duties of health scrutiny would remain unchanged at Place, Locality and Neighbourhood level (see definitions below). The creation of a JHOSC to scrutinise system level decisions would strengthen existing scrutiny arrangements.

3. These terms of reference set out the arrangements for Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council, to operate a JHOSC in line with the provisions set out in the legislation and guidance and to allow it to operate as a mandatory committee.

Terms of Reference

4. The new JHOSC will operate formally as a mandatory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to appoint a joint committe3e for the purposes of providing independent scrutiny to activities delivered at a system level (as detailed below) by the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System.

5. The Kings Fund published a report in April 2020 "Integrated Care Systems explained: making sense of systems, places and neighbourhoods" which says that NHS England and NHS Improvement has adopted the terminology used in some systems to describe a three tiered model – System, Place and Neighbourhood:

   •System - typically covering a population of 13 million people. Key functions include setting and leading overall strategy, maintaining collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.
   •Place a town or district within an ICS, typically covering a population of 250500,000. This is where the majority of changes t o clinical services will be designed and delivered and where population health management will be used to target intervention to particular groups. At this level, providers may work together to join up their services through alliances and more formal contractual arrangements.
   • Neighbourhood – a small area, typically covering a population of 30-50,000 where groups of GPs and community-based services work together to deliver coordinated, proactive care and support, particularly for groups and individuals with the most complex needs. Primary Care Networks and multi-disciplinary community teams form at this level.

6. In addition, a fourth Locality tier operates below the 'Place' tier, but only within Berkshire West. These Localities coincide with the individual local authorities of Reading Borough Council, West Berkshire Council and Wokingham Borough Council a nd reflect the geography of their Health and Wellbeing Boards and Public Health, Adult Services and Children's Services functions. Joint working with Health Services also takes place at this level, e.g. through Locality Integration Boards.

7. Activities at Place, Locality and Neighbourhood would be scrutinised by the relevant local authority through their existing health scrutiny arrangements.

8. The purpose of the mandatory JHOSC across Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham is to:
   a. make comments on the proposal consulted on
   b. require the provision of information about the proposal
   c. gather evidence from key stakeholders, including members of the public
   d.require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
   e. Refer to the Secretary of State only on where it is not satisfied that:

- consultation on any proposal for a substantial change or development has been adequate in relation to content or time a llowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
- the proposal would not be in the interests of the health service in the area
- a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate.

9. Notwithstanding point (e) above, Member authorities have the right to refer an issue to the Department of Health if the joint health scrutiny committee does not collectively agree to refer an issue.

10. With the exception of those matters referred to in paragraph [3] above responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.

11. The process for determining the appropriate level of scrutiny – ie. System or Place/Locality/Neighbourhood will be in agreement with an agreed toolkit which will set out the process for initiating early dialogue between ICS Leads and Members of the JHOSC. All constituent authorities will be notified of the outcome of these discussions.

12. No matter to be discussed by the Committee shall be considered to be confidential or exempt without the agreement of all Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

Governance

13. Meetings of the JHOSC will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and subject to these terms of reference.

Frequency of meetings

14. The JHOSC will meet at least twice a year with the Integrated Care System Leads to ensure oversight of key priorities and deliverables at system level.

Host authority

15. The JHOSC would be hosted by one of the named authorities. The role of host authority would be undertaken by the chairing authority for the same time period [24 months].

Membership

16. Membership of the JHOSC will be appointed by Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham that have responsibility for discharging health scrutiny functions.

17. Appointments to the JHOSC have regard to the proportion of patient flow. The Joint Committee will therefore have 19 members, consisting of 6 from Buckinghamshire, 7 from Oxfordshire, 2 from Reading, 2 from West Berkshire, 2 from Wokingham.

18. Appointments by each authority to the JHOSC will reflect the political balance of that authority.

19. The quorum for meetings will be 6 voting members, comprising at least one member from each authority. Member substitutes from each authority will be accepted.

20. The JHOSC shall reserve the right to consider the appointment of additional temporary coopted members in order to bring specialist knowledge onto the committee to inform specific work streams or agenda items. Any coopted member appointed will not have a vote.

21. The five Healthwatch organisations shall be recognised as key stakeholders and a standing item will be included on the JHOSC agenda to allow the organisations to report back on patient and public views from across the ICS.

Chair & Vice Chair.

22. The Chair of the JHOSC shall be drawn from the members of it and will normally be filled by the member whose authority is hosting the Committee for a period of 24 months.

23. The Vice Chair of the JHOSC shall be drawn from members on the Committee and elected every 24 months.

Task & Finish Groups

24. The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political and geographical balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.

Committee support

25. The work of the JHOSC will require support in terms of overall coordination, setting up and clerking of meetings and underpi nning policy support and administrative arrangements.

26. Meetings of the committee are to be arranged and held by the host authority.

27. Should a press statement or press release need to be made by the JHOSC, this will be approved by all authorities before being signed off by the Chair.

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Work Programme 2024/25
Oxfordshire Joint Health Overview & Scrutiny Committee

Councillor Jane Hanna OBE, Chair | Omid Nouri, Health Scrutiny Officer, omid.nouri@ocfordshire.gov.uk

COMMITTEE BUSINESS

Topic	Relevant Strategic Priorities	Purpose	Type	Lead Presenters
6 March 2025				
Audiology Services Update	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive an update on the current state of audiology services within Oxfordshire.	Overview and Scrutiny	
Musculoskeletal health services update	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report with an update on the current state of Musculoskeletal health services.	Overview and Scrutiny	
Director of Public Health Annual Report (Children's Emotional Wellbeing and Mental Health)	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a draft version of the Director of Public Health Annual Report. This year's report will focus on the Emotional Wellbeing and Mental Health of Children.	Overview and Scrutiny	
Cancer wait times and treatments.	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report from Oxford University Hospitals NHS Foundation Trust on the	Overview and Scrutiny	
5 June 2025				
NHS Adult Learning Disabilities, Autism and ADHD Services	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report from the NHS on services for Adults with Learning Disabilities, Autism, and ADHD.	Overview and Scrutiny	
Oxfordshire as a Marmot Place	Tackle Inequalities in Oxfordshire;	To receive a report with an update on Oxfordshire becoming a Marmot Place	Overview and Scrutiny	

Topic	Relevant Strategic Priorities	Purpose	Type	Lead Presenters
	Prioritise the Health and Wellbeing of Residents.			
Transitions from Children to Adult Services.	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report with insights into the process of transitions from children to adult services in Oxfordshire.	Overview and Scrutiny	
11 September 2025				
Winter Planning	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report from system partners on preparations being made for the anticipated pressures of the ensuing winter months.	Overview and Scrutiny	
School Nurses	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report from Oxford Health NHS Foundation Trust with an update on the role and activities of School Nurses in Oxfordshire	Overview and Scrutiny	
Children's Emotional Wellbeing and Mental Health Strategy	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report from system partners with an update on the delivery of the Children's Emotional Wellbeing and Mental Health Strategy.	Overview and Scrutiny	
Oxfordshire Learning Disability Plan	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report from Oxfordshire County Council and its partners on the Oxfordshire Learning Disability Plan	Overview and Scrutiny	

Recommendation Tracker
Oxfordshire Joint Health Overview & Scrutiny Committee

Councillor Jane Hanna OBE, Chair | Omid Nouri, Health Scrutiny Officer, omid.nouri@Oxfordshire.gov.uk

The action and recommendation tracker enables the Committee to monitor progress against agreed actions and recommendations. The tracker is updated with the actions and recommendations agreed at each meeting. Once an action or recommendation has been completed or fully implemented, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker.

KEY	Report due	With Cabinet / NHS	Complete

Recommendations:

Meeting date	Item	Recommendation	Lead	Update/response
21-Nov-24	OUHFT Maternity Services in Oxfordshire	1. To ensure that maternity staff receive ongoing training around improving OUHFT Maternity Services. It is recommended that staff are also trained in patient-centred care.	Yvonne Christley; Rachel Corser; Dan Leveson	**Partially Accepted** (see item 5)
21-Nov-24	OUHFT Maternity Services in Oxfordshire	2. To continue to improve the support for the welfare and wellbeing of maternity staff in the context of improving OUHFT Maternity Services. It is especially crucial that staff are not subjected to undue negative pressure due to their working in maternal services or as part of efforts to improve OUHFT Maternity Services.	Yvonne Christley; Rachel Corser; Dan Leveson	**Accepted** (see item 5)
21-Nov-24	OUHFT Maternity Services in Oxfordshire	3. To develop a maternity trauma care pathway for ongoing support for mothers (and their partners) to include those who have experienced difficult births, complications, premature babies, and still births and bereavement. It is recommended that this is undertaken in co-production with voluntary organisations that work with families experiencing trauma and who include experts with lived experience. It is crucial to be proactive in reaching out to such patients and their partners in this regard.	Yvonne Christley; Rachel Corser; Dan Leveson	**Partially Accepted** (see item 5)

KEY	Report Due	With Cabinet / NHS	Complete

Meeting date	Item	Recommendation	Lead	Update/response
21-Nov-24	OUHFT Maternity Services in Oxfordshire	4. To establish robust processes through which to monitor and evaluate the effectiveness of measures aimed at improving OUHFT Maternity Services.	Yvonne Christley; Rachel Corser; Dan Leveson	**Partially Accepted** (see item 5)
21-Nov-24	OUHFT Maternity Services in Oxfordshire	5. To ensure that coproduction remains at the heart of the design as well as the improvements of OUHFT Maternity Services. It is also recommended for collaboration amongst relevant system partners, to explore the opportunity for coproduction work to maximise the potential of health checks for supporting women who have given birth, with a view to improve their physical and mental wellbeing and that of their families in the long run.	Yvonne Christley; Rachel Corser; Dan Leveson	**Partially Accepted** (see item 5)
21-Nov-24	OUHFT Maternity Services in Oxfordshire	6. For there to be clear communication with patients, including in indigenous languages for those who may not be fluent in English.	Yvonne Christley; Rachel Corser; Dan Leveson	**Partially Accepted** (see item 5)
21-Nov-24	Oxfordshire Healthy Weight	1. To explore support to local businesses supplying food in the takeaway market to provide healthier offers that meets both business and health needs. It is recommended that effective measures are adopted to address the concerns of local takeaway businesses about losing business in the event of switching to healthier food products	Derys Pragnell	**With NHS**
21-Nov-24	Oxfordshire Healthy Weight	2. To support food banks and larders in providing healthier food options; and for there to be further liaison and cooperation between the County Councils' Public Health Team and food larders and banks. It is recommended that there is further celebration of the role of volunteers and voluntary sector organisations in this regard.	Derys Pragnell	**With NHS**
21-Nov-24	Oxfordshire Healthy Weight	3. For the development of clear and measurable KPIs so as to evaluate the impacts and progress of the work to promote healthy weight.	Derys Pragnell	**With NHS**
21-Nov-24	Oxfordshire Healthy Weight	4. For there to be clear communications as soon as possible with residents as to the benefits and risks associated with obesity medications, especially for anyone who has not been encouraged to	Derys Pragnell	**With NHS**

KEY	Report Due	With Cabinet / NHS	Complete

Meeting date	Item	Recommendation	Lead	Update/response
		lose weight by their GP and is considering buying weight loss drugs privately or online without medical supervision.		
21-Nov-24	Oxfordshire Healthy Weight	5. For there to be clear mapping and identification of individuals with comorbidities. It is crucial that there is ongoing coproduction of healthy weight services that would include input from those with comorbidities or from vulnerable population groups.	Derys Pragnell	**With NHS**
21-Nov-24	Oxfordshire Healthy Weight	6. For system partners to work collaboratively to promote greater physical activity amongst residents of all ages. It is recommended that consideration is given to launching a public event to celebrate good practice in schools around promoting eating well and moving well. This could help to raise awareness of the importance of healthy eating and physical activity for all children.	Derys Pragnell	**With NHS**

Action Tracker
Oxfordshire Joint Health Overview & Scrutiny Committee

Councillor Jane Hanna OBE, Chair | Omid Nouri, Health Scrutiny Officer, omid.nouri@Oxfordshire.gov.uk

The action and recommendation tracker enables the Committee to monitor progress against agreed actions and recommendations. The tracker is updated with the actions and recommendations agreed at each meeting. Once an action or recommendation has been completed or fully implemented, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker.

KEY	Delayed	In Progress	Complete

Actions:

Meeting date	Item	Action	Lead	Update/response
No outstanding action items				

Recommendation Update Tracker
Oxfordshire Joint Health Overview & Scrutiny Committee

Councillor Jane Hanna OBE, Chair | Omid Nouri, Health Scrutiny Officer, omid.nouri@ocfordshire.gov.uk

The recommendation update tracker enables the Committee to monitor progress accepted recommendations. The tracker is updated with recommendations accepted by Cabinet or NHS. Once a recommendation has been updated, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker. If the recommendation will be update in the form of a separate item, it will be shaded yellow.

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
14-Nov-23	Oxfordshire Healthy Weight	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.	Derys Pragnell	Updated in 21-Nov-24 during "Oxfordshire Healthy Weight Item"
14-Nov-23	Oxfordshire Healthy Weight	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.	Derys Pragnell	Updated in 21-Nov-24 during "Oxfordshire Healthy Weight Item"
14-Nov-23	Oxfordshire Healthy Weight	3. 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	Updated in 21-Nov-24 during "Oxfordshire Healthy Weight Item"
14-Nov-23	Oxfordshire Healthy 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.	Derys Pragnell	Updated in 21-Nov-24 during "Oxfordshire Healthy Weight Item"
14-Nov-23	Oxfordshire Healthy Weight	5. 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.	Derys Pragnell	Updated in 21-Nov-24 during "Oxfordshire Healthy Weight Item"

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
14-Nov-23	Oxfordshire Healthy Weight	6. 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.	Derys Pragnell	Updated in 21-Nov-24 during "Oxfordshire Healthy Weight Item"
14-Nov-23	Health and Wellbeing Strategy	1. To ensure careful, effective, and coordinated efforts amongst system partners to develop an explicit criterion for monitoring the deliverability of the strategy; and to explore the prospect of enabling input/feedback from disadvantaged groups as part of this process.	David Munday	Update due
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"
14-Nov-23	Local Area Partnership SEND	11. 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	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
		children for any relevant mental or physical health services that they might require.		
14-Nov-23	Local Area Partnership SEND	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.	Lisa Lyons	Updated on 28-Feb-25 at Education and Young People OSC during "Local Area Partnership SEND update"
30-Jan-24	Children's Emotional Wellbeing & mental Health Strategy	1. To work on developing explicit and comprehensive navigation tools for improving communication and referral for services at the neighbourhood level and within communities. It is recommended that piloting such navigation tools in specific communities may be a point of consideration.	Cllr John Howson; Cllr Kate Gregory	Update due
30-Jan-24	Children's Emotional Wellbeing & mental Health Strategy	2. To ensure adequate co-production with children and their families as part of continuing efforts to deliver the strategy, including considerations of how children and families can be placed at the heart of commissioning. It is also recommended for an early review with the users of the digital offer once this becomes available; to include testing with neurodivergent children and other children known to be at higher risk of mental ill health.	Cllr John Howson; Cllr Kate Gregory	Update due
30-Jan-24	Children's Emotional Wellbeing &	3. To continue to explore and secure specific and sustainable sources of funding for the Strategy to be effectively delivered in the long run.	Cllr John Howson; Cllr Kate Gregory	Update due

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
	mental Health Strategy			
30-Jan-24	Children's Emotional Wellbeing & mental Health Strategy	4. To ensure that children and young people and their families continue to receive support that is specifically tailored toward their needs. It is recommended that a Needs-Based Approach is explicitly adopted, as opposed to a purely Diagnosis-Based Approach. This could allow for early intervention to be initiated as soon as possible.	Cllr John Howson; Cllr Kate Gregory	Update due
30-Jan-24	Children's Emotional Wellbeing & mental Health Strategy	5. That consideration is given to the use of a simple and evidence-based standardised evaluation measure, that is suitable across all services that are working on Children's mental health in community settings.	Cllr John Howson; Cllr Kate Gregory	Update due
27-Apr-24	Director of Public Health Annual Report	1. For the fully published DPH Annual report to come to a future HOSC meeting, with a view to further scrutinise the report and the deliverability of the commitments around climate action and health.	Ansaf Azhar	Updated on 06-Mar-25 at during "Director of Public Health Draft Annual Report"
27-Apr-24	Director of Public Health Annual Report	2. For the full DPH report to incorporate a section with insights into Population Health, and to include an update on progress on recommendations from the previous DPH Annual report.	Ansaf Azhar	Updated on 06-Mar-25 at during "Director of Public Health Draft Annual Report"
27-Apr-24	Director of Public Health Annual Report	3. For there to be clear and thorough engagement and co-production with key stakeholders around the commitments to climate action and health after the publication of the report. It is recommended that the local contexts and sensitivities are taken into account, with a view to balance these with national directives around climate action and health.	Ansaf Azhar	Updated on 06-Mar-25 at during "Director of Public Health Draft Annual Report"
27-Apr-24	Director of Public Health Annual Report	4. For there to be clear transparency and indications as to the barriers and enablers surrounding commitments to climate action and health. It is recommended that sufficient avenues of	Ansaf Azhar	Updated on 06-Mar-25 at during "Director of Public Health Draft Annual Report"

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
		funding and resources are secured for the purposes of delivering these ambitions, and for collaboration with key system partners for the purposes of this.		
27-Apr-24	Director of Public Health Annual Report	5. For there to be clarity around any governance structures or processes around climate action and health. It is recommended that there is transparency around any key leads responsible for relevant policy areas around climate and health to understand individual/organisational commitments, as well as to understand any associated regulatory or legislative barriers to these commitments.	Ansaf Azhar	Updated on 06-Mar-25 at during "Director of Public Health Draft Annual Report"
27-Apr-24	Director of Public Health Annual Report	6. To ensure that clear processes are in place for monitoring and evaluating the measures taken as part of climate action, with specific attention to the implications that such measures may have on residents' health and wellbeing.	Ansaf Azhar	Updated on 06-Mar-25 at during "Director of Public Health Draft Annual Report"
27-Apr-24	Director of Public Health Annual Report	7. To raise educational awareness and understanding of the importance of climate action and its implications on health.	Ansaf Azhar	Updated on 06-Mar-25 at during "Director of Public Health Draft Annual Report"
27-Apr-24	Director of Public Health Annual Report	8. For next year's DPH Annual report to be brought as a full draft to the Committee's Spring meeting, with a view to scrutinise the draft and provide feedback in a public meeting ahead of its official publication.	Ansaf Azhar	Updated on 06-Mar-25 at during "Director of Public Health Draft Annual Report"
06-Jul-24	GP Provision	1. To ensure continuous stakeholder engagement around the Primary Care Strategy and its implementation; and for the ICB to provide evidence and clarity around any engagements adopted, to include evidence on key feedback themes and from which groups within Oxfordshire such themes were received from. It is also recommended that there is a clear implementation plan to be developed as part of the Primary	Julie Dandridge; Dan Leveson	Update by July 2025

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
		Care Strategy, and for this to be shared with HOSC and key stakeholders.		
06-Jul-24	GP Provision	2. To continue to work on Prevention of medical and long-term conditions besides cardiovascular disease.	Julie Dandridge; Dan Leveson	Update by July 2025
06-Jul-24	GP Provision	4. That the ICB checks which practices are closing e-connect and telephone requests for urgent appointments and for what reasons, and that it is also checked as to whether/how the public have been communicated with around such closures. It is recommended that there is improved clarity and communication about the statistics concerning access to appointments.	Julie Dandridge; Dan Leveson	Update by July 2025
06-Jul-24	GP Provision	5. For there to be clarity and transparency around the use of any competency frameworks as well as impact and risk assessments around the role of non-GP qualified medical staff who are involved in triaging or providing medical treatment to patients. The Committee urges that the advocacy needs of patients are considered/provided for, and that patients are clearly informed about the role of the person who is treating them and the reasons as to why this is a good alternative to seeing their GP.	Julie Dandridge; Dan Leveson	Update by July 2025
06-Jul-24	GP Provision	6. That an expected date for the signing of the legal agreement on Didcot Western Park is provided to the JHOSC, so there can be reassurance about the likely timescale for the tendering process.	Julie Dandridge; Dan Leveson	Update by July 2025
12-Sep-24	Dentistry Provision	2. To support the creation of new practices within Oxfordshire with urgency, and to explore avenues of funding to support the ICB in developing solutions in this regard.	Hugh O'Keefe; Dan Leveson	Update by September 2025
12-Sep-24	Dentistry Provision	3. That urgent progress is made in improving the accuracy and the accessibility of information on dentistry services available to	Hugh O'Keefe; Dan Leveson	Update by September 2025

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
		people; and that where groups are targeted for help, they can benefit from an effective outreach.		
12-Sep-24	Dentistry Provision	4. For the Oxfordshire system to seek to influence a timely consultation in Oxfordshire on the fluoridation of the County's water supply.	Hugh O'Keefe; Dan Leveson	Update by September 2025
04-Oct-24	Palliative/ End of Life Care in Oxfordshire	1. To ensure that carers receive the necessary guidance as well as support in being able to maximise the support they provide to palliative care patients.	Dr Victoria Bradley; Kerri Packwood; Karen Fuller; Dan Leveson	Update by October 2025
04-Oct-24	Palliative/ End of Life Care in Oxfordshire	2. To secure sustainable sources of funding and resources for the RIPEL project, as well as Palliative Care Services more broadly.	Dr Victoria Bradley; Kerri Packwood; Karen Fuller; Dan Leveson	Update by October 2025
04-Oct-24	Palliative/ End of Life Care in Oxfordshire	3. To secure additional and sufficient resourcing and support for palliative transport services. It is recommended that transport services for palliative care patients are organised in a manner that avoids delay and distress for patients.	Dr Victoria Bradley; Kerri Packwood; Karen Fuller; Dan Leveson	Update by October 2025
22-Nov-24	Winter Planning	1. To continue to ensure that clear plans and processes are in place to help reduce time spent in emergency departments by patients during the winter months when pressures are likely to be higher.	Dan Leveson; Lily O'Connor	Update by November 2025
22-Nov-24	Winter Planning	2. To continue to ensure a careful balance between providing patient flow on the one hand (including through reducing lengths of stay across step down beds), whilst providing the personalised care that each patient needs.	Dan Leveson; Lily O'Connor	Update by November 2025

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
22-Nov-24	Winter Planning	3. To ensure that there is sufficient capacity within primary care (particularly with GP services) to cater for any increased pressure during the winter.	Dan Leveson; Lily O'Connor	Update by November 2025
22-Nov-24	Winter Planning	4. To ensure that adequate preparations are in place for a potential surge in infection rates, and to secure the availability of vaccinations. It Is recommended that there is also clear communication with the public in relation to both viral infection patterns as well as how residents can reduce the likelihood of spreading/contracting diseases.	Dan Leveson; Lily O'Connor	Update by November 2025
05-Nov-24	Adult and Older Adult Mental Health in Oxfordshire	1. To ensure that adult eating disorder services are personalised in a manner that takes the unique needs and experiences of each individual patient. it is recommended that this service is coproduced with adults with eating disorders as much as possible.	Rachel Corser; Dan Leveson	Update by November 2025
05-Nov-24	Adult and Older Adult Mental Health in Oxfordshire	2. To take adequate measures to tackle loneliness amongst older adults, and to make every effort to reach out to older adults (with lived experience) and to include them in the designing of older adult mental health services. It is recommended that there is liaison with the Oxfordshire Mental Health Partnership to explore avenues to improve coproduction here.	Rachel Corser; Dan Leveson	Update by November 2025
05-Nov-24	Adult and Older Adult Mental Health in Oxfordshire	3. To ensure that patient history is effectively communicated and shared amongst professionals/organisations providing mental health support, and to avert the prospects of patients being or feeling bounced between various mental health services.	Rachel Corser; Dan Leveson	Update by November 2025
05-Nov-24	Adult and Older Adult Mental Health in Oxfordshire	4. That voluntary sector stakeholder organisations who work in Oxfordshire on suicide prevention are invited to register with a VSO suicide prevention stakeholder register. It is also recommended that there is adequate resource, engagement,	Rachel Corser; Dan Leveson	Update by November 2025

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
		and a collaborative system inclusive of the VSO registered stakeholders to tackle suicide.		
05-Nov-24	Adult and Older Adult Mental Health in Oxfordshire	5. That there is collaborative system work to develop KPIs on serious mental health to maximise the impact of the existing resource available across Oxfordshire, with a view to prevention and to increase the support available to people and families in distress. It is recommended that there is engagement with the local authority and Region on KPIs relating to patients residing in long-term inpatient settings away from their families.	Rachel Corser; Dan Leveson	Update by November 2025
26-Nov-24	Medicine Shortages	1. To ensure that policies are in place to recognise and identify patients with cliff-edge conditions, and to ensure that mitigations are in place to reduce the risk of harm to these patients in the event of supply disruptions.	Julie Dandridge; Claire Critchley; David Dean; Nhulesh Vadher	Update by November 2025
26-Nov-24	Medicine Shortages	2. To ensure effective communication, coordination, and transparency within and between the local and national levels to help mitigate risks associated with medicine shortages.	Julie Dandridge; Claire Critchley; David Dean; Nhulesh Vadher	Update by November 2025
26-Nov-24	Medicine Shortages	3. To work on reducing any prospect of additional excessive workloads on both clinical and administrative staff in the event of medicine shortages, and to provide meaningful support for staff as well as additional resource if need be for the purposes of tackling any additional demand/burdens.	Julie Dandridge; Claire Critchley; David Dean; Nhulesh Vadher	Update by November 2025
26-Nov-24	Medicine Shortages	4. To continue to improve sharing of information and transparency, including through a potential digital local database, for helping professionals to easily identify where supply issues exist.	Julie Dandridge; Claire Critchley; David Dean; Nhulesh Vadher	Update by November 2025
26-Nov-24	Medicine Shortages	5. To work on improving communication and coproduction with patients and involving those with cliff-edge or long-term conditions, regarding the pharmacy services and the availability	Julie Dandridge; Claire Critchley;	Update by November 2025

KEY	Update Pending	Update in Item	Updated

Response Date (hyperlinked)	Item	Recommendation	Lead	Update
		of medicines (including through the use of frequently asked questions). It is also recommended that patients are signposted to any support that could be available from pharmacy services and the voluntary sector.	David Dean; Nhulesh Vadher	
16-Dec-24	Epilepsy Services Update	1. For the ICB and Oxford University Hospitals NHSFT to: a. Give priority to patient safety for people with epilepsy and their families in Oxfordshire, and to the welfare of the Oxfordshire epilepsy team, and to set out how that priority will be addressed through their governance and management at a board level. The governance and management of these priorities should also be inclusive of people with lived experience and their charity representatives, as well as their concerns regarding tailored and balanced communications and the use of existing empowerment tools. b. To secure further funding and resource for epilepsy services.	Sarah Fishburn; Dan Leveson; Olivia Clymer	Update by December 2025
16-Dec-24	Epilepsy Services Update	2. For NHSE Region to give support to the ICB and Oxford University Hospitals NHS Foundation Trust to help achieve the above prioritisations.	Sarah Fishburn; Dan Leveson; Olivia Clymer	Update by December 2025
16-Dec-24	Epilepsy Services Update	3. For OCC Cabinet: For Oxfordshire County Council Cabinet members and senior officers responsible for education and residential care for children and adults with Learning Disabilities and/or autism (who are affected by patient safety concerns), to consider the likely impacts of the valproate policy for the local authority commissioning arrangements and the provision of residential care and out of county placements.	Sarah Fishburn; Dan Leveson; Olivia Clymer	Update by December 2025