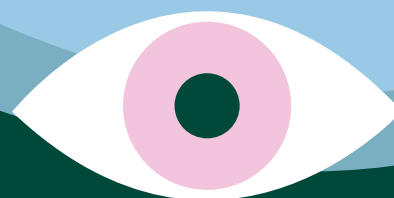


July 2024

# Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC)



**Annual Report**

# 2023/24



**OXFORDSHIRE  
COUNTY COUNCIL**

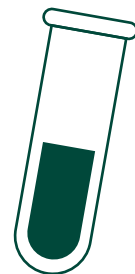
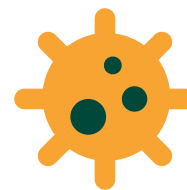
# 1 Chair's introduction

This annual report comes after a year of unprecedented and increasing challenges for health services including rising health demands as well as rising pressures in most areas (particularly in areas where there is a workforce shortage). These are national issues which the Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC) has scrutinised locally. Some patients have inevitably faced delays and disruption to the quality of their care.

The JHOSC drew attention to the shortfall in the workforce before the pandemic and all pressures have significantly worsened since then. Some health workers will inevitably be continuing to work above and beyond their expected responsibilities. The JHOSC has therefore become more heavily involved in the scrutiny of healthcare services in light of some of the recent challenges, but it has also sought to act as a “critical friend” toward the individuals and organisations responsible for providing health services to local residents, including the county council, the BOB Integrated Care Board (ICB), Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, and the newly created Oxfordshire Place-Based Partnership, as leaders of the local system work together to plan and deliver improvements.

The county councillors on the committee have served on both the Oxfordshire JHOSC and on the three-county health scrutiny committee (known as the Buckinghamshire, Oxfordshire, and Berkshire West JHOSC, referred to as BOB HOSC), and have contributed to detailed scrutiny on the ICB strategy overall and on both the ICB's primary care strategy and its digital and data strategy.

The JHOSC has also worked hard to build much stronger relationships with many key individuals and organisations within the Oxfordshire system for the purposes of facilitating effective



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and healthy forms of scrutiny and partnership working; the aim of which is to help work with system partners to improve the healthcare services that Oxfordshire's residents receive.

It is vital that HOSCs are able to work effectively within local systems and with good relationships, and the JHOSC has relied on this for the purposes of pursuing effective healthcare outcomes for the local population. This also helped to achieve detailed scrutiny reviews which had proven valuable not merely from a scrutiny perspective but also for the wider system. The work of this significant body of democratic scrutiny is only possible because of extensive engagements, and our thanks go to all colleagues from the health and social care system who have supported the JHOSC's work including local NHS leaders and cabinet members and officers from the county council who have reported to and spoken to the committee who are listed on the following page:

## NHS

**Susannah Butt** (Transformation Director - Community Health Services, Dentistry and Primary Care, Oxford Health NHS Foundation Trust)

**Rachel Corser** (Chief Nursing Officer, Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board)



**Julie Dandridge** (Deputy Director, Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board)

**David Eltringham** (Chief Executive, South Central Ambulance Service)

**Lucy Fenton** (Transformation Lead – Primary, Community & Dental Care Oxford Heath NHS Foundation Trust)

**Lisa Glynn** (Director of Services, Oxford University Hospitals NHS Foundation Trust)

**Daniel Leveson** (Place Director, Berkshire, Oxfordshire and Buckinghamshire Integrated Care Board)

**Hugh O’Keefe** (Senior Programme Manager - Pharmacy, Optometry and Dental Services, BOB ICB)

**Dr Ben Riley** (Managing Director, Oxford Health NHS Foundation Trust)

**Sam Shepard** (Deputy Director of Strategy & Partnerships, Oxford University Hospitals NHS FT)

**Eileen Walsh** (Chief Assurance Officer, Oxford University Hospitals NHS Foundation Trust)

## Oxfordshire County Council

**Ansaf Azhar** (Director of Public Health, Oxfordshire County Council)

**Cllr Tim Bearder** (Cabinet Member for Adult Social Care)

**Liz Brighouse** (Former Cabinet Member for Children, Education and Young People’s Services)

**Cllr Michael O’Connor** (Former Cabinet Member for Public Health)

**Stephen Chandler** (Executive Director for People, Oxfordshire County Council)

**Cllr Kate Gregory** (Cabinet Member for Special Educational Needs and Disabilities)

**Cllr John Howson** (Cabinet Member for Children, Education and Young People’s Services)

**Karen Fuller** (Director of Adult Social Care, Oxfordshire County Council)

**Cllr Nathan Ley** (Cabinet Member for Public Health)

Additionally, I would like to express thanks to the following individuals who comprised the membership of the JHOSC within the previous year, all of whom have invested time and effort into the work of the committee:

**District Cllr Elizabeth Poskitt**

(Vice-Chair 2023-2024)

**Cllr Jenny Hannaby**

**Cllr Nick Leverton**

**Cllr Nigel Champken-Woods**

**Cllr Freddie Van Mierlo**

**Cllr Michael OConnor**

**Cllr Mark Lygo**

**Cllr Damian Haywood**

**District Cllr Lesley McLean**

**District Cllr Paul Barrow**

**City Cllr Sandy Douglas**

**District Cllr Katharine Keats-Rohan**

**Barbara Shaw**

**Siama Ahmed**

The committee has made 81 formal recommendations to the NHS as well as Oxfordshire County Council's cabinet within the last civic year. The JHOSC had issued these recommendations in the form of reports which outlined key feedback themes on policies as well as proposals. The vast majority of these 81 recommendations had been accepted, and they relate to key areas ranging from (although not exclusively on) general practice provision, dentistry, CAHMS and children's emotional wellbeing and mental health services, children's SEND provision, ambulance services, support for people leaving hospital, and on healthy weight promotion.

One important example was that in line with the JHOSC's recommendation, the ICB recruited a dedicated estates post to work with district councils on the use of significant funds already held for the NHS and to claim health funding for new developments. The committee also

“**The committee has made 81 formal recommendations to the NHS as well as Oxfordshire County Council's cabinet within the last civic year.**”

made recommendations again following our in-depth workshop and scrutiny review last year on primary care that the overdue GP practice development at Great Western Park is established with urgency, and the committee welcomed the significant progress announced that the ICB had approved the business case with the additional funding needed so that a new GP premises can be progressed for the growing population.

Another example was the identification of the serious underspend for NHS dentistry in Oxfordshire, and the need for flexible measures, particularly for rural areas of the county and vulnerable populations that have been worst affected, and for the ICB and NHS England to reinvest any underspends in Oxfordshire at place.

Furthermore, within the previous civic year as of 1 February 2024, HOSC's have lost the power to formally refer matters to the Secretary of State for Health and Social Care. Although, HOSCs may still informally write letters to the secretary of state to raise any concerns they may have regarding local health services. Whilst the committee tried to influence a formal consultation on this change, it was successful locally in encouraging and scrutinising co-production and public engagement between the NHS and the Wantage Town Council Health



Committee and local community on the future of Wantage Community Hospital. In 2024, there is ongoing co-production on a major refurbishment of the hospital by 2025 with delivery of outpatient clinics, a new long term conditions clinic, and other local improvements.

Whilst the JHOSC's focus is on understanding local services and impacts and on opportunities for local improvements, the committee had received a response from government to our local findings with recommendations on primary care and from the parliamentary select committees regarding national scrutiny on new medicines regulations for people with bipolar and epilepsy disorder. The committee is awaiting a response to our August 2023 letter concerning deep concerns and key measures that could be taken around dentistry provision, and welcomes the recent dentistry report to the committee that includes government plans for developing local consultations on fluoridation.

I believe we are a great and maturing team with an increasingly good overview as to the factors which affect the provision of healthcare across Oxfordshire. I would like to put on record particular thanks to Cllr Elizabeth Poskitt as vice-chair over the last year. With other departures, the committee also said goodbye to its longstanding and deeply appreciated co-opted member, Jean Bradlow. The people of Oxford are fortunate to have had such a knowledgeable and hard-working champion working on their behalf, though the committee is acutely aware that there are many people who support them behind the scenes too.

The fundamental purpose of the JHOSC is to provide democratic oversight into the provision of our health services. I would like to express thanks to Health Watch Oxfordshire, as the committee benefits from unique insights from their work with the public and with the Oxfordshire Place Committee, which are helpful at every JHOSC meeting. The committee welcomes and is thankful for the members of the public that have given up their time to speak or to write to the committee, and for the

engagement from public local stakeholders and groups and local councillors.

Particular thanks also goes to Dr Omid Nouri, the health scrutiny officer, who, has dedicated exceptional effort into supporting the committee and the process of health scrutiny more broadly. The increased investment by the council in the scrutiny function has resulted in increased value and impact and support.



**Councillor Jane Hanna OBE**

Chair of the Oxfordshire Joint Health Overview and Scrutiny Committee 2023/24



# 2 About the committee

**The Joint Health Overview and Scrutiny Committee (JHOSC) is a joint committee of Oxfordshire County Council. Is it fundamentally a scrutiny committee that conducts health scrutiny on behalf of the council and is comprised of 15 members.**

The committee's membership is derived from Oxfordshire County Council members, as well as members from the city and district councils within Oxfordshire (Cherwell, Oxford City, South Oxfordshire, Vale of White Horse, West Oxfordshire). In addition, the JHOSC contains spaces for three members who are not councillors but who may have extensive exposure or expertise related to the health remit of the committee; these are referred to as co-optees. Currently, one of these posts remains filled by Barbara Shaw, although work is underway to secure two further co-optees.

The JHOSC is not a decision making body of the council. In other words, it does not possess the ability to make or amend policies directly. As a scrutiny body, the JHOSC's purpose is to engage in scrutiny of any matter relating to the development and delivery of health services throughout Oxfordshire. Hence, the committee has the power to summon before it any individuals or organisations involved in the commissioning or the delivery of health services throughout

the county. The committee benefits from, and can harness the expertise, knowledge and understanding of the diversity of its members to not only ensure effective oversight over health services, but also to do so in a manner that contributes and adds value toward policies and decisions. Hence, the true power of the JHOSC lies in its ability to issue, as per the Health and Social





Care Act and the Local Government Act, recommendations to the NHS or Oxfordshire County Council as to how health services could be improved for residents. In doing so, the committee seeks to, in as much as possible, issue recommendations that are viable, reasonable, and that also adhere to the SMART (specific, measurable, attainable, realistic, timely) criteria. The JHOSC issues recommendations to cabinet or to local NHS commissioners or providers, and recipients of such recommendations are required to provide a written response to the committee within 28 days.

The JHOSC also uses its soft power as a means to shed light on where national constraints limit local improvements, and where possible, raises local concerns with the national government as a means of seeking further support for improving services at the local level.

The committee's power is also to give improved clarity to where local improvements are constrained by national powers, resource and guidance; the committee has been able in these cases to make these local findings and correspond with government to seek support for local improvements. This has particularly been the case in relation to the national challenges around general practice and dentistry provision in light of the increased demand for such services.



# 3 Summary of activity

## HOSC activity in brief



The committee convened seven public meetings throughout the course of the last municipal year. This exceeds the minimal requirement of five public meetings for each municipal year. Over the course of these meetings it has scrutinised 21 substantive items this municipal year. Some of the key items of scrutiny involved:

- **Winter planning**
- **Local area partnership SEND provision**
- **Oxfordshire healthy weight**
- **Health and wellbeing strategy.**
- **Children’s emotional wellbeing and mental health.**
- **Oxfordshire Place-Based Partnership.**
- **The future of Wantage Community Hospital.**
- **Support for people leaving hospital.**
- **South Central Ambulance Service CQC improvement journey.**
- **John Radcliffe Hospital CQC improvement journey.**
- **Director of Public Health Annual Report.**
- **General practice provision in Oxfordshire.**
- **Dentistry provision in Oxfordshire.**
- **Oxford University Hospitals NHS Foundation Trust People Plan.**



15 of these recommendations were issued during the 18 April 2024 meeting, and the JHOSC is awaiting responses to these.

The committee has also received briefings from the NHS on a few areas including:

- **An online as well as a written briefing on the Warneford Park Hospital Redevelopment Project.**
- **An online briefing on the Oxford Community Health Hubs Project.**
- **A written briefing on the ICB’s efforts to secure the future of local GP services in Botley and Kennington.**
- **A written briefing on the closure of short stay hub beds in Chiltern Court.**

The committee’s substantial change working group had also met three times within the last civic year to discuss the recommendations it was issuing to the wider JHOSC as to the future of Wantage Community Hospital. This working group also held three online check-in briefings with representatives from the ICB and Oxford Health NHS Foundation Trust for the purposes of receiving updates on the NHS’s public engagement exercise around the future of Wantage Community Hospital.

Within the past civic year, the committee has issued 85 formal recommendations to the NHS as well as Oxfordshire County Council’s cabinet. Of these 85 recommendations, 60 were accepted, eight were partially accepted, and two rejected.



## Key accomplishments

The HOSC has invested immense effort into engaging in the scrutiny of a variety of areas which involved important developments and decisions which have significant impacts on the health and wellbeing of Oxfordshire's residents. Throughout the course of the previous municipal year, committee has adopted a holistic approach to health and wellbeing, and this in line with national as well as local efforts to further integrate health and care services for residents as well as to focus on a broader model of health and wellbeing.

Nonetheless, a good indication of the HOSC's success is also the impact of its work in contributing to developments that could have positive outcomes for the health and wellbeing of Oxfordshire's residents.

### i. Securing the future of Wantage Community Hospital:

The committee has been engaged in ongoing scrutiny of the future of Wantage Community Hospital since the 'temporary' closure of the inpatient beds 2016. The loss of HOSCs' powers to refer matters to the Secretary of State in January 2024, however, put a hard deadline on one of the committee's possible options to resolve the situation, meaning this has been an area where HOSC has invested significant time and effort, with positive outcomes for all stakeholders.

The committee was at the forefront of recommending the launch of a public engagement exercise with key stakeholders and local residents for the purposes of securing as well as co-producing a plan for the future of hospital like services to be delivered on the ground floor of Wantage Community Hospital. The committee's substantial change working group held 3 check-in meetings with Oxford Health NHS Foundation Trust and the ICB throughout the course of the NHS's public engagement exercise to receive updates on the

format and the effectiveness of the exercise. The working group itself convened twice throughout the course of the exercise to determine the recommendations it would make to the wider committee as to the decisions over whether to refer the matter of the closure of the inpatient beds to the Secretary of State for Health and Social Care. The powers of HOSCs to formally refer matters to the Secretary of State were to cease at the end of January 2024, however, the committee chose to abstain from referring this matter to the Secretary of State on the condition that the NHS would honour its commitments to securing the future of the ground floor of the hospital by providing a multitude of clinical outpatient services that would benefit the health needs of the local community.

The committee played a crucial role in working closely with the NHS to secure the future of hospital-like services in Wantage Community Hospital, and contributed to the development of a project delivery plan which determines the steps that would be taken at each stage of the process of expanding the outpatient clinical services provided at the hospital. The chair and health scrutiny officer have fed into the Wantage Community Hospital Governance and Oversight Group, which includes key representatives of Oxford Health NHS Foundation Trust, the ICB, Oxfordshire County Council, and the local primary care network. This has helped to ensure ongoing scrutiny and oversight of the project delivery plan to ensure that it remains on schedule. The committee





also made recommendations for, and has been at the forefront of supporting the Community Infrastructure Levy (CIL) funding available from the Vale of the White Horse District Council for the purposes of financing the expansion of the aforementioned services. The committee issued the following recommendations as part of securing the future of Wantage Community Hospital, all of which were fully accepted by the NHS:

1. That there is no undue delay in securing the CIL funding available in full for the purposes of providing the additional proposed clinical services on the ground floor of Wantage Community Hospital given the removal of the in-patient beds since 2016. It is recommended that there is a maximisation of the ground floor of the hospital for the purposes of expanding a mix of specialist outpatient clinics.
2. That the project delivery plan for the future of the hospital's ground floor services is delivered on schedule as much as possible, and that there is ongoing scrutiny over the process of delivering the plan and its outcomes for the local population.
3. For a meeting to be convened as early as possible between identified leads within BOB ICB, Wantage PCN, Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, Oxfordshire County Council, Wantage Town Council, and HOSC; with a

view to plan for continued momentum on co-production and agreed scrutiny moving forward.

The JHOSC has played a crucial role in supporting and overseeing the co-production around the future of the hospital, and continues to engage in ongoing scrutiny over the delivery plan for this project. This case was indicative of the strong role of the committee in helping to achieve a resolution over the Hospital's future, which had remained unresolved for several years.

## ii. The reconvening of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (BOB JHOSC)

During the previous municipal year, the committee has been involved in orchestrating the reconvening of the BOB JHOSC. The BOB JHOSC is comprised of councillors from Oxfordshire County Council, in addition to the local authorities of Buckinghamshire, West Berkshire, Wokingham and Reading. This JHOSC has a renewed emphasis and commitment to engage in system-level scrutiny of the BOB the Integrated Care System, as opposed to developments at 'place' (county) level which are examined primarily by the OJHOSC. The BOB JHOSC also examines system level developments that would collectively impact all the member authorities.

As well as receiving an update on the Integrated Care Board's (ICB) new priorities, the BOB JHOSC has been involved in the scrutiny of two key ICB strategies:

- Primary care strategy: which aims to improve and transform the ways in which general practice, community pharmacy, optometry, and dentistry services are delivered under the BOB footprint.
- Digital and data strategy: which outlines and will guide the ICB's digital, data and technology ambitions for the forthcoming three years.

Prior to the public meeting of the BOB JHOSC on 24 January 2024, the chair of the Oxfordshire JHOSC and health scrutiny officer participated in a BOB JHOSC working group meeting to develop and agree on a feedback report which was submitted to the ICB in relation to the digital and data strategy. A separate feedback report was also submitted to the ICB in relation to the primary care strategy. Below are some key points of feedback that the BOB JHOSC (through the active contribution of the OJHOSC) provided to the ICB in relation to both strategies:

- Primary care strategy: It was recommended that further and continuous public and stakeholder engagement was crucial as part of the design of the strategy; and that the public and key stakeholders should have a role in being able to feed back into the process of evaluating the delivery of the strategy. It was also emphasised that the ICB should seek to learn from best practice elsewhere; this could involve learning from how other systems have managed increases in demand for primary care, as well as how primary care has been at the forefront of prevention work for long-term conditions. Further emphasis was also placed on the imperative for transparency over both the extent to which physician associates or administrative staff are involved in the triaging or treatment of patients, as well as over the existence of any competency frameworks that are being adopted to maximise patient safety and reassurance.
- Digital and data strategy: It was recommended by the BOB JHOSC that there are clear governance processes around the use of technology and data sharing on the context of healthcare services; and that there is continuous stakeholder engagement as well as clear evidence of good collaboration with and between adult social care, mental health providers, hospital trusts, and providers across primary care. The BOB JHOSC also fed back and strongly recommended that there were clear timescales as part of the phased delivery of the digital and data strategy, and that explicit

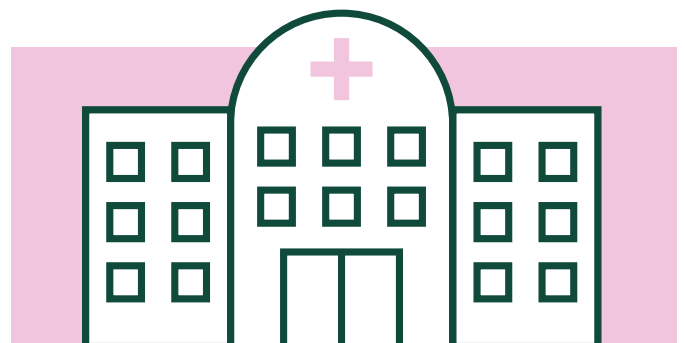
key performance indicators are established for the purposes of monitoring and evaluating the deliverability of the strategy.

### iii. Warneford Park Hospital redevelopment project:

A key development the committee has been involved in is the project to redevelop Warneford Park Mental Hospital. It is important to note that poor mental health in the UK continues to pose social and economic effects, yet it has not received the same level of resources and investment when compared with physical health conditions. It is also the case that since the advent of the COVID-19 pandemic as well as the cost of living crisis, mental ill health has seen an increase. Therefore, and as part of the JHOSC's holistic approach to health and wellbeing, the committee has been involved in ongoing scrutiny of, and has been actively supporting the ambitions of Oxford Health NHS Foundation Trust to embark on a bid for government funding to support a project to redevelop and modernise the hospital.

The Warneford Park Hospital has been treating local residents suffering poor mental health for over two centuries. However, it has become increasingly difficult for clinical staff to support patients with effective therapeutic activities, particularly in light of recent clinical emphasis on the importance of positive therapeutic environments and activities for aiding patient recovery.

The project involves a 'Warneford Park Campus' proposal, which is part of a joint venture between Oxford Health NHS Foundation Trust







and Oxford University. The ambition is to seek government funding to help establish a state-of-the-art mental health hospital offering the best therapies, care, and therapeutic environment. This would be co-located with a global brain-health research facility as well as an on-site college to educate future postgraduate researchers and clinicians. The JHOSC has received a written briefing on this redevelopment proposal and project, and five members of the committee (alongside the health scrutiny officer) conducted a site visit at the Warneford on 30 January 2024. The visit helped shed light on the importance and timeliness of this project given the increasingly ageing and untherapeutic environment that patients were being treated in, as well as a constructive challenge that was welcomed on how the development would be integrated with community based provision across Oxfordshire for people with serious mental health needs.

It is vital that Oxford Health NHS Foundation Trust receives support from the JHOSC for the purposes of securing government funding for this redevelopment project, and the committee is in the process of providing its endorsement. However, the committee has set a number of conditions as part of its endorsements for the redevelopment:

1. That adequate reassurances should be provided that in the event of the necessary funding being provided by government, the project can proceed without significant obstacles or delays.
2. That there is sufficient engagement with key stakeholders around the redevelopment project and proposals.
3. That the Warneford development in Oxford City is integrated in a hub and spoke model and plan, through which working with partners and communities, provides prevention and rehabilitation to residents with serious mental health conditions in local communities across Oxfordshire.
4. That any negative impacts that the redevelopment of the hospital may have on patients during the duration of the redevelopment are minimised.

#### **iv. General practice provision in Oxfordshire:**

A key and continued area of focus for the committee remains the state of GP provision within the county. The chair and health scrutiny officer have held meetings with the ICB's director of place for Oxfordshire on two occasions in

the last municipal year to discuss the state of GP services and the importance of meeting the increased demand for such services. In November 2023, the committee requested a response to the recommendations previously issued to the ICB:

**That specified roles are filled within the ICB with the primary responsibility to work with district councils at place level to coordinate the use of CIL funds held by the ICB and from executed section 106 funds for primary care.**

The ICB confirmed that they had recruited a primary care estates manager who would play a key role in working with city and district councils in terms of planning for new housing developments. Such housing developments have been resulting in an increase in population and demand for GP services in many parts of the county, including the Didcot area.

In regards to the Didcot area, the JHOSC was particularly concerned that demand was not being met, and therefore strongly urged the ICB to take action to address this. However, the committee strongly supported and was pleased to see that the ICB had approved the business case for a new building and that it agreed to provide funding in addition to the money from developer contributions known as section 106 funding. The Woodlands Medical Centre will manage the estate as a branch surgery. The JHOSC had also convened a public meeting item on GP provision during its 18 April 2024 meeting, during which it issued a recommendation to the ICB that an expected date for the signing of the legal agreement on the Didcot Western Park site is provided to the committee, so that there can be reassurances to both the JHOSC as well as the wider public as to the likely timescale for the tendering process.

As part of its ongoing scrutiny of GP provision, the committee also recommended that the ICB checks which practices are closing e-connect and telephone requests for urgent appointments and for what reasons. This recommendation

was crucial given the increasing difficulties residents have been experiencing in being able to communicate with practices in order to book appointments. The JHOSC has urged the ICB for there to be communication with the public to provide improved clarity regarding the statistics concerning access to appointments.

In addition, in line with the concerns raised through the BOB JHOSC regarding the increasing reliance on administrative staff as well as physician associates for triaging and treating patients, the OJHOSC has strongly recommended to the ICB that there is clear transparency around the use of any competency frameworks and risk assessments that staff who are not trained doctors will be subjected to. Patient safety is key, and any increases in demand for GP services should not be met in a manner that may entail a risk to patients. This is of high public interest, and in relation to this matter, the committee recommended the publication of the themes of responses from stakeholders and groups in Oxfordshire about the ICB's primary care strategy.

**Dentistry provision in Oxfordshire:**

Another key area of focus for the JHOSC has been on the current and future state of dentistry services for Oxfordshire residents. The committee has taken a keen interest and focus on NHS dentistry services in particular. The reason for this is due to the difficulties that many residents increasingly experience in being able to afford private dental care. In the context of the cost-of-living crisis, residents have been struggling to afford private dental checkups and treatments. This has often resulted in residents abstaining from visiting a dentist or seeking dental treatment after an initial check-up. This is also concerning given that poor dental health is a leading cause for child admission to hospital. The challenges around receiving effective and adequate dentistry services is further compounded by the fact that residents have experienced difficulties in being able to receive NHS dentistry treatments and services.





To highlight the challenges around NHS dentistry provision within Oxfordshire, and to bring these to the attention of government, the committee wrote to the Secretary of State for Health and Social Care in relation to this matter in July 2023. There were two comprehensive and overarching themes that the committee had highlighted to the secretary of state which related to:

1. The underlying oral health challenges and patterns relating to tooth decay and deprivation, which requires further collective national and systemwide efforts to resolve. One key recommendation that the JHOSC made to the secretary of state to address these long-term challenges was for government to support a local public consultation to raise awareness of the importance of, as well as to consider local views regarding the fluoridation of the county's water supply. Given the proven benefits of fluoridating the water supply, the JHOSC strongly urged the secretary of state to support this.
2. There are also challenges with how dentistry services are being delivered, which are complicating ease of access to dentistry services for ordinary residents. This partly relates to the limitations of existing NHS dentistry contracts and the lack of adequate incentives to encourage dentists/practices to offer NHS dental treatments and to opt for prioritising/favouriting private treatments as a result of the increasing financial incentives of doing so. This has often resulted in dental practices terminating NHS contracts for fears of financially losing out.

Therefore, the committee urged that the secretary of state supports urgent action to rectify the aforementioned challenges around NHS dentistry access for Oxfordshire's residents.

Furthermore, at its meeting on 18 April 2024, the JHOSC received a report providing an update on the current state of dentistry provision in Oxfordshire. This marked one year since the committee had received a previous update on the state of NHS dentistry services. As part of

this item, the committee enquired about and emphasised the following key points:

- The extent to which changes to NHS dentistry contacts were having an impact in improving both access to dentistry services as well as the capacity of the NHS in this regard. This is particularly important given the challenges around residents struggling to afford private dental treatments.
- The extent of any progress in enabling new dental trainees to be placed on the NHS dental register without any undue delays. This point was particularly crucial given the ease with which new trainees could register for private dental practice.
- The degree to which information on how to access NHS dental services is easily accessible and available for residents. The committee also urged that there is clarity on the possible exemptions to charges for dental care that residents may be eligible for.
- The importance of clarity around the amount of dentistry underspends in Oxfordshire as well as how these were being reinvested into improving dentistry and oral health within the Oxfordshire system, especially in the areas identified as worst served and vulnerable populations.

The committee has been assured that the development of flexible contracting arrangements is making improvements and that there is work progressing on whether the ICB can itself advance new practices in the worst affected areas; as under new governance commissioning arrangements dentistry in Oxfordshire is overseen outside the ICB area by Surrey.

The JHOSC will continue to monitor closely access to NHS dentistry within Oxfordshire, and will continue to support the system by lobbying government to do more to support improvements to dentistry access for Oxfordshire's residents.

# 4

## Other key highlights of HOSC activity:

### Health and wellbeing strategy for Oxfordshire:

Given its comprehensive remit over policies and measures taken by the Oxfordshire system to improve the overall health and wellbeing of the county's residents, the JHOSC commissioned and received a report by the director of public health on the updating of the health and wellbeing strategy for Oxfordshire for its meeting on 21 September 2023. However, this strategy has remained a focus of the JHOSC's scrutiny ever since, and the committee has commissioned a progress update response on the recommendation it had made on the strategy as part of this item.

The committee recognises the immense work by key system partners (including the county council, the city and district councils, the NHS, Healthwatch Oxfordshire, and other key stakeholders) to develop and update the health and wellbeing strategy. The strategy was therefore a product of joint production by system partners, and was also coproduced. The JHOSC understands, but also urged that the focus of the strategy was not to be on the nature of clinical services, but on the broader building blocks which should be health inclusive of residents living with physical and mental health conditions. In a report submitted to Oxfordshire

County Council's cabinet in 2023, the committee emphasised the importance of this being the key strategy at place, where the system carefully identifies the key building blocks of health, and explores avenues through which to improve the overall health and wellbeing of Oxfordshire's residents.

Through its discussions with system partners during its public meeting on 21 September, as well as through a detailed feedback document provided by the JHOSC on the updated health and wellbeing strategy, the following key themes/points were highlighted. These points ultimately shaped the substance and wording of the recommendation that the committee made to the cabinet and the wider system in relation to the strategy:

1. That the cost-of-living crisis is negatively impacting the overall health and wellbeing of residents; particularly given the difficulties in households being able to afford healthy balanced diets. Additionally, the financial pressures generated by the cost of living is having a negative impact on mental health. The JHOSC therefore urged for there to be stronger clarification and understanding by the system to both determine how the crisis is affecting residents' health, and to explore avenues through which to collectively alleviate these pressures on the local population.
2. That individuals experiencing homelessness, in addition to those living in unsuitable, overcrowded, or badly maintained accommodation, could experience challenges to their mental and physical health. The JHOSC



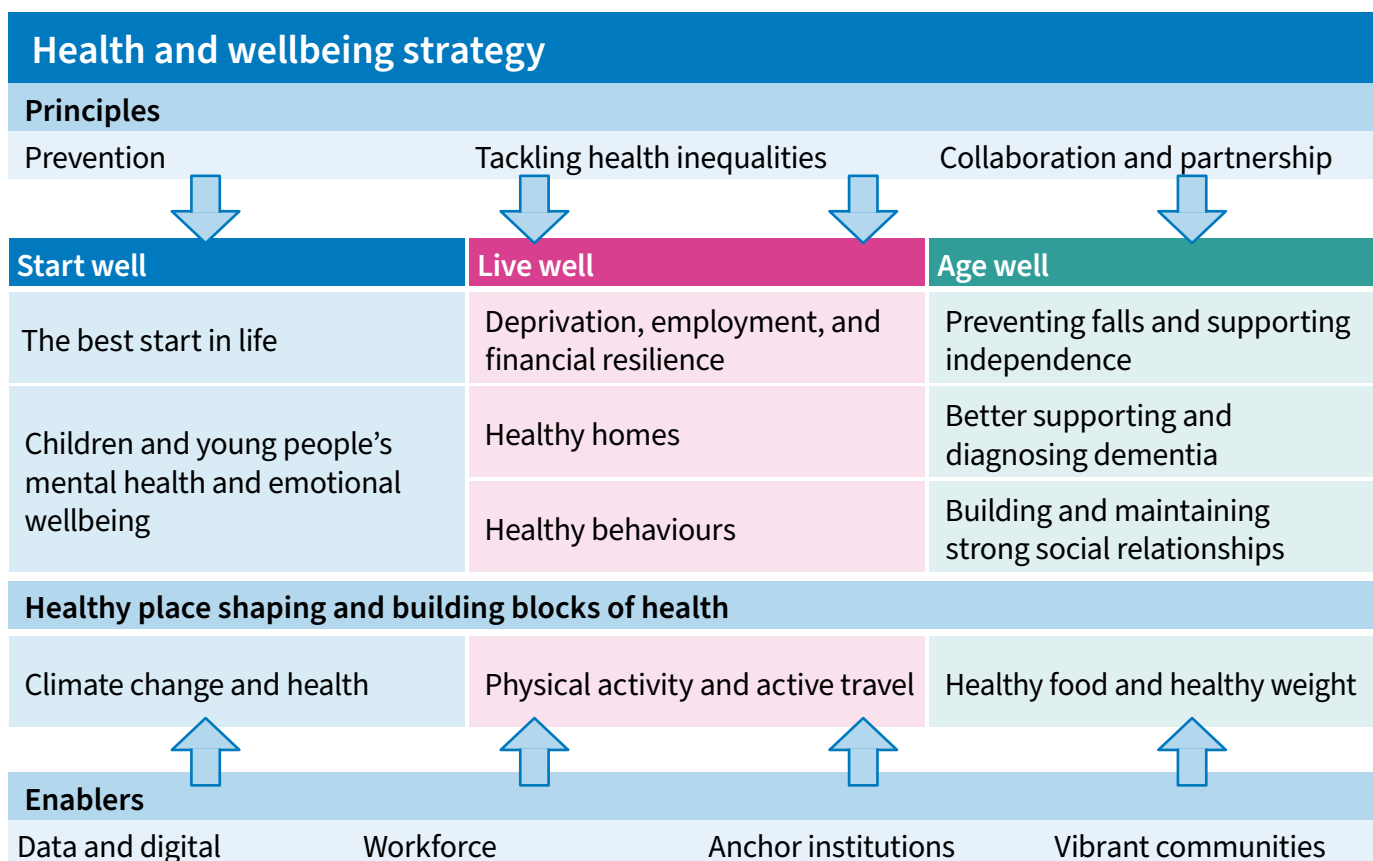
therefore urged that housing was a factor that should strongly be taken into account when updating the strategy, and that the system should work closely, including with the city and district councils, to find ways to improve the accommodation and living conditions of Oxfordshire’s population.

- That inclusivity should be embedded within the continuous development of the strategy. Residents should be able to have efficient access to healthcare services and support. Whilst the JHOSC recognises that the strategy is not clinical in its nature, it urged key partners to work collaboratively on improving information to residents on the services available to them, and for relevant system partners to tackle long wait times for services. The committee also recommended to cabinet and the wider system that input from disadvantaged groups should be fed into the strategy.

The committee therefore issued the following specific recommendation to cabinet on 17 October 2023:

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

This recommendation was accepted by cabinet, and the JHOSC was pleased to see in cabinet’s response that a delivery plan and outcomes framework for the updated strategy was to be developed and approved by the health and wellbeing board in the near future, and that this would build on the extensive public engagements undertaken as part of the efforts to update the strategy. Moving forward, the committee plans to retain its scrutiny of the strategy, particularly in light of the development of the delivery plan.



## Local Area Partnership SEND:

In light of the JHOSC's remit over health for all ages, a key area of scrutiny that the JHOSC has been involved in is around special educational needs provision for children and young people. At its public meeting on 21 September 2023, the JHOSC discussed an outcome of a report that was published by Ofsted and the Care Quality Commission (CQC) on children's SEND provision in Oxfordshire. At the time, the JHOSC worked closely with the People and Overview Scrutiny Committee (which then had a remit over children and educational services) to collectively scrutinise the outcome of the Ofsted/CQC inspection as well as the measures that the local area partnership would take in order to address the concerns highlighted in the report. The JHOSC issued a list of recommendations to the partnership which were in two segments; one segment of which were jointly issued between the JHOSC and the People and Overview Scrutiny Committee, and a second segment of which was issued specifically by the JHOSC.

The JHOSC therefore issued a total of 13 recommendations, all of which were accepted by the local area partnership. The committee is glad to see the publication of a priority action plan by the partnership. The JHOSC was also pleased to see that many of the recommendations it made as part of this item had influenced the nature and substance of the partnership's priority action plan. Some key themes highlighted in the recommendations included an emphasis on the following:

1. Ensuring that children and their families are aware of the SEND services available, and that they are aware of how to go about accessing these services, be they provided by Oxfordshire County Council, schools, or the NHS.
2. For there to be greater reductions in waiting times, in addition to clear timeframes to be created for reducing any backlogs.
3. For the voices of children and their families to be adequately taken into consideration for

the purposes of designing as well as providing support services for children with SEND.

4. To address the concern highlighted by Ofsted and the CQC around the imperative for agencies within the local area partnership to work more cohesively in order to be able to effectively and efficiently provide support for children at the right time.

As per a recommendation issued and agreed in its 21 September 2023 meeting, and in line with its remit over health for all-ages (as specified in the council's constitution as well as by the Health and Social Care Act 2012), the JHOSC plans to commission a report with a 12 months on update on the local area partnership's SEND improvement journey and its priority action plan. The aim is to scrutinise the impacts of the priority action plan and the SEND improvement journey on the physical and mental health of children and young people with SEND in Oxfordshire. As a natural subject of scrutiny for the JHOSC, the committee is also keen to understand the role of the ICB in contributing toward the improvement of the physical and mental health of children and young people with SEND.

## Promoting healthy weight in Oxfordshire:

The JHOSC has developed a keen interest in maintaining ongoing focus and scrutiny of the efforts embarked upon by the county council's public health directorate to promote healthy weight within the county. The committee is also pleased to see that work is being invested into promoting healthy weight in Oxfordshire, and endorses the initiative by the council's public health team to tackle excess weight in particular.

As part of its scrutiny of the measures being taken to improve excess weight, the committee was keen to understand a few important issues including; how the work to promote healthy weight sits in the



broader context of a preventative public health agenda, what the causes of excess weight were in Oxfordshire, and whether there was a strong correlation between excess weight and deprivation. The committee also sought to explore whether there were any significant obstacles to promoting healthy weight amongst the population, as such an initiative could be an extensive and challenging undertaking for a variety of reasons.

There were some key themes of emphases that the JHOSC had, which also shaped some of the recommendations made by the committee. Such themes of emphasis included the following:

1. For there to be consistent support as part of secondary prevention for those living with excess weight; and for there to be improved means of accessing, as well as being aware of, the support services that are available for residents living with excess weight.
2. For there to be effective support for ethnic groups that may be more likely to develop excess weight, and for measures to be taken to raise awareness amongst these groups of the support available to them.
3. For the parents, carers, or families of children living with excess weight to receive adequate support, and it is crucial that they are provided with the tools to help manage their children's weight.

The committee was pleased to see that some of the steps taken by public health were in line with its recommendations. For instance, there were plans to commission an 'all age service' with some additional elements to meet the gaps identified in the health needs assessment. Additionally, the public health team were planning to review opportunities to increase awareness of support that is available amongst residents. The committee was also glad to hear that more support systems for grassroots communities and ethnic groups were being explored, and would like to see the continuation of this work, which would also complement the aims and objectives of the health and wellbeing strategy.

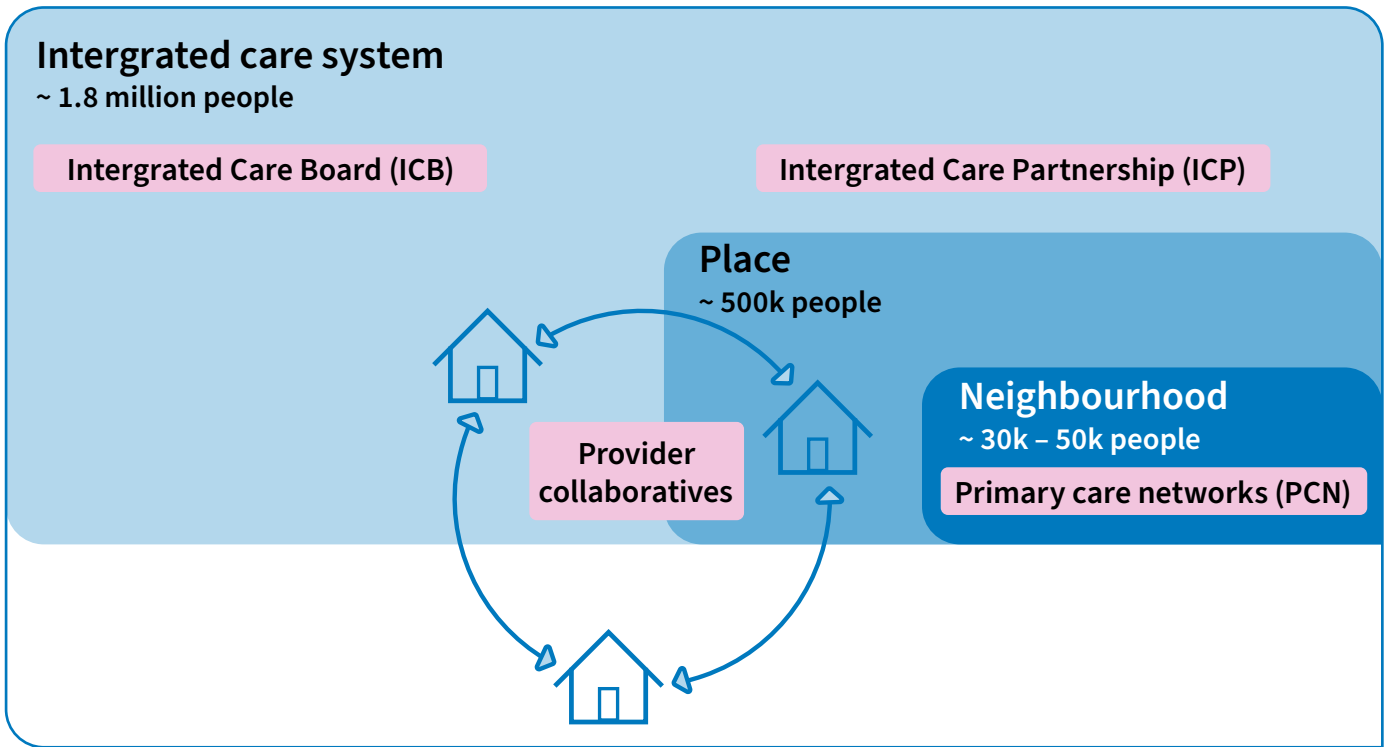
### **The development of the Oxfordshire Place-Based Partnership:**

Another key area of interest and focus for the committee is on the recent and ongoing development of the Oxfordshire Place-Based Partnership. Given its broad remit over health and healthcare services as a whole, the JHOSC was keen to understand the membership of the partnership, how it is developing at the level of place, and any early measures taken by the partnership to improve the health and wellbeing of Oxfordshire's residents. The JHOSC commissioned and received a report on the development of the Place-Based Partnership during its public meeting on 23 November 2023. The committee believes that given the loss of place-based clinical commissioning groups (which were also open to the public), it was vital that the Place-Based Partnership helped to fill this void inasmuch as possible.

The committee laid strong emphasis on the importance of the partnership being able to develop robust mechanisms through which to monitor its effectiveness. This should include monitoring both the extent and the effectiveness of its collaboration, as well as the outcomes of any of its work. The JHOSC also recommended that there is clear transparency around the operation and the activities of the partnership, as this would help to further instil public confidence in the ICB as well as the new structures of healthcare decision-making replacing place-based clinical commissioning groups.

Another key emphasis and recommendation made by the JHOSC revolved around the need for the partnership to operate in a manner that avoids simply duplicating the work of other bodies or their associated activities; particularly the Health and Wellbeing Board. The committee understands that the partnership exists parallel to other partnership bodies such as the Health and Wellbeing Board, and it therefore recommended that the Place-Based Partnership could constitute (and should conduct itself) as a useful mechanism through which to bolster the aims and activities of the Health and Wellbeing Board.





**Children’s emotional wellbeing and mental health:**

Given the increasing challenges around children’s emotional wellbeing and mental health, which are not unique to Oxfordshire but which are being experienced nationwide, the committee commissioned a report from the director of public health and the interim director of children’s services on the children’s emotional wellbeing and mental health strategy during its meeting on 23 November 2023.

As part of seeking to understand and scrutinise the services available to improve children’s emotional wellbeing and mental health, the committee requested information on and sought to explore a variety of themes including; the level of engagement that the Oxfordshire system has had with children, young people as well as their parents or carers; whether there was ease of access to the range of services related to children’s emotional wellbeing and mental health; and if any digital platforms have been developed for children and young people to access to receive support for their mental health and emotional wellbeing. Indeed, this is a topic of ongoing

interest to the committee, and by commissioning the aforementioned paper and item, the JHOSC sought to receive an update since the update received in 2022 on this topic. In fact, the committee was keen to, and laid emphasis on the imperative for the various partners in the Oxfordshire system, including in the county council and the NHS (including CAMHS), to work more closely toward exploring further avenues of funding and resourcing to deliver on the commitments to improve children’s mental health and emotional wellbeing.

The committee also commissioned and received a paper in November 2023 with a specific update on the current state of CAMHS services. Some key lines of enquiry that the committee commissioned and queried in relation to CAMHS involved: details on waiting lists and how they are being managed/reduced; how effective and efficient the process of referrals are; and the extent to which staff training is sufficiently rigorous and monitored.

The committee was pleased to see that the Oxfordshire system had worked together to produce the children’s emotional wellbeing and

mental health strategy. The committee believes that the adoption of a strategy in relation to children's mental health can help to aggregate and organise the system's commitments and resources in a coherent manner toward addressing challenges around children's emotional wellbeing.

In relation to children's emotional wellbeing and mental health more broadly, the JHOSC laid emphasis on and issued some key recommendations (which were accepted) around some of the areas highlighted below. Below is also a brief outline of the indications of how some of these recommendations have been accepted and how the system is taking steps to take these recommendations from the committee on board:

1. The committee recommended for there to be adequate co-production with children and their families as part of the continuing efforts to deliver the emotional wellbeing and mental health strategy. The county council cabinet, on behalf of the Oxfordshire system as a whole, accepted this recommendation and committed to ensuring that co-production is a critical part of both the development of the strategy as well as more specifically during the commissioning cycle.
2. The committee also recommended that children and young people as well as their families continue to receive support that is specifically tailored toward their needs. As part of this, it was specifically recommended that a 'needs-based approach' should be explicitly adopted by the system, as opposed to a purely diagnosis-based approach. The committee argued that the adoption of a needs-based approach could allow for intervention to be initiated earlier, improving outcomes. Again, cabinet had accepted this recommendation, and clarified that system partners recognise the importance of this recommendation from the JHOSC of the imperative for services to be needs-led. The system expressed a strong commitment to provide support to children, young people and families at the earliest opportunity through using the think family approach. An early help strategy was also

developed which endorsed the imperative to offer the right support at the right time.

Additionally, the JHOSC also issued recommendations which more specifically revolved around the nature and effectiveness of CAMHS services. The committee was pleased to see that two of these recommendations (outlined below) were not only accepted but that the service was taking crucial steps to address these:

1. The committee was keen to see that children and their families who are on waiting lists for treatment received appropriate communication as well as support to preclude their mental health from further declining. In line with this recommendation, the service committed to mitigation calls being made to families as a check in to ensure that their circumstances and symptoms had not changed. The committee was also pleased to hear that the service would also launch the SHaRON online peer support platform from Spring 2024, where families would have monitored access to sharing their experiences with other families.
2. The JHOSC also issued another crucial recommendation around the importance for CAMHS to work on improving public communications campaigns to create a better understanding of the service and how it also relates to any other early intervention services. The committee was also pleased to hear that in line with this recommendation, CAMHS was committed to working on a communication strategy to ensure that they are communicating to all their external stakeholders, and that this would be used as a vehicle to share all CAHMS-related developments including any challenges or successes that the service was experiencing. The service also committed to exploring communication by different platforms such as newsletters, in-person events, and social media.



# 5 Looking ahead to 2024/25

## Staffing and capacity

One of the key challenges that the JHOSC had experienced, particularly during the civic year 2022/2023, related to staffing capacity. However, with the appointment of a permanent health scrutiny officer in July 2023, the committee was in a stronger position to undertake its scrutiny and relationship building work much more effectively. The number of recommendations and reports being issued to both cabinet and the NHS increased within the last civic year, and the committee now has the staffing capacity to pursue and request responses to its recommendations within the statutory response period of 28 days as stipulated by the Health and Social Care Act 2012.

Additionally, the work of the committee is, and will continue to be further supported given the recent appointment of a permanent democratic services officer, who will be providing some additional administrative support to the committee's business under the guidance of the health scrutiny officer. This will allow for the timely completion and publications of agenda papers, minutes, and reports. In removing a number of the process aspects of the role from the health scrutiny officer, such as preparation of agenda papers and minutes, this will enable the health scrutiny officer to dedicate focus on ways to increase the value of Health Scrutiny, submitting higher quality scrutiny reports to cabinet and the NHS, undertaking greater research and communication with partners, and establishing committee working groups for the purposes of conducting deep-dives into specific areas of healthcare services.



## Co-optees:

The structure of the JHOSC's membership is such that there is room for three co-optees on the committee. The presence of co-opted members provides two advantages for the JHOSC. Firstly, co-opted members are usually selected on the basis of them having relevant expertise in health-related issues or healthcare services, and this allows them to provide specific expertise to the committee's work. Secondly, co-optees are recruited from outside the council and are therefore not elected officials, usually affiliated with a party. This provides further apolitical input into the JHOSC and its work, and will contribute to the purpose of scrutiny to improve health services across political boundaries.

Within the past civic year, two co-optees have submitted their resignation, Jean Bradlow and Siama Ahmed. The committee would like to express its gratitude for their contribution to the JHOSC's scrutiny work. The committee currently has one co-optees in post, Barbara Shaw, and would like to express thanks to Barbara for her ongoing contributions to the committee's business.

Moving forward, the committee's chair and health scrutiny officer will work closely to identify potential suitable candidates to fill in the two vacant co-optee posts.

### **Commitments to increasing diversity, engagement, and public input:**

One of the commitments outlined in last year's HOSC annual report was to increasing diversity, engagement, as well as representation and input from the public. One improvement in this regard has been around the increasing diversity of public speakers who have participated in the JHOSC's public meetings during this year. Public speakers who have participated in the JHOSC's meetings have come from a broader array of organisations, and have also been speaking on a more comprehensive range of issues/topics.

The committee had a total of 12 public speakers within the last civic year. These public speakers have spoken on a range of areas that relate strongly to the JHOSC's items of scrutiny. These include speaking on access to GP services, the current difficulties around accessing NHS dentistry services, children's SEND provision, children's emotional wellbeing and mental health, the support for people leaving hospital, and on the future of Wantage Community Hospital. These public speakers have represented a variety of organisations including Townlands Steering Group; Bell Surgery Patient Participation Group; and Keep Our NHS Public. The health scrutiny officer and the JHOSC chair will continue to work towards increasing public input into the committee's business and scrutiny, as this can help to further inform the committee's knowledge and understanding of some of the challenges that residents may be facing when using healthcare services. It will be ideal for the JHOSC to move toward incorporating and inviting individuals who are on the receiving end of healthcare services to particular public meeting items to voice their experiences, as opposed to simply inviting commissioners or providers of the services

in question. Moreover, in light of the need to recruit two further co-optees on the committee, and given the commitments to increasing equality, diversity, and representation, the JHOSC will commit to ensuring that co-optees do provide voices that highlight inequalities and that champion diversity, inclusion, and public participation.

### **Future themes/items of scrutiny:**

The committee has identified medicines shortages as a matter of high public concern, and is keen to understand how these are managed and the impacts of these shortages locally. This would clearly affect anyone who relies on medication to stay well; and so this has provisionally been identified for scrutiny at the JHOSC's September meeting.

There are some additional key areas that the JHOSC can commit itself toward scrutinising over the next civic year. Whilst new developments may likely arise and may merit the attention of the JHOSC, some areas would include items that will naturally remain an ongoing subject of scrutiny as outlined below.

#### **Access to primary care:**

The committee would like to closely retain its focus on access to primary care; with particular attention to access to GP services as well as dentistry services. In regards to GP services, the committee would like to keep a spotlight on how the ICB is taking adequate measures to work with relevant partners, including district councils, to coordinate the use of funds for the purposes of increasing the capacity of GP services in light of the increase demand. In regards to dentistry services, the committee would like to receive further reassurances that the ICB is taking adequate steps to support the creation of new dental practices and to avert the emergence of 'dentistry deserts' in disadvantaged areas and rural parts of the county, particularly given the tendency for some dentists and practices to cease NHS treatments

due to the lack of incentives produced by NHS dentistry contracts.

### **Children's SEND provision:**

The JHOSC is committed to reviewing the steps taken by the local area partnership to address the concerns raised by Ofsted and the CQC, and would like to convene a second public meeting item on this topic (with a specific focus on the physical and mental health implications) to seek reassurances that the partnership's priority Action plan is producing tangible and effective results in improving SEND provision for children and young people in Oxfordshire.

### **Health and wellbeing strategy:**

The JHOSC is supportive of the work undertaken by Oxfordshire County Council and its partners to update the health and wellbeing strategy, and is pleased to hear that a delivery plan is to be developed. The JHOSC would like to review the delivery plan of the strategy as well as the overall deliverability of the commitments outlined in the updated version of the strategy.

### **Future of Wantage Community Hospital:**

As outlined earlier in this report, the JHOSC intends to engage in ongoing scrutiny of the project delivery plan around the future of Wantage Community Hospital. The JHOSC's substantial change working group will continue to hold regular check-in meetings with representatives from Oxford Health NHS Foundation Trust and the ICB to receive regular updates on the status and delivery of the project delivery plan for the future services to be delivered at the hospital. The JHOSC opted not to refer this matter to the secretary of state in the hope that a local resolution – and thus better outcomes for all stakeholders - could be achieved. However, this decision was only made on the condition that the committee remains engaged in continuous scrutiny of the NHS's commitments to deliver and expand hospital-like services in Wantage.

### **Workforce recruitment and retention:**

In light of some of the increasing challenges around workforce recruitment and retention, which are not unique to Oxfordshire but are experienced nationwide, the committee would like to retain an ongoing theme of enquiry relating to staff recruitment and retention within all its relevant scrutiny items. Related to this is also the JHOSC's commitment to continue to investigate the degree to which staff within healthcare services are suitable trained and supported. The committee is keen to see that all staff within the sector receive not only fair pay, but also adequate support for their overall wellbeing, and that they feel sufficiently confident and supported to execute their roles and responsibilities. Indeed, this will have a knock-on effect on the wellbeing of patients and on the quality of healthcare services that residents will receive.





For further information on the Committee, and its work, see the links and contact details below:

[Committee details - Oxfordshire Joint Health Overview & Scrutiny](#)

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