OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 23 November 2023 commencing at 10.00 am and finishing at 3.00 pm.

Present:

Voting Members:

Councillor Jane Hanna OBE – in the Chair

District Councillor Elizabeth Poskitt (Deputy Chair)
Councillor Nigel Champken-Woods
Councillor Jenny Hannaby
Councillor Nigel Simpson (substituting Nick Leverton)
Councillor Mark Lygo
Councillor Michael O'Connor
Councillor Freddie Van Mierlo
District Councillor Paul Barrow
City Councillor Sandy Douglas
District Councillor Katharine Keats-Rohan
District Councillor Lesley McLean
Barbara Shaw

Other Members in Attendance:

Councillor Damian Haywood (for all Agenda Items)

Officers:

Stephen Chandler (Executive Director – People, Transformation and Performance)

Anne Coyle (Interim Corporate Director of Children's Services)

Ansaf Azhar (Corporate Director for Public Health)

Caroline Kelly (Lead Commissioner, Start Well)

Donna Husband (Head of Public Health Programmes-Start Well)

Doreen Redwood (Health Commissioning Manager – Start Well)

Vicky Norman (Head of Service Oxfordshire CAMHS & Eating Disorders, Oxford Health NHS Foundation Trust)

Katrina Anderson (Service Director, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Directorate Oxford Health NHS Foundation Trust)

Daniel Leveson (Oxfordshire Place Director, BOB Integrated Care Board)

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

Susannah Butt (Transformation Director- Primary, Community and Dental Care)

Dr Ben Riley (Executive Managing Director- Primary, Community and Dental Care at Oxford Health NHS Foundation Trust).

39/23 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies had been received from Cllr Nick Leverton and Siama Ahmed, with Cllr Nigel Simpson substituting for Cllr Nick Leverton.

40/23 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

Cllr Hanna declared her interest as working for the health charity SUDEP Action.

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

Cllr Champken-Woods declared his interest as Vice-Chair of Trustees for an Elderly day centre.

Barbara Shaw declared her interest as Chair of Governors at a school, and as Chair of a Heart Charity.

41/23 MINUTES
(Agenda No. 3)

The minutes of the committee's meeting on 23 September 2023 were assessed for their accuracy.

The Committee **AGREED** the minutes as an accurate record.

42/23 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chair invited the registered speakers to address the Committee.

1. Statement by Cllr Stefan Gawrysiak

Cllr Gawrysiak highlighted that in December, 7 short stay Hub beds (SSHB) were being removed from Chiltern Court Henley on the Townlands health Campus. This was part of a reduction across the county from 97 SSHB to 63. A further cut to 40 was to happen in April and that this removal by OCC had been done without any consultation with GPs and the local community. These beds were currently fully occupied and were supervised by the Bell and Hart Surgeries.
This meant that the whole of South Oxfordshire was without any SSHB. South Oxfordshire comprises 140,000 residents. These were not Henley beds, these were beds that served postcodes RG9, RG4, OX10, OX9 and OX39.

A frail elderly person, with frail elderly relatives who was discharged from the Royal Berkshire Hospital would be placed in a care homes 20miles and a 2hr Bus journey away. This could not be good for their recovery.

Cllr Gawrysiak highlighted that all local GP's were against this because the burden would fall on them. Also, it was to be noted:

- that even though they run the service they had not been consulted.
- Henley Town Council, Patient Groups as well as himself (Cllr Gawrysiak) as County Councillor had not been consulted.

Cllr Gawrysiak concluded by asking HOSC to investigate and ask the following questions:

1. The location of the 63 beds shortly to be 40, on a map, so we can see the spread of these SSH Beds?
2. Why had there been no consultation?
3. Where were the frail and elderly discharged from the Royal Berkshire Hospital going to go if they needed extra care?
4. Request from OCC the data that this decision had been based on.

2. Statement by Henley Town Council Cllr Ian Reissmann:

Cllr Reissmann outlined that he was speaking in his capacity as Chair of the Townlands Steering Group; a community-based committee which invited a wide range of community representatives including 15 Parish Councils from the South of Oxfordshire. The group had also been active for 20 years in the subject of health and social care, and had met a week prior to the HOSC meeting to discuss the closure of the SSHB in Henley. Cllr Reissmann shared Cllr Gawrysiak's concerns outlined in the previous public statement, and that he was concerned that the determining factor behind the closure of the beds may be cost-driven as opposed to being based on patient need. It also seemed inappropriate that South Oxfordshire, which had a

population of 140,000 residents, would have no SSHB. Cllr Reissmann also expressed concern regarding the ways in which the care pathways would work under the proposed reductions of SSHB. The GPs had clarified that they provided the care for the patients occupying the SSHB, and that these beds were fully utilised. Cllr Reissmann added that he had been informed that the beds had only been occupied by patients who experienced delays in being discharged home by Adult Social Care due to capacity issues.

However, not all patients that occupied these beds were doing so specifically for that reason alone. In order for the community, patients, as well as GPs to be reassured, there would have to be confirmation on the figures around the usage of these beds over the last 2 years.

Cllr Reissmann also stated that the lack of public engagement with the community over the closure of the beds had also been a cause of concern amongst residents as well as GPs. Cllr Reissmann also called for the deferral of the closure of the SSHB in Henley pending satisfactory levels of community engagement.

The Health Scrutiny Officer made a statement highlighting that at the point in time of the meeting, the Committee was not in a position to declare the closure of the SSHB as a Substantial Change for two reasons:

1. The current guidance around declaring Substantial Changes indicated that such declarations could only be made over NHS services, and not on services that may be exclusively commissioned by a County Council.
2. If it was determined that prior to commissioning these beds, the intent was for these to be interim and not permanent beds, then declaring their closure as a Substantial Change would not be appropriate.

However, the Health Scrutiny Officer outlined that this did not mean that HOSC did not have the prerogative to scrutinise such closures and to examine the impacts of such closures on local residents.

The Chair outlined that the Committee will be looking into this matter of the closure of the SSHB further, and that a decision on how to proceed would be made in the Chair's update item.

3. Statement by Vale of the White Horse District Council Cllr Dr Debra Dewhurst:

Cllr Dewhurst explained that Cllr Hayleigh Gascoigne and herself were the Vale of White Horse District Councillors for Blewbury and Harwell – which covered the parishes of Blewbury, Harwell, Chilton, Upton and the newly formed parish Western Valley (the Vale portion of Great Western Park).

Cllr Dewhurst raised the issue of Primary Care provision in Didcot and the surrounding area, in particular the planned GP practice for Great Western Park (GWP). It was explained that this was an important issue for their residents and one that was brought up with them regularly. All health centres and GP surgeries in the Didcot area were currently oversubscribed and many had closed their books to new

patients. With 4000 new homes due to be built in the area imminently, this was a problem that needed to be solved urgently.

Cllr Dewhurst further explained that the ICB had delegated powers from NHS England to be the commissioner of Primary Care Services in Oxfordshire. Consequently, the ICB was charged under these delegated powers to ensure appropriate primary medical services were available across Oxfordshire. The ICB therefore oversaw these Primary Care Services and, as the reimbursing body of Primary Care estate rent, effectively decided which premises those services operate from.

A site of 0.2 hectares within the GWP District Centre, currently owned by Taylor Wimpey, had been set aside for primary care provision in the GWP S106 Agreement dated 18 July 2008, together with a health centre financial contribution; but the site was still currently empty/derelict. Cllr Dewhurst added that the S106 was in place to improve infrastructure to mitigate the impact of the development and yet the GWP estate had been fully occupied for some time, adding some 6000-7000 additional residents. Cllr Dewhurst explained that they were aware that the Vale of White Horse District Council was working with Taylor Wimpey and the ICB to have the land and the money transferred to the ICB and to modify the S106 agreement.

Cllr Dewhurst outlined that given the urgent nature of primary healthcare provision in the Didcot area, was there anything holding up this process? It was also enquired as to what the timescales were for having a health centre on GWP. As with all S106 agreements, the money available was time-limited. It was urged that residents were to be given reassurance that this much needed health centre would be built. It was also asked as to what the next step in the process was? Cllr Dewhurst concluded by stating that they all wanted to see the GP surgery being built and put to use as soon as possible.

The Committee Chair highlighted that the issue of capital and builds for Primary Care estates was something that the Committee was concerned about, and referred to a Primary Care Workshop that the Committee had previously held, where the Didcot Estate was the case study that was actuality utilised given the particular scenario Didcot was facing. The Chair also referred to the agenda papers for this meeting which contained a letter with recommendations on Primary Care that was submitted to the Secretary of State for Health. It was also highlighted that recommendations around some of the aforementioned challenges had been made by the Committee to the ICB previously.

The BOB ICB Oxfordshire Place Director highlighted that the Didcot project was progressing, and that the ICB were working with Local Authorities as well as Primary Care at the local level. Delays had been around affordability, where the ICB had to approve the Value for Money, as it had to go above the District Valuer amount for rental agreements. It was emphasised that a detailed response was to be provided to the Parish.

The Committee urged for a timely resolution on the district valuation, given the urgency of need in the Didcot area.

43/23 CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH - PROGRESS UPDATE

(Agenda No. 5)

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

It was highlighted that this item had come to HOSC previously in 2022, where the Committee recommended for urgent prioritisation of funding to support the Children's Emotional Wellbeing and Mental Health Strategy. This item was therefore an update on the effectiveness of the Strategy and its deliverability in the context of children's emotional wellbeing and mental health services overall.

The Director of Public Health informed the Committee that this was a system-wide strategy that was launched over 12 months ago, with a view to how there could be improvements to the emotional wellbeing and mental health of Oxfordshire's young people. It was highlighted that the strategy partly aimed to improve the mental wellbeing of children in a manner that prevented young residents from having to be on CAMHS waiting lists to begin with. Alongside the Children's directorate, Public Health had conducted a needs assessment to look at the underlying need within the County with respect to children's emotional wellbeing and mental health. It was explained to the Committee that it was in this context that the strategy was formulated. The strategy contained four key principles which were:

1. Providing early help and creating supportive environments.
2. Developing a confident workforce.
3. Ensuring positive transitions.
4. Improving access.

The Lead Commissioner for Start Well outlined that there was a digital offer which was currently being tendered, with bids having been received for the new service which was due to start in April 2024. An analysis of the parent course offer was conducted, as well as the use of support groups to understand what was already available, what was working well, and to receive feedback from parents and carers to understand what else could be undertaken in the digital space. There was also work with schools to understand how they operate to support children and young people with their wellbeing and resilience; looking at various frameworks including the I-THRIVE model. The system's dashboard had also been developed to understand the initiatives that were being worked on now and whether they were making a difference to children, young people, and their families.

The Head of Public Health Programmes for Start Well outlined that Oxfordshire MIND had been commissioned to deliver all-ages Mental Health and Suicide Prevention Training. Training is also very much needs-led in its focus and nature. More bespoke

training may also be delivered by the system if that is identified within local communities.

It was also explained to the Committee that in terms of the transitions approach, very focused workshops across system partners had taken place to feed into wider decisions as to whether there would be development of an all-age mental health service with colleagues in Adult Services.

The Committee were informed about the imperative for wider collaborative work within the system for improving the mental wellbeing of children, young people, and their families. Intervention needed to occur at an early stage for services to be effective. Some of the progress in this area included the following:

- Delivering a joint initiative between Early Years and Public Health to target speech and language communication to children before they went to school.

- The Oxfordshire Inclusive Economy Partnership had developed a Charter for employers to demonstrate support for and commitment to making Oxfordshire a fairer and more inclusive place to live and work.

- There were also broader initiatives that occurred in the grassroots of local communities that would inevitably impact on the betterment of the wellbeing of families.

Furthermore, some opportunities as well as constraints were highlighted to the Committee. Some constraints included:

- Increased needs and access for mental health support and services.
- Recruitment challenges for the local community CAMHS.
- Significant financial challenges across the integrated care system.

In terms of opportunities, the Committee were informed that there was a service transformation as well as an improvement in partnership and integrated working. Some examples of this included; a newly commissioned integrated 0-19 years public health service; an Emotionally School Based Avoidance Project; and a CAMHS Thames Valley Link Project. Additionally, there was also a strong commitment to responding to the recent Ofsted/CQC SEND inspection outcomes.

The Committee referred to how the report cited the significance of the BOB Integrated Care Partnership in the context of this strategy. It was enquired as to the contributions that the ICP and its various member organisations had actually made toward the strategy and its effectiveness. It was highlighted to the Committee that this was indeed a systemwide strategy, and the BOB ICB Place Director for Oxfordshire referred to how the Director of Public Health, alongside the Executive Director for People Transformation and Performance were all members of the Place-Based Partnership. It was also explained that a joint commissioning team was in place, which was an indication of joint working between the County Council and the NHS. The Committee were also informed that the partnership working was indeed effective and conducive towards good collaborative work. The Director of Public Health also

explained that a task group was formed to help identify and involve all relevant partners in the strategy.

In regard to a query relating to the role of Cabinet Members/elected officials in the context of the strategy, the Public Health Director specified that Cabinet Members had an opportunity to comment on the strategy at the Health and Wellbeing Board. The Cabinet Member for Children's Services added that it was clear that elected members were involved, but that there was also an academisation of most secondary schools, where the regional schools director had more control over these schools than the County Council had. Since 1991 Local authorities also had little control over the budgets of schools, although the Council could influence how schools utilised funding where possible and necessary.

The Committee referred to how the report highlighted a commitment to addressing gaps in emotional wellbeing services for children and young people. It was queried as to how this process of identifying gaps was carried out, and if there were any gaps that had been identified. The Director of Public Health responded that there were a number of themes that were identified including transitions as well as the digital offer. Workforce was another area that was identified.

The Committee referred to how at-risk children were discussed when the item previously came to HOSC in 2022, and enquired as to whether there was an explicit list of various vulnerable groups, taking into account the NHS CORE20plus 5. The Head of Public Health Programmes (Start Well) explained that there was universal provision in place, but also explained that there were various other strands of work around the Council and the wider system, looking at families through the lens of vulnerabilities. An example of this was how the suicide prevention work was partly related to areas of deprivation. The utilisation of data from the Joint Strategic Needs Assessment (JSNA) would help inform and determine where vulnerabilities existed within the population. The Committee emphasised the importance of transparency and urged that the process of vulnerabilities was simplified and made as understandable and explicit as possible for residents. The Director of Children's services also added that part of the system wide learning and training was about getting everybody on the same page with regards to identifying and supporting vulnerable groups. The Committee were also informed that there was no single way in which children's needs would be met; and the strategy sought to create opportunities across the board in order that Children and Young People could access services in different ways and at different times that were suitable to them.

The Committee queried whether the digital offer would be produced in a manner that took into account the views of children and their families. It was responded that prior to going out to tender, market testing was undertaken to gather feedback on what the most popular apps would be. Children and Young People could not be part of the evaluation panel due to legal processes around procurement not enabling this.

The Committee then enquired as to what the pathway was for moving from digital and non-clinical intervention towards more clinical interventions for children that may require this. It was responded that children can be referred to CAMHS at any stage. There was no prerequisite to have support online before being allowed to access CAMHS. Even whilst receiving CAMHS services children could also continue to

utilise the app. The app constituted an outlet for children and young people to express their views and feelings and to gain peer support. The Committee was also informed that the app was moderated to flag any concerns to statutory services if there was any indication that there was a child at risk who required additional support.

The Committee queried whether there were specific avenues of funding made available for the purposes of delivering this strategy, and whether the current sources of funding were adequate. It was also asked as to whether measures will be taken to explore even further funding. The ICB Place Director for Oxfordshire stated that the system was doing the best that it could to operate effectively within the funding allocations that it currently had, and that services were working thoroughly and extensively to meet the need. There had been additional investment in mental health services over the last few years through the mental health investment standard that had been used in priority areas. The Director of Children's Services added that it was vital that children and young people were heard, and that using a preventative agenda was also an important element of avoiding an escalation to a heavily intense clinical approach.

The Committee highlighted the importance of consistent and effective workforce recruitment and retention for the delivery of any strategy of this nature, and enquired as to how it would be ensured that there was an adequacy of workforce.
Additionally, the Committee referred to how the voluntary sector, Primary Care Networks (PCNs), as well as BOB ICB were recruiting new roles, and queried how confident the system was that it had all professionals identified as part of the whole system regardless of where and who was employing or providing these workers. The BOB ICB Oxfordshire Place Director explained that workforce remained a challenge within the system. The Director of children's services referred to the SEND Local Area Partnership inspection, and outlined that a lot was learned from the inspection and its outcome. The inspection had motivated the reaching out to partners to create an integrated response, and there was an understanding that partners were all working toward the same goals, but doing things slightly differently. The Committee then emphasised that given that workforce in this context would be dealing with children with mental health or emotional wellbeing challenges, it was vital that such staff should also receive adequate support for their own wellbeing; it was then queried as to what support structures were in place to support staff wellbeing. The BOB ICB Place Director clarified that every NHS organisation had a comprehensive health and wellbeing offer. The Committee were informed that there were complexities around this, including how job roles could be framed with regards to career prospects and progression opportunities. The cost-of-living crisis was also cited as having an impact. The Director of Children's Services referred to staff support sessions, and how there was support for staff that was accessible. The Cabinet Member for Children's services added that from a school's point of view, Oxfordshire County Council was one of the few authorities that had retained a joint committee where there was regular communication with trade unions.

The Committee sought confirmation as to whether teacher training for autism/ADHD had become mandatory, and queried the level of uptake for this training. It was also raised as to whether such training was ongoing as opposed to being provided on a one-off basis. It was responded that schools were offered training by the Anna Freud

Centre, and that this was heavily publicised in schools last year. There was also a push from the Department of Education to increase the uptake of this training from the Anna Freud.

The Committee referred to the recent CQC/Ofsted report, which highlighted some systemic challenges around children's Special Educational Needs & Disabilities (SEND) provision, and enquired as to how the inspection's outcome would further inform and influence the priorities and actions undertaken as part of this strategy. It was explained that the inspection's outcome constituted a core element of considerations of how improve the emotional wellbeing and mental health of children with SEND.

The Committee referred to how the report cited a commitment to reviewing the strategy's deliverability, and queried the ways in which there would be adequate and frequent reviewing of the progress made on delivering the priorities of the strategy. It was also asked as to whether there was a single standardised measure across the system that could be utilised across all settings. It was responded that it would be too complex to have a single measure, and that there were various metrics that were measured, although efforts were made to bring that information together where possible. The importance of having qualitative narratives was also highlighted to the Committee. The BOB ICB Place Director outlined that it was also in the context of the Health and Wellbeing Strategy where the system examined overall impacts on overall aspects around life stages including the start well, live well, and age well initiatives taken by the system.

The Committee emphasised the importance of awareness and navigation of the emotional wellbeing services available for children, and queried whether there were any tools in place through which the system was supporting navigation at both the neighbourhood and Place/County levels. The Head of Public Health Programmes (Start Well) responded that PCNs were commissioning some work from Oxfordshire MIND in relation to emotion-based school avoidance, and such commissioning was predicated on the local needs within local communities. The Chair highlighted that it was crucial for all relevant workers within the system and the neighbourhood levels to be aware of other relevant workers and services that may be available for residents. The Committee was informed that there was work on enhancing Social Prescribing, and that there were a number of officers whose key role was to promote the Social Prescribing Approach.

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

1. To work on developing explicit and comprehensive navigation tools for improving communication and referral for services at the neighbourhood level and within communities. It is recommended that piloting such navigation tools in specific communities may be a point of consideration.

2. To ensure adequate co-production with children and their families as part of continuing efforts to deliver the strategy, including considerations of how children and families can be placed at the heart of commissioning. It is also recommended for an early review with the users of the digital offer once this becomes available.

3. To continue to explore and secure specific and sustainable sources of funding for the Strategy to be effectively delivered in the long-run.

4. To ensure that Children and Young People and their families continue to receive support that is specifically tailored toward their needs. It is recommended that a Needs-Based Approach is explicitly adopted, as opposed to a purely Diagnosis-Based Approach. This could allow for early intervention to be initiated as soon as possible.

5. That consideration is given to the use of a simple and evidence-based standardised evaluation measure, that is suitable across all services that are working on Children's mental health in community settings.

The Committee also **AGREED** to the following Action:

1. To receive a briefing on the use of technology in the context of Children's Emotional Wellbeing and Mental Health Services in the near future.

44/23 OXFORDSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) UPDATE

(Agenda No. 6)

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

The Committee enquired as to whether the cost-of-living crisis had resulted in a decline in the mental health of children and young people, and if so, what role CAMHS was playing in helping to support children and families whose mental health had significantly declined as a result of this crisis. It was explained to the Committee that it was difficult to always identify cause and effect patterns, and therefore it was not straightforward to suggest that the cost-of-living crisis had resulted in a significant decline in children's mental health. However, there had been a significant rise in the rate of referrals to CAMHS Services, as well as in the acuity of those children who were presenting. The Committee emphasised that the service should keep a close eye on the impacts of the covid-19 pandemic as well as the cost-of-living crisis on children's mental health and wellbeing. The BOB ICB Place Director added that during the work undertaken as part of the Health and Wellbeing Strategy, the themes of the cost-of-living crisis as well as the covid-19 pandemic resonated in all these contexts. The Executive Director of Healthwatch Oxfordshire also explained that as part of the work undertaken in the context of the public engagement around the Health and Wellbeing Strategy, the cost-of-living was a significant driver. It was heard that the crisis had generated further stresses on working families, which resulted in an increase in parental stress and which would also have a knock-on effect on children's emotional wellbeing and mental health.

The Committee emphasised that there were national challenges around workforce, and queried the steps that had been taken to secure adequate recruitment and retention of staff. The Committee also referred to how the report mentioned attendances at recruitment fairs as well as the offering of relocation packages and incentive payments, and asked how effective these measures had proven thus far, and whether any further measures would be embarked on. The Head of Oxfordshire CAMHS responded that recruitment fairs were held in Belfast, Dublin, and Glasgow; with two nurses from Glasgow expressing a keen interest in relocating. There was also a CAMHS academy pilot to train people to come into CAMHS. The service was being more creative in how it looked for employees and created job roles, and the service was looking to become as needs-led as possible. For instance, it was explained to the Committee that when considering who to employ for the Eating Disorder Service, it may be more appropriate to recruit a more general nurse as opposed to a purely mental health nurse given the physical aspect of eating disorders. In terms of staff retention, it was explained that the service was not performing too badly on this and that there were staff that remained in their post for years. There were also simple steps taken to support staff in terms of providing very clear job plans to avoid staff becoming overwhelmed, and for them to understand what the Service's expectations were from individual staff members. The BOB ICB Place Director added that as the system further developed, including with the development of the BOB mental health collaborative, one of the increased benefits of such growing partnership working would including single recruitments and job shares.

The Committee referred to how the report mentioned that the service was commissioned to undertake 50 assessments per month but received 150 referrals a month, whilst the waiting time for an assessment was already 3.5 years. It was emphasised that the waiting list was therefore only going to grow. The Committee queried whether the commissioned 350 assessments from the Owl Centre would make a difference to the waiting list. It was also queried whether parents who paid privately for an assessment would gain priority on the list, and whether there were any plans in place to reduce waiting times and prevent inequalities. The Head of Oxfordshire CAMHS responded that when people get referred to the Neuro-developmental Diagnostic Clinic, the service backdates referrals to the day that people actually presented to CAMHS. It was confirmed that the waiting list for CAMHS was not 5 years, and that this was a great misunderstanding of the waiting list period. People were welcome to seek private treatments, and there was clear communication on the kind of service they should expect. The Committee were assured, however, that people receiving private treatment did not gain any priority at all.

The Committee referred to how the report cited the Outreach Service for Children and Adolescents' support for young people whose level of complexity required more intensive services. It was queried as to how successful this outreach service had been operating thus far, and whether there was adequate resource for this service given its importance as well as its complexity. It was also queried as to whether the voices of service users and their families were being adopted in the ways in which CAMHS delivered this service as well as wider CAMHS services in general. It was responded that the service was working to secure the staffing levels and expertise that were required. A participation worker had also been recruited to work alongside the parent peer support workers to continue to hear the voices of families. A system

is used to collect feedback from families. There were additional steps beyond the medical model being adopted such as encouraging social events, including football clubs or meal events. The service also met with the Parent Carer Forum to hear the views from parents and carers from that avenue also. However, it was highlighted to the Committee that there was a recognition that things could improve in this area of working alongside families as well as enhancing the ways through which their voices could be heard.

The Committee emphasised that there seemed to be a great deal of miscommunication as well as misinformation in relation to CAMHS in the public and parent community as well as the medical community. It was enquired as to how the service was combating and addressing this. It was explained to the Committee that the service met with GPs recently where a request for some further information was sought from the service, and that the service would imminently provide an update to GPs to enable them to share relevant information with families regarding how CAMHS operates and the CAMHS services available for residents. It was reiterated to the Committee that there was work required to improve communications work with families, and that a newsletter was being created for the Parent Carer Forum to share in the ensuing weeks.

The Committee enquired as to whether there had been an increasing resort to swifter discharging; and that in the event of swifter discharges, whether the service was balancing the need for swifter hospital flow on the one hand, and the actual needs of patients already in hospital. It was responded that there was a crisis and a home treatment team that ran a home treatment model. The Eating Disorder service also had an enhanced care pathway as well as a hospital at home service. There had been a reduction in Eating Disorder cases. There had also been a reduction in patient admissions. The crisis team would also reach into the ward when patients were admitted and would try to get patients discharged earlier if that was appropriate. There was a recognition by the service that hospital admission was in some cases necessary, but that improvements had been made in being able to treat patients outside hospital settings as much as possible. The Committee also queried the loss of tier 4 level beds across the BOB footprint and how this occurred abruptly, and whether all beds had been replaced in Oxfordshire. It was explained to the Committee that all of these beds were in Taplow Manor, and that most of the children were successfully discharged, and those that were not discharged were transferred to other beds within the provider collaborative. It was emphasised that there was not necessarily a need to replace these beds, and that the preference was for children not to be kept in hospital settings, which was why the hospital at home services were being developed as part of a wider offer.

The Committee referred to how the report cited the Eating Disorder service, and queried the extent to which residents were aware of such services and how to go about accessing them. It was explained that all services were accessed through the Single Point of Access. All CAMHS referrals would occur via this office, which was a well-resourced and staffed office which undertook triaging and consultations with families to help residents access the support that was appropriate to them. This process helped to establish a consistency in approach toward assisting residents in accessing appropriate services. It was also specified that residents could be referred to the Eating Disorder service via their GP.

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

1. For patients to receive effective and elaborate aftercare upon being discharged from hospital; and for there to be close coordination with families as well as with other partners/services within the system for ensuring discharged patients receive adequate and sustainable support upon leaving hospital.

2. To ensure that children and their families who are on waiting lists for treatment receive support so as to avert the prospects of their mental health declining further.

3. For staff to receive adequate training that involves not merely guidance on how to interact with and treat individual patients, but that also involves guidance on how to support the families/carers of Children. It is recommended that a review of existing training programmes is conducted with children and family stakeholders, with a view to all training being co-produced to support staff working with children and families.

4. To work on improving communications campaigns to create a better understanding of the CAMHS service and how it also relates to any other early intervention services.

   The Committee also **AGREED** to the following Action:

   1. That the Committee would be provided with stakeholder communications and briefings as and when these are published/made available by the CAMHS service. This would constitute part of a drive to improve CAMHS communications with stakeholders, elected representatives, and the wider public.

45/23 CHAIR'S UPDATE

(Agenda No. 7)

The Chair highlighted the following points in relation to developments that have occurred since the last meeting on 23 September:

The Chair explained that a document was compiled which collated the views of the Committee on the recent Health and Wellbeing Strategy Update. This was shared with the Committee members and was also shared with relevant Public Health Officers.

The Chair referred to the Short Stay Hub Beds in Henley and expressed that the Committee would be closely looking into the reasoning behind the closure of these beds, as well as any other Short Stay Hub Beds within Oxfordshire.

The BOB ICB Place Director explained to the Committee that the closure of the Short Stay Hub Beds was a decision that had already been made, and that these were

beds that were wrapped up in the broader Better Care Fund and Winter Plan. The Director of Adult Social Care added that these were not NHS beds, and that they were system beds that flexed up and down within the County, with no requirement to go into consultation when doing so. It was also specified that these were beds that were commissioned by the County Council, and that the closures were a part of the Oxfordshire Way of helping people to be supported in their own homes. It was also explained to the Committee that 17 hub beds were also closed in the North of the County.

The Chair referred to a national Healthwatch report which was published a week prior to the Committee's meeting, which explained that whilst there was support for being cared for at home, there were some concerns raised in terms of what was heard in surveys from families. The BOB ICB Place Director confirmed that there had been an increase in the amount of hours that the system was dedicating toward delivering care in peoples' homes, and that there had also been a reduction in the amount of people delayed in hospital beds, with more people being discharged and receiving care at home than in the past. The Committee were therefore informed that the closure of Short Stay Hub Beds had to be seen in the broader context of a Countywide Urgent and Emergency Care programme.

The Committee emphasised that it was pivotal for there to be clear communication behind the reasoning behind the closure of Short Stay Hub Beds as well as details of the alternative services that patients would be expected to receive upon being discharged from hospital. The Executive Director of Healthwatch Oxfordshire also added that whilst this new model of care may be a manifestation of good practice, there was an urgent need for clearer communications with the wider public in relation to this.

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

1. To hold an item in its extra meeting on 16 January 2024, to look into the reasoning behind the closure of Short Stay Hub Beds, as well as to receive specific and broader insights into the process of discharging and any national directives or impacts assessments that have been conducted as part of the closure of any such beds within Oxfordshire.

46/23 RESPONSE TO HOSC RECOMMENDATIONS

(Agenda No. 8)

The Chair highlighted that the Committee had received acceptances for and responses to its previously made recommendations. The Committee was pleased that most of the recommendations had been accepted. Acceptances and responses were provided to recommendations made around the following items/areas:

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

The Committee had also received an additional progress update response to a recommendation made to the BOB Integrated Care Board in its November 2022 meeting as part of the Primary Care Item. This called for specified roles to be created within the ICB to work alongside District Councils to coordinate the use of CIL funds held by the ICB and from executed Section 106 funds for Primary Care. The ICB clarified that a new post would be in place in the ICB by December 2023 to work on the above.

The Committee **NOTED** the responses to, as well as the progress made toward implementing the recommendations it had made previously.

47/23 HEALTHWATCH OXFORDSHIRE UPDATE REPORT

(Agenda No. 9)

The Executive Director of Healthwatch Oxfordshire expressed the following points to the Committee:

1. The Committee were informed about the reports on community research which stemmed from the emerging community research network that was developing in Oxfordshire. Healthwatch Oxfordshire undertook interviews with both system partners and communities as part of this. The Committee were informed that within the reports developed by Healthwatch, important lessons had emerged for all system partners who were looking into how to better engage with seldom heard communities. Healthwatch had also heard a lot from community members regarding a sense of research fatigue. Community members felt bombarded by services which sought their views and which expressed a commitment to work with them, but did not notice any action or a strong sense that services were building on previous work or research that had taken place.

2. In support of the upcoming Primary Care Strategy, Healthwatch were holding a webinar with the BOB ICB Place Director to speak to members of the public about the strategy with the ICB.

3. The Committee were informed about the footcare report which highlighted the public concerns relating to basic footcare not being provided through the NHS, with residents having to resort to private means of treatment.

4. Earwax removal was another area explored by Healthwatch. Previously, residents would usually receive earwax removal treatments form their GP, which was no longer a service that was available. There was a concern around whether residents would have to seek private earwax removal treatments prior to accessing some of the services for hearing support.

The Committee **NOTED** the report by Healthwatch Oxfordshire, and thanked Healthwatch for its contributions.

48/23 OXFORDSHIRE PLACE-BASED PARTNERSHIP UPDATE

(Agenda No. 10)

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

The following points were explained to the Committee in relation to the Place-Based Partnership.

1. The Partnership struggled with the governance around it, as it did not have formal delegated authority from the ICB. There had been ongoing discussions as to whether or not authority would be delegated, but that national guidance outlined that the engine room of integration should be Place. The Partnership had also been running for approximately a year.

2. The Partnership was developing well, and the Place Director brought the leadership of the Partnership together.

3. A wide array of organisations and stakeholders were represented in the Partnership including the County Council, General Practice, the City and District Councils, the Chief Executives of Oxford Health Foundation Trust and Oxford University Hospitals Foundation Trust, Healthwatch Oxfordshire, and Voluntary Sector Representatives.

4. The ICB Place Director's role was focused on identifying individuals and populations that would benefit from joined-up care.

5. The Partnership focused on bringing resources together for improving outcomes for residents.

6. The Committee were also informed that the Partnership focused on the following priority areas/populations:

    - Children and Young People: including school readiness, SEND, children and young people's emotional health and wellbeing.

    - Adult and Older Adult Mental Health and Wellbeing: including the adult and older adult mental health, those with Learning Disabilities and neurodiversity.

    - People with Urgent Care Needs: including children, adults and older adults with multiple illnesses and frailty.

    - Health Inequalities and Prevention: including the promotion of healthy lifestyles, working with communities and taking into account the role of anchor institutes and major employers.

The Committee queried the steps that the Partnership were taking to establish strong relationships, both amongst its core membership as well as with wider partners. It was responded that Partnership working was going well, and that the Partnership took basic measures including having meetings in-person. There was a clear set of priorities that the Partnership was collaboratively working towards. A maturity matrix

was also adopted, and the Partnership would routinely refer back to this to determine its overall direction of travel. It was emphasised to the Committee that good relationships formed the basis of this Partnership at a fundamental level.

The Committee enquired as to the degree to which transparency was at the heart of how the partnership operated, and whether there were any challenges in this area of transparency. It was responded that the Partnership somewhat relied on trust, and that trust was not always easily measurable. It was also explained to the Committee that the current system in which the Partnership operated did not necessarily enable the Partnership to exercise transparency very well, as the regulatory system had not kept up with this. But there were incremental changes within the system that were necessary, including a stronger understanding of risk and a practice of risk-sharing.

The Committee queried if any reassurances could be provided that the Partnership operated in a manner that avoided duplication of other bodies or their associated activities, such as the Health and Wellbeing Board. The ICB Place Director explained that he was a member of both the Health and Wellbeing Board as well as the Place-Based Partnership, and that this helped to ensure that the Partnership avoided duplication of the Health and Wellbeing Board and its work. It was also added that the Health and Wellbeing Strategy would help with avoiding duplication, and that that would constitute the overarching systemwide strategy for Oxfordshire's health and wellbeing.

The Committee enquired as to whether the Partnership, at Place level, had any role with respect to strategies on capital and capital allocations across Oxfordshire. It was responded that from an NHS point of view, the capital allocations would be run through the ICB in the context of a nationally-run programme. However, the capital programme would be built up from within the three Places of Buckinghamshire, Oxfordshire, and Berkshire West. It was also explained that the only means through which Oxfordshire's hospital infrastructure could be improved would be via accessing small pots of money or vast sums of funding under the New Hospitals Programme.

The Committee referred to how the report mentioned learning and the experiences of other Place-Based Partnerships, and queried how Oxfordshire's Place-Based Partnership had been learning from the activities and experiences of other partnerships. It was responded that the ICB Place Director had been in close contact with various networks including in Manchester and West Yorkshire, which were two Places that had been held up as good examples. It was also emphasised to the Committee that there was a benefit to having three Place-Based Partnerships under the BOB ICB footprint, as all three Place level Partnerships did and could collaborate effectively to drive improvements to health and wellbeing collectively.

The Committee enquired as to how the partnership would develop a culture of learning and evaluation, and how any learning and evaluation of the Partnership's activities would be implemented in practice. It was responded that learning and evaluation was a practice that was undertaken across the system, and that evaluation was being undertaken alongside other partners such as the University of Oxford, particularly in relation to the Partnership's health inequalities work. The BOB ICB Place Director also referred back to the Partnership's maturity level, which would

be used to test the degree to which the Partnership was performing well and effectively achieving its aims and priorities.

The Committee referred to how the report mentioned the importance of a shared vision and purpose for the Partnership, and queried how this vision and purpose was being developed as well as the degree to which this had been achieved. It was responded that the overall vision of the Partnership would be determined by the systemwide Health and Wellbeing Strategy, and that the NHS would operate in a manner that supported the development as well as the delivery of the strategy.

The Committee referred to how the report mentioned the Mental Health Outcomes Improvement Programme. It was queried as to what this programme entailed, and how it would improve the ways in which the Partnership worked on improving mental health in the county. It was explained to the Committee that this was a whole system programme. In the past, contracts for specific services were commissioned. However, moving forward, the Partnership would work towards bringing the system together to agree on Adult and Older Adult mental health services but with a long-term vision to create a more integrated all-age mental health service. It was explained that the hope was to create an outcomes-based contract that was focused around incentivising the right outcomes as opposed to simply incentivising the activities undertaken as part of mental health services.

The Committee referred to how the report made reference to shared data and information, and enquired as to whether there were any examples that could be provided on how the Partnership was supporting this at both the population as well as the individual levels? It was also queried as to whether there was any means through which such data and information sharing could be enhanced. It was responded that there was a lot of work undertaken within the County Council as well as the wider system. An example that was cited was that the County Council and the ICB would be aware of residents who had experienced a fall, and how residents in particular areas may be more prone to experiencing falls. It was also added that there were some barriers around information governance to some extent, and that people may understandably be nervous regarding how their personal health data was utilised. Another example of where shared data and information was working well was around the hospital at home between community and acute providers, where there was an increased use of a single system. It was added that by approximately January to February 2024, the system would have a shared care record which would constitute a repository of information from acute, community, mental health, primary care, and local authority providers.

The Committee emphasised that there were recent challenges related to workforce recruitment and retention, which were not unique to Oxfordshire but nationwide. It was queried as to how this would affect how the Partnership operated, as well as whether the Partnership would take collective measures to address these challenges. It was responded that there was a workforce shortage, and that there was a workforce plan that was proving difficult to recruit to. The Committee was informed that further steps would be taken within the Partnership as well as the wider system to try to improve not only staff recruitment but also retention. There was a need to pool resources as much as possible within the system so as to be able to deliver

services effectively and make use of existing staff in the most efficient and effective manner.

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

1. For the Place-Based Partnership to operate in a manner that avoids duplication of other bodies or their associated activities; including the health and wellbeing board.

2. For the Place-Based Partnership to consider collective work around finding avenues to improve oral health throughout the county, particularly for vulnerable groups or disadvantaged communities.

3. To develop robust processes through which to monitor the effectiveness of the Place-Based Partnership and its work, and to ensure transparency around this.

4. To develop robust principles and processes around transparency of decision-making within the Partnership, so as to mitigate the loss of place-based statutory board CCGs which were open to the public.

49/23 WANTAGE COMMUNITY HOSPITAL UPDATE

(Agenda No. 11)

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

The Committee emphasised that it was crucial that they were aware of the progress made as part of the public engagement exercise around the future services to be delivered at Wantage Community Hospital, as well as for there to be clarity on the degree to which adequate co-production had been at the heart of determining how future services at the hospital would be configured following the closure of the inpatient-beds some years ago.

The Committee sought reassurance on the degree to which viable offers were being made as to the future of the hospital's services. It was raised and discussed that the HOSC Substantial Change Working Group had been involved in close and continuous scrutiny of the public engagement exercise, and that the working group had held monthly check-ins with Oxford Health and the ICB to be kept up to date with as well as to discuss the exercise. The Working Group had also produced a report with its own recommendations to HOSC, which had been published as an addenda to the original agenda for this meeting.

The Committee thanked Oxford Health as well as the ICB for their efforts around the co-production exercise on the hospital's future, and outlined that this was the closest

that the system had ever been previously in helping to determine which services should be delivered on the ground floor of the hospital following the closure of the inpatient beds. The Committee also thanked all stakeholder groups which also partook in the exercise.

It was also discussed that the survey that was distributed as part of the exercise had come to an end, and that verve (the independent facilitator of the exercise) were in the process of collating the findings.

It was also raised that there were three scenarios as to how future services could be delivered on the ground floor of the hospital, and that these scenarios were discussed as part of the public engagement exercise, which included:

1. Clinic based services (tests, treatment and therapy) for planned care appointments.

2. Community inpatient beds and the alternatives when care in people's own homes was not possible.

3. Urgent care (minor injury, illness and mental health issues) access needs on the same day.

The BOB ICB Place Director explained to the Committee that the NHS understood and appreciated that the community in Wantage wanted clarity on the future of the hospital's services since the closure of the inpatient beds, and that they wished to see a resolution. It was also highlighted to the Committee that immense time, effort and resource was invested into the public engagement exercise in Wantage, and that the exercise was well worthwhile.

The Committee emphasised that it was imperative for there to be clarity on what the final offer would be in terms of what specific services would be delivered on the ground floor of the hospital. It was also stated that the offer should be made as imminently as possible, and that such an offer had to be sustainable and long-term in nature.

The Committee **AGREED** to the following recommendations made by the HOSC Substantial Change Working Group:

1. Defer the decision as to whether the closure of beds at Wantage Community Hospital constitutes a Substantial Change.

2. Defer the decision on whether to refer to the Secretary of State for Health and Social Care the matter of the closure of beds at Wantage Community Hospital.

3. Agree an Extra HOSC meeting to be scheduled in mid-January, to make a final determination as to whether to make a referral to the Secretary of State is necessary in relation to the removal of beds at Wantage Community Hospital, and as to whether to declare the removal of the beds as a Substantial Change.

The Committee agreed to the aforementioned recommendations in light of the fact that the final co-produced report that would highlight the outcomes of the public engagement exercise was yet to be finalised and published. The Committee understood that the co-produced report would form the basis of its ultimate decision on whether to declare the closure of the inpatient beds at Wantage Community Hospital as a substantial Change, as well as whether to refer this matter to the Secretary of State for Health. During its extra meeting in January, the Committee would have received the final co-produced report and would then be in a position to make its final decisions on the above.

50/23 FORWARD WORK PLAN
(Agenda No. 12)

The Committee **AGREED** the proposed work programme for the upcoming meetings throughout the remainder of the 2023/24 civic year.

51/23 ACTIONS & RECOMMENDATIONS TRACKER
(Agenda No. 13)

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

..... in the Chair

Date of signing .....