OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 20 November 2025 commencing at 10.00 am and finishing at 3.27 pm.

Present:

Chair:	Councillor Jane Hanna OBE
Deputy Chair:	District Councillor Dorothy Walker
Councillors:	Ron Batstone, Judith Edwards, Emma Garnett, Imade Edosomwan, Gareth Epps
District Councillors:	Katharine Keats-Rohan, Louise Upton, Elizabeth Poskitt
Co-Optees:	Sylvia Buckingham, Barbara Shaw
Other Members in Attendance:	Cllr Sean Gaul, Cabinet Member for Children and Young People
Officers:	Ansaf Azhar, Director of Public Health & Communities Lisa Lyons, Director of Children's Services Caroline Kelly, Head of Integrated Commissioning - Start Well Chris Wright, Associate Director of Place – Oxfordshire BOB ICB Dan Leveson, BOB ICB Director of Place and Communities Dr Michelle Brennan, Chair Oxfordshire GP Leadership Group Dr Rob Bale, Interim Chief Operating Officer for Mental Health and Learning Disability Ian Bottomley, Deputy Director - Integrated Commissioning HESC Jannette Smith, Public Health Principal Kate Holburn, Deputy Director of Public Health Lily O'Connor, Programme Director Urgent and Emergency Care for Oxfordshire BOB ICB Mark Chambers, Head of Children's Community Services Mattew Tait, BOB ICB Chief Delivery Officer Sue Butt, Oxford Health NHSFT Transformation Director Veronica Barry, the Executive Director of Healthwatch Oxfordshire Vicky Norman, Head of Oxfordshire Children & Adolescent Mental Health Services (CAMHS) Victoria Baran, Deputy Director of Adult Social Care Omid Nouri, Health Scrutiny Officer

The Council considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and decided as set out below. Except insofar as otherwise specified, the reasons for the decisions are contained in the agenda and reports, copies of which are attached to the signed Minutes.

57/25 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Cllr Paul-Austin Sargent, and District Cllr Val Shaw.

58/25 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Barbara Shaw declared that she was the chair of Healthwatch, and a patient safety partner.

Sylvia Buckingham declared that she was a patient safety partner with Oxford University Hospitals NHS Foundation Trust (OUH), and a Trustee for Healthwatch Oxfordshire.

Cllr Emma Garnett declared that they were employed by the Department of Primary Healthcare at the University of Oxford.

Cllr Jane Hanna declared an interest as an employee of SUDEP Action.

59/25 MINUTES

(Agenda No. 3)

The Committee **APPROVED** the minutes of the meeting held on 11 September 2025, as a true and accurate record subject to the following amendment:

- to emphasise the Committee's unanimous decision for a letter to be sent on their behalf to the Secretary of State for Health and Social Care in regards to the role of Independent Service Providers in NHS Ophthalmology.

60/25 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

Roseanne Edwards (reporter for the Banbury Guardian) addressed the Committee, expressing concern over insufficient scrutiny and representation for the Horton General Hospital catchment, particularly in maternity services. She stated that the downgrading of the Horton's obstetric unit resulted in overstretched care at the John Radcliffe, negatively impacting Banbury residents. Roseanne called for proper local representation and a dedicated meeting to ensure Banbury's growing population receives adequate hospital services tailored to its needs.

61/25 RESPONSE TO HOSC RECOMMENDATIONS

(Agenda No. 5)

The Committee **NOTED** the response to its recommendation on retaining the independent patient voice in Oxfordshire.

62/25 ESTABLISHMENT OF PRIMARY CARE ACCESS AND ESTATES WORKING GROUP

(Agenda No. 6)

The Committee reviewed a paper outlining the scope, membership, methodology, and timeline for a new Primary Care Access and Estates Working Group.

The Committee **AGREED** to formally set up the group, confirming its proposed membership (Cllr Jane Hanna, City Cllr Louise Upton, Cllr Gareth Epps, Cllr Paul-Austin Sargent, Cllr Ron Batstone, District Cllr Katharine Keats-Rohan) and its planned activities.

It was also **AGREED** that updates and recommendations would be presented at the Committee's June 2026 public meeting. Concerns were raised about future population growth and planning pressures, and it was agreed these would be considered within the scope of the working group's work.

63/25 CHAIR'S UPDATE

(Agenda No. 7)

The Chair reported that a meeting had taken place with the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (ICB) to address concerns about the rising population in Didcot Great Western Park and delays in communication regarding GP services. An update from the ICB was expected in early 2026. The Committee had also submitted an interim report to the ICB with recommendations on general practice services, ahead of the new working group's activities. Another report was sent to Oxfordshire System Partners with a recommendation to preserve the independent patient voice function in Oxfordshire. A report was also submitted to the NHS with recommendations on Ophthalmology services.

A letter was sent to all Oxfordshire MPs seeking support for retaining the independent patient voice in Oxfordshire.

A letter was sent to the Secretary of State for Health and Social Care on behalf of the Committee, expressing concerns about the role of Independent Service Providers in NHS Ophthalmology.

The Chair highlighted that a public meeting was convened by the Buckinghamshire, Oxfordshire, and West Berkshire Joint Health Overview and Scrutiny Committee (BOB HOSC), which discussed NHS reforms and provider collaboratives. The Chair (Cllr Jane Hanna) was elected to Chair the BOB HOSC, which would now be hosted by Oxfordshire County Council. It was **NOTED** that a new constitution for the ICB would be required due to national changes, extending the ICB's footprint into parts of

East Berkshire. The Chair expressed disappointment that there would be no engagement or consultation on the new ICB constitution, as it would be directed nationally.

Further updates included mention of a paper that was submitted to BOB HOSC in its October meeting on provider collaboratives across the BOB geography, which showed progress and savings from providers working together. It was explained that the new ICB boundaries would likely require changes to the BOB HOSC'S membership and terms of reference. The Chair concluded by noting the significant ongoing changes and reforms to the NHS on a national scale.

64/25 CHILDREN'S EMOTIONAL WELLBEING AND MENTAL HEALTH
(Agenda No. 8)

Oxfordshire County Council Officers and NHS partners were invited to present two reports on the topic of Children's Emotional Wellbeing and Mental Health; one on the Emotional Wellbeing and Mental Health Strategy and CAMHS, and another on school Health Nurses. The following were invited to present the reports to the Committee and answer the Committee's questions:

- Cllr Sean Gaul, Cabinet Member for Children and Young People
- Ansaf Azhar, Director of Public Health & Communities
- Lisa Lyons, Director of Children's Services
- Caroline Kelly, Head of Integrated Commissioning - Start Well
- Dan Leveson, BOB ICB Director of Place and Communities
- Jannette Smith, Public Health Principal
- Mark Chambers, Head of Children's Community Services
- Mattew Tait, BOB ICB Chief Delivery Officer
- Dr Rob Bale, Interim Chief Operating Officer for Mental Health and Learning Disability
- Sue Butt, Oxford Health NHSFT Transformation Director
- Vicky Norman, Head of Oxfordshire Children & Adolescent Mental Health Services (CAMHS)

The Committee received a presentation on Children's Emotional Wellbeing and Mental Health. The Head of Children's Community Services outlined recent developments, including the expansion of school health nursing to all secondary schools and colleges, with a particular focus on mental health support. The TellMi app had been successfully launched, showing strong uptake among LGBTQ+ youth. Family learning and support programmes were under review, and a new service for primary schools was due to launch. Progress was being monitored through data dashboards.

The Head of Oxfordshire CAMHS described several initiatives: the supportive steps model for parents, the SHaRoN online support platform, and increased neurodevelopmental assessments via external providers. AI tools were being used to triage referrals, and the Andy Clinic provided support for anxiety and depression. The Thames Valley Link programme engaged hard-to-reach young people. Work continued on transitions to adult services and collaborative projects with children's social care.

The Cabinet Member was asked about the priority given to children's mental health and the requirements for effective, sustainable delivery of the emotional wellbeing and mental health strategy. He confirmed that children's mental health remained a top priority, though sustainable funding was challenging due to ongoing pressures. He reaffirmed his commitment to the strategy, pledged to act on the Committee recommendations, and highlighted opportunities for better service integration through family hubs and neighbourhood working.

Questions were raised regarding the tracking of progress against the strategy, the main challenges in implementation, and the factors behind rising mental health concerns. Officers explained that progress was monitored bimonthly via board meetings, action plans, and highlight reports, using both quantitative and qualitative data, including feedback from children and families. Challenges included increased demand and resource limitations.

Concerns were expressed by the Committee about the lack of lived experiences of young people in the report and the involvement and resilience of the voluntary sector. Officers responded that lived experience was increasingly being integrated through youth forums, peer support workers, and co-production with young people and parents, though better coordination was needed. The voluntary sector's role was recognised as vital, especially in early support and outreach, with ongoing work to strengthen partnerships and ensure sustainability.

Barriers to achieving collaborative, integrated pathways for children's emotional wellbeing and mental health were discussed. Officers identified time and capacity constraints, the pressures of multiple reforms, and differing priorities and timescales between health and education sectors as key obstacles. Building relationships and trust across organisations, aligning priorities, and moving away from short-term approaches were considered essential. Workforce constraints and the need for better coordination remained ongoing challenges.

The Cabinet member left the meeting at this stage.

The influence of the school environment on children's mental health, the effectiveness of mental health training for school staff, and the measurement of workforce outcomes were considered. Officers stated that schools played a critical role, and hundreds of staff had received mental health training to empower them to support students and identify when to refer to clinical services. Efforts were ongoing to collect feedback and data on staff confidence and ability to support children's needs.

The effectiveness of the TellMi app was questioned. Officers explained that the app provided a moderated platform for peer support and early intervention, aiming to prevent crises and identify young people in need. The app had been positively evaluated by external organisations, and local contract monitoring and user feedback were ongoing.

Plans for an early review of the TellMi app and its evaluation were discussed. Officers confirmed that contract monitoring was in place, with regular reports on user

engagement and resource access. User feedback was being collected, including surveys and input from youth forums. The app had already undergone scientific evaluation by external organisations such as UCL, with positive results.

Gaps in parenting support provision and the role of the family hub programme were explored. Officers identified gaps in support for parents of neurodivergent children, especially those with sensory needs and Attention Deficit Hyperactivity Disorder (ADHD). Previous pilots had been successful, and long-term resources were being developed. Feedback indicated parents preferred “support programmes” rather than “courses” and wanted clearer information. Family hubs aimed to deliver these programmes locally and improve access for all carers, including fathers and kinship carers, with further work planned to address inequalities.

The nature of the new children’s family hubs and provision for rural communities were discussed. Officers explained that the hubs would resemble children’s centres but with a broader age range and a mix of universal and targeted services, including support for older young people. Existing public buildings and pop-up locations would be used to ensure accessibility, with agile and mobile support for rural areas.

Concerns about high numbers of mental health referrals from certain rural schools were raised. Officers confirmed that data on school referrals had been collected and analysed, showing variation in referral rates and support levels. Some schools were more proactive in supporting mental health and addressing issues like bullying. Further information would be shared to celebrate engaged schools and expand participation.

Evidence supporting the impact of mental health support teams and the whole school approach was requested. Officers replied that mental health support teams had reached 6,500 children in the previous year, though specific outcome data would be provided later. The programme was part of a national directive, with a target for 100% coverage. Additional strategies included new services for primary schools and collaboration with schools commissioning their own support.

Barriers to school engagement with mental health support initiatives were discussed. Officers noted that engagement could be harder for very small rural schools due to capacity. Larger schools or those in multi-academy trusts often commissioned their own services, affecting referral patterns. Mapping and aligning programmes was considered important to ensure a core offer for schools, and future legislation might encourage greater cooperation.

Current referral waiting times for children’s mental health services and support for those on waiting lists were considered. Neurodevelopmental assessment waiting times were a national issue, but local referrals had recently decreased. The longest-waiting families were being sent to a private provider, and webinars were offered for support. Some children were already being seen by nurses, and many improved or were signposted elsewhere during the wait. The eating disorder service met national targets, and crisis teams provided urgent support.

Mechanisms to prevent confusion or errors for vulnerable groups, such as care leavers, were discussed. Care leavers received a health passport and alerts were set

up, though national problems with adult ADHD and autism assessment waiting lists persisted. Young people approaching 18 were prioritised, and access to children's social care records helped monitor and prevent issues.

Workforce challenges in Oxfordshire, particularly differences between qualified and unqualified staff, and recruitment and retention issues, were raised. Most staff were professionally qualified, with only a few youth workers and psychology trainees. Retention rates were below the trust average, though recruitment had improved. The Trust focused on apprenticeships and local training, with recruitment priorities based on clinical need.

Staffing in the intensive care unit and the potential impact of recent immigration law changes were discussed. Staffing had improved since the unit's opening, with ongoing monitoring and support. The unit served a wide region and dealt mainly with emotionally dysregulated young people. The impact of new immigration laws was not yet clear, though the issue was being monitored.

The strategy's use of studies, surveys, and data sources such as the Joint Strategic Needs Assessment (JSNA) was explained. The JSNA and large-scale surveys like the Oxwell survey informed the strategy, leading to actions such as training all teachers. Qualitative data from community profiles and family stories also contributed to informing the strategy.

Access to sexual health services for young people in rural areas and efforts to improve equity were outlined. An integrated sexual health service was commissioned, with a needs assessment underway. School health nursing provided over 2,300 one-to-one sessions in the last academic year, with enhanced training for nurses. Preventative education was delivered through the "protected behaviours" programme.

Communication with parents and families regarding the school health nursing service was described. Multiple channels were used, including a chat health service, termly newsletters, and a bulk messaging system. The service ensured a presence in every secondary school at least once a week and sent introduction letters to families of electively home-educated children.

The Committee **AGREED** to issue the following recommendations, subject to any necessary minor amendments offline:

1. To ensure that clear mechanisms are in place to evaluate the deliverability of the Emotional Wellbeing and Mental Health strategy (including the use of digital platforms/apps), as well as the efficacy of Children's EWMH services more broadly.

2. To continue to explore and secure sustainable sources of funding for the delivery of the aims and objectives of the EWMH strategy.

3. To provide clear and structured support for families awaiting diagnosis and treatment. It is recommended that there is a scaleup of "Supportive Steps" and

similar programmes countywide, ensuring proactive communication and signposting to interim support.

4. To improve communication and transparency on Children's EWMH services. It is recommended that a unified navigation hub is developed which links Tellmi, SHaRON, and local resources and services, with clear guidance for parents and professionals.

5. To embed the Whole School Approach across all Oxfordshire schools, and to strongly encourage all schools to have a trained senior mental health lead and for schools to report annually on WSA implementation and impact.

6. To maintain and enhance sexual health provision in schools, particularly in rural areas, through continued investment in advanced training for nurses and monitoring service uptake.

7. To work toward integration of Family Hubs with the Whole System Approach to Children's Emotional Wellbeing and Mental Health.

The Committee adjourned for lunch at 12:32, and reconvened at 13:24

65/25 NEIGHBOURHOOD HEALTH PLAN FOR OXFORDSHIRE

(Agenda No. 10)

With the agreement of the Committee, the Chair varied the agenda and took item 10 before item 9.

Oxfordshire's system partners were invited to present a report providing an update on the ongoing work to develop a Neighbourhood Health Plan for Oxfordshire. The Committee invited the following Officers to answer questions:

- Ansaf Azhar, Director of Public Health & Communities
- Chris wright, Associate Director of Place – Oxfordshire BOB ICB
- Ian Bottomley, Deputy Director, Integrated Commissioning – HESC
- Kate Holburn, Deputy Director of Public Health
- Lily O'Connor, Programme Director Urgent and Emergency Care for Oxfordshire BOB ICB
- Dr Michelle Brennan, Chair Oxfordshire GP Leadership Group
- Sue Butt, Oxford Health NHS Foundation Trust Transformation Director
- Victoria Baran, Deputy Director of Adult Social Care

The Committee received an update on the development of Oxfordshire's neighbourhood health plan. The deadline for submitting the final plan had been extended beyond December 2025, allowing more time for partners to refine the plan. The Chair emphasised that this extension would help avoid a rushed process and enable a more robust outcome. The meeting provided an opportunity for scrutiny and recommendations.

Discussion began with concerns about implementing strategic changes, such as shifting care from hospitals to the community, prioritising prevention, and increasing

digitalisation, without additional funding. The Head of Joint Commissioning -Age Well explained that aligning the neighbourhood health plan with the Better Care Fund (BCF) would be essential, as many services supported by the BCF would underpin the neighbourhood agenda. Despite financial challenges, partners were expected to coordinate creatively and maximise the impact of existing resources.

Efficient use of the BCF was identified as a key lever for cross-sector collaboration and resource allocation. The adoption of population health management approaches was also emphasised, enabling collective use of data for targeted prevention and addressing unmet needs. Integrating services at the neighbourhood level and building strong relationships were considered vital. The Committee expressed confidence that partnership working and resource alignment could drive the required changes.

The value of community projects and lessons from co-production and voluntary sector involvement were discussed, with the Wantage Community Hospital project cited as an example of transformation from a hospital-based to a community-focused initiative. The importance of engaging the voluntary sector and leveraging local assets was highlighted, alongside the need to map community activity and integrate voluntary sector knowledge. Co-production and voluntary sector engagement were deemed essential for effective prevention and holistic neighbourhood planning.

The governance structure for the neighbourhood health plan was examined, particularly regarding the involvement of voluntary, community, faith, and social enterprise sectors. A dedicated stakeholder event had been held to discuss engagement methods, with approaches tailored to suit different organisations' capacities. Ongoing collaboration with infrastructure organisations, regular meetings with the voluntary sector, and offers for representation on key boards were noted, aiming for both information sharing and genuine influence over decision-making.

The role of overarching organisations in representing the voluntary sector within the plan's governance was considered. While organisations such as Healthwatch sat on the Place-Based Partnership Board, it was acknowledged that no single organisation could represent the entire voluntary sector due to its diversity and limited resources. Regular interactions and flexible participation, allowing topic-specific groups to join relevant board discussions, were suggested to ensure broader representation. Patient Participation Groups were also identified as a means to enhance engagement.

Cllr Garnett left the meeting at this stage.

The Committee explored whether the construction of neighbourhood geographies for the health plan took into account potential local government reorganisation (LGR), particularly to ensure alignment with broader determinants of health such as housing, planning, and transport. It was confirmed that discussions had taken place with district councils and that the planning process was mindful of possible LGR changes. The current neighbourhood plan would serve as a transition plan, with a more formal version to follow once LGR details were clearer, to avoid creating neighbourhoods that might later conflict with new boundaries.

The role of the Health and Wellbeing Board in the neighbourhood health plan, mechanisms for public accountability, and governance sign-off were discussed. The Board would have overall accountability and leadership for the plan, with regular updates provided to the Joint HOSC. The plan would be developed with input from a wide range of stakeholders, including lived experience representatives and district councillors, and would be socialised with all relevant organisations for sign-off. The Board's membership might be reviewed to ensure broad stakeholder involvement.

Parish council involvement in the development of neighbourhood health plans was raised. Parish councils had not yet been engaged but would be included as the process moved to the individual neighbourhood level, recognising their valuable local insight. Collaboration would likely be coordinated with guidance from County and District Councils, and it was recommended that the Oxfordshire Association of Local Councils be used as a key communication channel.

The Committee sought clarification on the practical advantages the neighbourhood health plan would offer to ordinary residents, particularly those in rural villages with limited access to transport and healthcare. The plan aimed to provide more care closer to home, reducing the need for hospital visits unless absolutely necessary. It was acknowledged that rural neighbourhood plans would differ from urban ones, but the overall goal was to address local needs within communities and build on existing assets.

Mechanisms for influencing the neighbourhood health plan, especially regarding the involvement of local members and parish councils, were outlined. Engagement could occur through relevant officers, the Health and Wellbeing Board, local authority members, the HOSC committee, and the place-based partnership. Local members played a key role as frontline representatives in their communities and at parish meetings, ensuring that local voices could influence the development and implementation of the plan.

The criteria for determining what constituted a neighbourhood within the plan, and ensuring coherence across Oxfordshire, especially with possible future changes to local government boundaries, were clarified. Four planning units: North, City, South, and West, had been established to facilitate local stakeholder engagement, not to set fixed boundaries. Neighbourhoods would likely range from 30,000 to 50,000 people, with further and continuous evaluation to ensure boundaries reflected natural community movements and local service use.

Concerns regarding upcoming contracts for neighbourhood health, particularly the impact on general practice and the definition of a "core offer" at different population levels, were acknowledged. Significant anxiety existed among GPs due to uncertainty about new provider contracts, which had not yet been detailed. It was explained that most people would continue to receive care through existing primary and community services, with neighbourhoods initially focusing on those with complex needs. Further information and engagement would follow once contract details became available.

Lessons learnt from previous neighbourhood and integrated care projects were discussed. Oxfordshire had already implemented several successful programmes, such as hospital at home, virtual wards, and integrated neighbourhood teams, with

ongoing evaluation in specific areas. The neighbourhood health plan aimed to coordinate and scale up effective approaches across the county, balancing both service reorganisation and preventative work tailored to local needs.

The Committee **AGREED** to issue the following recommendations, subject to any necessary minor amendments offline:

1. For clear governance arrangements to be developed for the Oxfordshire Neighbourhood Health Plan, including defined roles for the Health and Wellbeing Board, Place-Based Partnership, and Primary and Community Care Board. It is recommended that there is openness and transparency, as well as regular reporting to the JHOSC on the plan's development and delivery milestones.

2. To ensure that the Neighbourhood Health Plan aligns with other strategic initiatives (such as the Better Care Fund and the Health & Wellbeing Strategy, and the Oxfordshire Way), and to avoid duplication and fragmentation.

3. To prioritise investment in digital infrastructure, interoperability, and usability to enable data sharing and Population Health Management at neighbourhood level. It is recommended that system partners report on progress in implementing Population Health Management tools and Health Evaluation Units.

4. To ensure that the local patient voice and local voluntary sector input is at the heart of the development and delivery of the neighbourhood health plan for Oxfordshire. It is recommended that the role of the local member is also integral to this.

5. To ensure the collective gathering of data by all key system partners as part of shaping and delivering the neighbourhood health plan.

D/Cllr Poskitt left the meeting at this stage.

66/25 HEALTHWATCH OXFORDSHIRE UPDATE

(Agenda No. 9)

Veronica Barry, the Executive Director of Healthwatch Oxfordshire, provided an update on recent outreach and research activities. She reported that Healthwatch had published a study on the NHS app, gathering feedback from over 800 people through surveys and street outreach in areas such as Cowley Centre, Banbury, and Charlbury. The findings highlighted concerns about digital exclusion, particularly in rural areas with poor connectivity, and among groups such as those with dyslexia or English as a second language. Many respondents expressed a preference for face-to-face contact and worried that digital services might replace human interaction. Recommendations were made to the ICB to improve support and communication about the app's changes, and to the County Council regarding digital infrastructure.

The Executive Director also summarised a report on trans and non-binary people's experiences with GP services, noting mixed feedback and a postcode lottery for

access to gender-affirming therapies. The ICB committed to more staff training and better guidance for GPs, as well as ongoing engagement with this community.

The Executive Director also announced a new survey on end-of-life care, developed with the palliative care network, aiming to understand people's aspirations and planning needs, with outreach to community groups and street interviews. The Committee were also informed of ongoing community research with groups such as Oxford Community Action, the Chinese community, and Sunrise Cultural Centre; focusing on issues like housing, cancer awareness, and families in temporary accommodation.

The Committee **NOTED** the Healthwatch Oxfordshire Update and thanked the organisation for its ongoing work in upholding an independent patient voice in Oxfordshire.

67/25 FORWARD WORK PLAN
(Agenda No. 11)

The Committee **AGREED** to the proposed work programme for its upcoming meetings.

The Committee **NOTED** that the work plan for the January meeting included the Director of Public Health annual report (noting it would be in a different format than previous years), the Oxfordshire Learning Disability Plan (moved forward from April), and Maternity Services. The Health Visitors update was rescheduled to a later date.

68/25 ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 12)

The Committee **NOTED** the progress outlined in the actions and recommendations tracker.

..... in the Chair

Date of signing .....