Notice of Meeting

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 20 April 2023 at 10.00 am

Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings online, please click on this Live Stream Link.

Membership

Chairman - Councillor Jane Hanna OBE
Deputy Chairman – Councillor Paul Barrow

Councillors:	Nigel Champken-Woods	Damian Haywood	Dan Levy
	Imade Edosomwan	Nick Leverton	Dr Nathan Ley
District Councillors:	Sandy Dallimore	Elizabeth Poskitt	
	Jabu Nala-Hartley	David Turner	
Co-optees:	Jean Bradlow	Barbara Shaw	Vacancy

Notes: ***Date of next meeting:*** *8 June 2023*

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Jane Hanna Email: jane.hanna@*oxfordshire.gov.uk*
Scrutiny Officer	-	*Tom Hudson Tel: 07791 494285* *Email: tom.hudson@oxfordshire.gov.uk*
Committee Officer	-	*Democratic Services Team* *Email:* *committeesdemocraticservices@oxfordshire.gov.uk*

Martin Reeves
Chief Executive

April 2023

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. Minutes (Pages 1 - 10)

To approve the minutes of the meeting held on 9 February 2023 and to receive information arising from them.

4. Speaking to or Petitioning the Committee

Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection.

To facilitate 'hybrid' meetings we are asking that requests to speak or present a petition are submitted by no later than 9am four working days before the meeting i.e., 9am on Friday 14 April 2023. Requests to speak should be sent to scrutiny@oxfordshire.gov.uk

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that your views are taken into account. A written copy of your statement can be provided no later than 9am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.

5. Oxfordshire Smoke-Free Strategy Update (Pages 11 - 30)

6. Oxfordshire Healthwatch Update (Pages 31 - 44)

To receive a report from Oxfordshire Healthwatch on its recent activities.

7. Dentistry provision within Oxfordshire (Pages 45 - 66)

To receive the presentation of a report on Dentistry provision within Oxfordshire by Sue Whiting, Deputy Director of Integration & Delegation of Direct Commissioning, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), Nilesh Patel, Chair-Thames Valley Local Dental Network, Hugh O'Keeffe, Senior Commissioning Manager Dental, NHS England and NHS Improvement – South East, and Dr David Chapman, System Clinical Lead for Pharmacy Optometry & Dental Services.

8. Chair's Update (Pages 67 - 68)

To receive an update from the Chair about the recent activity across the Committee.

9. Responses to Scrutiny Recommendations (Pages 69 - 70)

To receive the presentation of the Cabinet Member response by the Cabinet Member for Public Health & Equality to the recommendation to cabinet made by the OJHOSC at its meeting on 24 November 2022 concerning Primary Care.

10. Actions and Recommendations Tracker (Pages 71 - 78)

To receive an update from Tom Hudson, Scrutiny Manager, on the progress as to the appended actions and recommendations tracker.

11. Committee Work Programme (Pages 79 - 84)

To review the Committee's proposed work programme for forthcoming meetings.

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or email democracy@oxfordshire.gov.uk for a hard copy of the document.

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 9 February 2023 commencing at 10.00 am and finishing at 2.56 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair District Councillor Paul Barrow (Deputy Chair) Councillor Nigel Champken-Woods Councillor Imade Edosomwan Councillor Damian Haywood Councillor Nick Leverton Councillor Dan Levy District Councillor Sandy Dallimore District Councillor Elizabeth Poskitt District Councillor David Turner
Co-opted Members:	Jean Bradlow Barbara Shaw
Other Members in Attendance:	Councillor Mark Lygo
By Invitation:	Avril Fahey, Connect Health Ben Riley, Oxford Health NHS Trust Veronica Barry, Healthwatch Oxfordshire Dan Leveson, Buckinghamshire, Oxfordshire and Berkshire West ICB Will Hancock, South Central Ambulance Service Kirsten Willis-Drewitt, South Central Ambulance Service
Officers:	Karen Fuller, Interim Director for Adult Social Care Edward Scott, Scrutiny Officer Tom Hudson, Scrutiny Manager

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

75/22 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 24 November 2022 were confirmed by the Committee subject to the following changes:

The correction of a formatting error which showed Barbara Shaw and Jean Bradlow as voting members.

Minute 68/22 – The inclusion of more of the key findings of the workshop session and the Committee's discussion which led to the resolved recommendations.

Matters Arising

It was noted by the Chair that since the 24 November 2022 Committee Meeting; the Committee had received an informal briefing on the Covid-19 Inquiry. It was affirmed that the inquiry was nationally directed and that Local Government submissions were to be coordinated by the Local Government Association. It was unclear, although unlikely, that content from Health Scrutiny Committees could be included in the content submitted by Councils. However this would depend on national direction.

It was noted that the Committee would keep an active, ongoing interest on whether the JHOSC's reports would be able to be submitted in due course.

76/22 DECLARATIONS OF INTEREST

(Agenda No.)

It was noted for the record that:

I. Councillor Damian Haywood declared that he received funding from Continuing Healthcare Oxfordshire for the care of his son.
II. Councillor Jane Hanna noted her position as Chief Executive of SUDEP Action

77/22 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The following requests to speak were received:

6. Oxfordshire Temporarily Closed Services Update

Julie Mabberley
Councillor Jenny Hannaby

7. Healthwatch Oxfordshire Report

Carol Stavris and Marie Walsh (on behalf of Didcot Against Austerity)

78/22 OXFORDSHIRE COMMUNITY MUSCULOSKELETAL SERVICE
(Agenda No. 5)

The Committee received a report by Danielle Chulan, Head of Operations, Connect Health; Judy Foster, Senior Commissioning Manager, NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board; which was presented by Avril Fahey, Operations Manager, Connect Health. The report gave an overview of performance against Key Performance Indicators, successes and areas for improvement and future plans for the Oxfordshire MSK Service.

On inheritance of the service from the previous provider, Healthshare, Connect Health had received 5,414 backlog patients, 6008 transition patients, and 7,500 on the Patient Initiated Follow Up (PIFU). List. This overall added up to 19,000 patients transferred overall.

During, before and after mobilisation of the contract, Connect Health encountered a number of challenges. These challenges included the sharing of the TUPE list of clinical staff, just 10 days from the service go live date, a number of patients which had been placed on the wrong transfer list or prioritisation lists by the ongoing provider; and the early identification that there were only 2 part-time injecting clinicians for Tier 2 services, despite a significant backlog. Moreover, approximately 30% of patients which were transferred; there was a block in place which prevented the sharing of patient data. As an interim measure, Connect Health offered all affected patients an immediate telephone consultation to discuss symptoms and care. Moreover, a panel review meeting had been scheduled between the new and previous provider and the Integrated Care Board (ICB) in order to ensure this situation didn't arise again in the future.

It was drawn out from the report that wait time for all appointments currently sat at a mean of 2.5 weeks, and a median of 1.6 weeks. The average wait for the Physioline Triage Service, currently sat at 2 working days.

Arising from Committee Members' questions and comments the following points were noted:

- In conjunction with the ICB, Connect Health were due to conduct a full estates and referral demand distribution review; and recognised several estate-related considerations including the long-term suitability of East Oxford for their central hub.
- 100% of backlog patients had now started their treatment; and any patients which hadn't yet been contacted by Connect Health would have been discharged by Healthshare.
- Between October and December 2022 there had been a significant variation in respect of experienced patient wait times. This could largely be attributed to the provider working through the inherited backlog list.
- Although Connect Health's contract officially started on 3 October 2022, in order to accelerate the reduction of the backlog, and with the ICB's agreement, Connect Health started treating 1498 backlog patients prior to the go-live date via locums and available newly recruited staff.

- Patients who were on the PIFU list were discharged after 6 months if they did not need or did not want further treatment.
- The volume of formal complaints which had been received in respect of the service were at levels which were to be expected during the mobilisation of a new contract. 3 main themes could be drawn out from the complaints which included the symptoms of the data sharing issue between providers, the lack of clinical capacity in the south of the County and relevant patients not getting into embargoed priority and post-operative appointment slots. In response to this, following inadequate capacity left from Healthshare, there had been a concerted effort by Connect Health to recruit to its sites in the south of the county. Furthermore, it was recognised that the embargoed appointment slots had not been offered by clinicians as they should have been and training and communications to staff have since tried to the address this.
- Members who had personal experience with the service, had found the service to be accommodating and a well communicated, smooth pathway.
- There were concerns in respect of the service's current ability to be accessed by those with mobility issues from the more rural areas of the county. The Committee were reassured that these issues would be factored into the wider estates review.

Moving forward Connect Health were aiming to mobilise gyms to treat patients within a wellbeing environment in order to promote lifestyle changes and to activate patients as part of their exit strategy from the service. In addition, the provider was aiming to increase its injection capacity; as well as its Advanced Practioner workforce by greater developmental pathways for Tier 1 staff.

The Chair of the Committee thanked Connect Health and the commissioner for their thorough report and attending to answer the Committee's questions. It was agreed that subject to the Committee's work programming process, the service should be reviewed in a year's time and looked forward to appointing a representative to the service's Patient and Public Engagement Group.

79/22 OXFORDSHIRE TEMPORARILY CLOSED SERVICES UPDATE
(Agenda No. 6)

As a follow-up to its resolution at its November meeting. The Committee received a report from Dr Ben Riley, Executive Managing Director – Primary Care and Community Services, Oxford Health NHS Foundation Trust, in respect of the closed inpatient-bedded unit at Wantage Community Hospital and the related proposed changes to community services within Oxfordshire.

The Committee was reminded that the situation at Wantage Community Hospital was inherently interlinked with the proposed redesign of community inpatient and intensive community support services across Oxfordshire. It was reminded that whilst there was a direction of travel to treat patients in their own homes, if required local Wantage residents could still undergo rehabilitation at a neighbouring community hospital. The Committee were reminded that, as it stood a number of services were being piloted out of the rooms at the Community Hospital, including Ear, Nose and Throat services (ENT), audiology, consultant-led ophthalmology and mental health services, as of Autumn 2021.

As a prelude to formal engagement and consultation, the Integrated Care Board and Oxford Health NHS Foundation Trust, had offered a co-produced pre-engagement stakeholder workshop to the Wantage Town Council Health Sub-Committee in order to reengage, review the lessons learnt from previous engagements and push forward the decision on which services should be provided at the hospital.

Members raised that the national move towards virtual wards needed to be accompanied with adequate care-support for family members, who shouldn't be required to provide wrap-around care. Moreover, it was noted that virtual wards required risk management and clinical culture change; and it was acknowledged that changes to mental health services in the last few decades offered insight of how settings for services could be transitioned.

Committee members questioned whether the main driver for the redesign of community services was in fact the financial sustainability of services and cost savings. It was reaffirmed by NHS partners that there should be emphasis on achieving value for money by partnership working and making use of technology. However there also needed to be a coherent overarching vision relation to inpatient bed provision, settings for care and where interventions would take place. It was also noted that the Integrated Care System was working with an academic in order to create a planning tool to use the currently available raw data to measure and predict demand for community services provision.

The Committee raised questions in respect of wider-workforce issues and the role of paid carers in the system. It was acknowledged that pay, property prices, developmental opportunities, and leadership and culture were all factors which influenced recruitment and retention. Furthermore, the Committee were reassured that the County Council valued a personalised care offering and did not commission 15-minute care calls for personal care and paid one of the highest rates for homecare across the country; which has in turn attracted new providers into the County. Furthermore, for its Live Well at Home contract the Council commissioned the service on a 'patch', basis which reduced the time carers spent travelling.

RESOLVED that

I. Cllrs Barrow, Champken-Woods, Hanna and Haywood form a sub-group to consider the Substantial Change Assessment Form on the Community Inpatient Unit at Wantage Community Hospital; and

II. The offer of a co-produced, pre-engagement workshop to the Wantage Town Council, Health Sub-Committee be noted.

80/22 HEALTHWATCH OXFORDSHIRE REPORT

(Agenda No. 7)

The Committee received a report from Veronica Barry, Interim Executive Director, Healthwatch in respect of Healthwatch Oxfordshire's latest activities and findings.

The Committee formally welcomed Veronica Barry and noted its thanks to Rosalind Pearce for her engagement with the Committee and her work to improve health services in Oxfordshire.

The consideration of the report focussed on several residents who had reported to Healthwatch that they were unable to register to the 3 GP practices within the Didcot area due to temporary list closures. Whilst Healthwatch was able to signpost the residents to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) Patient Advice Liaison Service (PALS) team who assisted them to register with a GP, there were concerns that there were other patients who had given up or did not have the confidence or awareness to contact Healthwatch or the PALS service.

After discussion, where it was clarified that only one practice had a formal list closure, the Committee agreed to formally write to the Integrated Care Board to seek clarity and assurances on the matter.

Further relating to the report and the activities of Healthwatch Oxfordshire, it was noted that during the HOSC's consideration of a joint report by Healthwatch and Community First, Oxfordshire, on rural isolation in Oxfordshire at its meeting in September 2022, it had been advised that the methodology of the report would be amended, and the Committee subsequently advised. It was agreed that this would be followed up informally outside of the Committee Meeting.

RESOLVED that

I. Formal thanks to Rosalind Pearce for her work at Oxfordshire Healthwatch be noted; and

II. a letter be sent on behalf of the Committee to the Integrated Care Board seeking clarity and assurance on the situation in respect of new registrations at the 3 Didcot GP Practices.

81/22 RESPONSES TO COMMITTEE RECOMMENDATIONS

(Agenda No. 8)

The Committee considered the formal, written response from the Integrated Care Board (ICB) on several recommendations it had made at its November Committee Meeting in respect of Primary Care in Oxfordshire.

There was significant discussion on the response to the Committee's recommendation that a priority list for funding of new primary care facilities in Oxfordshire was created with a view to seeking contributions for health where housing developments are already planned and delivered.

It was asserted by the Place-based Director that information could be provided in respect of where the developers contribution currently sat, the relevant time obligations, and their scope. However, it was clarified that there were technical complexities in the processes of how the Section 106 and Community Infrastructure Levy monies could be used in relation to healthcare estate, which meant it wouldn't

be possible to create a definitive, prioritised list. It was felt that the Joint Health Overview and Scrutiny Committee (JHOSC) had a role to facilitate a discussion between the ICB and District Councils' planning personnel share understandings of some of their complexities and promote closer partnership working.

RESOLVED that the OJHOSC facilitates a workshop discussion between the Integrated Care Board and District Councils to better share understanding in respect of use of developer contributions for health facilities and to promote greater partnership working.

82/22 WINTER PRESSURES UPDATE

(Agenda No. 9)

A short verbal update was provided by Dan Leveson, Place-based Director for Oxfordshire, Buckinghamshire, Oxfordshire and Berkshire West, Integrated Care Board, and Karen Fuller, Interim Director for Adult Social Care on the winter pressures which were and had been facing the Oxfordshire system.

It was acknowledged that the winter so far had placed incredible strain on Health and Social Care, which had suffered from the effects of the resurgence of Covid-19 and the emergence of strep A.

It was recognised that there was particular success in how the different parts of the Oxfordshire System had worked together to respond to the pressures. This included the provision of additional packages of care for people's homes, increased capacity via urgent community response, and extended hours which had been put in place at the Emergency Admission Unit in Banbury. It was also noted that there had been particular success in respect of the ability of the Transfer of Care Hub to get patients discharged and treated in their own homes under the Hospital Discharge 1 pathway.

It was advised to the Committee that the national £200 million fund to buy extra beds in care homes and in community settings wasn't as flexible as it could have been and wasn't necessarily suitable in Oxfordshire, where there wasn't a lack of bed capacity. Furthermore, it was asserted by the Cabinet Member for Adult Social Care that the fund did not reflect the long-term need for systematic changes need in Oxfordshire. It was noted that the Council had raised its concerns nationally, and the conditions of the funds had been subsequently made more flexible.

It was agreed that the Committee would be advised of when it was most suitable for the Committee to consider an item on the learnings from the 22/23 Winter and the planning for 23/24.

RESOLVED that the consideration of the 23/24 Winter Plan and the learnings of the 22/23 winter be included on the Committee's Work Programme for 23/24.

83/22 SOUTH CENTRAL AMBULANCE SERVICE (SCAS) IMPROVEMENT PROGRAMME UPDATE
(Agenda No. 10)

The Committee received a report from Will Hancock, Chief Executive, South Central Ambulance Service (SCAS) and Kirsten Willis-Drewitt, Head of Operations, in respect of a progress update relating to the SCAS Improvement Programme.

It was presented to the Committee that SCAS were mid-way through Stage 2 of their Improvement Programme; and had recently received a discretionary visit from Care Quality Commission (CQC) representatives and been through various oversight and scrutiny processes with NHS England; as well as the Integrated Care Board (ICB) and partners. Furthermore, at SCAS' request a detailed assurance visit from the ICB clinical leads had been undertaken in order to maintain independent oversight and provide feedback on areas of strength and areas for improvement.

Following the Committee's questions and comments, the following points were noted:

- SCAS had a number of sub-committees which reported to the SCAS Board, including the recently formed People and Culture Sub-Committee. The sub-committees were non-executive board member-led; which provided more hands-on oversight than the SCAS Board.
- Operationally, SCAS was broken down into 7 geographical areas, one of which was Oxfordshire, which was led by an Operations Manager. Below this lay a flat, Team Leader-led structure which totalled to 138 teams within SCAS, which each comprised of 15-20 members of staff per-team. Each team was rostered together and benefitted from 'Team Time', together which allowed the Team Leader to provide feedback, lead self-directed learning and conduct 1 to 1s and appraisals.
- To maintain oversight SCAS Executive members conducted regular ambulance station visits and accompanied ambulance crews.
- As per the norm with the NHS and as recommended by external bodies. SCAS had both an Audit and Risk Sub-Committee and a Finance and Performance Sub-Committee, which performed differing functions. Whilst the Audit and Risk Sub-committee primarily considered performance levels and management of risk, the Finance and Performance Sub-Committee was more forward-looking and appraised future programmes of work.
- As part of the Freedom to Speak-up (FTSU) part of the improvement programme it was noted that speak-up outreach work was being undertaken at ambulance stations and hospitals in order to encourage discussions and to allow staff to highlight areas for improvement. It was also noted that the FTSU team now also had 2 permanent members of staff and that the SCAS women's network was in the process of being set up and drew upon the expertise of the long-established LGBT network.
- Data was regularly collected on the clinical presentation of patients at Emergency Departments. It was noted that Oxfordshire was the best performing area within SCAS for using clinical pathways which did not involve sending patients to Emergency Departments.
- There had been a number of initiatives to improve staff welfare at SCAS including a policy which meant that during the last hour of shifts staff only

responded to very high category calls; noting that responding to call during the last hour of a shift previously meant the extension of a crew's time at work by up to 1 and a half hours. There had also been a greater focus to provide greater emphasis to the SCAS BAME and Disability networks, which aimed to encourage bring people together and the sharing of understandings of how members of staff could best support each other.

Committee members provided sincere and personal thanks to the work of SCAS; and from a scrutiny perspective noted its desire to regularly review its performance data at its Covid-19 Elective Recovery Sub-Group. Subject to the work programming process, the Committee also noted its wish to see SCAS report to the HOSC on its Improvement Programme in approximately 9 months' time.

RESOLVED that SCAS' performance data be regularly reviewed by the Committee's Covid-19 Elective Recovery Sub-Group.

84/22 CHAIR'S REPORT

(Agenda No. 11)

The Chair introduced her Chair's update report, which was contained in the main agenda pack, and reaffirmed the good news in respect of the reopening of the Midwifery-Led Units at Wantage and Chipping Norton.

Barbara Shaw emphasised the communication issues which were at the centre of the Oxfordshire Age Related Hearing Loss Contract in respect of the availability of earwax removal services. Whilst some patients over the age of 55 were eligible for earwax removal for free, many were left under the impression that the only option was to pay for these services via a private provider. Furthermore, as it stood it was left to providers to advertise the service, as little information was communicated by GPs.

Members were advised that a report in relation to the contract was going through the Integrated Care Board governance process and would be appended to the Chair's update report in April for consideration.

85/22 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 12)

The Health Scrutiny Officer clarified to the Committee that Action 18 should have been marked as complete and confirmed that several Members had attended the Oxford University Hospitals (OUH) Maternity Stakeholder event in mid-November.

It was confirmed that communication in respect of how to best facilitate further visits to care homes to evaluate infection control measures was ongoing.

86/22 COMMITTEE WORK PROGRAMME

(Agenda No. 13)

The Committee considered its work programme for the rest of the 22/23 municipal year. It was acknowledged that the Dentistry item which was due for consideration at the February meeting had been deferred to the April meeting at the request of the Integrated Care Board, in order to draw out access issues which specifically related to Oxfordshire in their report.

It was noted that a work programming meeting for the 23/24 municipal year with all Committee members would be arranged in due course.

..... in the Chair

Date of signing .....

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

20th April 2023

Report by Corporate Director for Public Health

UPDATE : Smoking and Tobacco Control.

The purpose of this report is to provide a brief update, following presentation and scrutiny of a full report on smoking and tobacco control in September 2023. (embedded below),

At the meeting in September HOSC were particularly interested in the following areas:-

- Work with young people about the addictive potential of e-cigarettes
- Work to consider how the smoke free agenda could be progressed further in light of the cost of living crisis with particular reference to foodbanks
- Work to support social housing tenants who smoke to quit

Oxfordshire Data

At the meeting an overall smoking prevalence of 11.5% for 19/20 was reported. More recent data has been published showing a reduction of 1.3% in smoking prevalence in Oxfordshire to 10.2% for 2021.

New smoking prevalence data was released by OHID in December 2022[1] from the Annual Population Survey (APS) for England[2].

- As of 2021, according to the Annual Population (APS), Oxfordshire rates remain lower than the England average which is 13.8%[3]
- Based on the 2021 Mid-year population estimates recording 580,148 adults (18+) in Oxfordshire[4], this equates to 59,175 Oxfordshire residents smoking.
- Although the overall prevalence is decreasing, this masks significant inequalities within Oxfordshire

A full data briefing can be accessed here or appended to this report as Annex A.

Work with young people around the addictive potential of e-cigs

Since the meeting, very brief advice (VBA) training related to tobacco and e-cigarettes has taken place with school nurses. The Oxfordshire Public Health Promotion Resource Unit, has ordered 5000 youth vaping resources to be distributed to schools[5], including resources for PHSE, posters and leaflets. These are in the

[1] Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk)
[2] Annual population survey (APS) QMI - Office for National Statistics
[3] Local Tobacco Control Profiles - Data - OHID (phe.org.uk)
[4] ONS Population Estimates
[5] https://ash.org.uk/resources/view/ash-brief-for-local-authorities-on-youth-vaping

process of being adapted for Oxfordshire and made available to schools. Monitoring is in place to understand take up and usage.

Public Health have been working with The Training Effect (TTE), a commissioned service delivering risky behaviours training in schools, to deliver focus groups in schools with teenagers across Oxfordshire asking them about their use and attitudes towards e-cigarettes. From this we will be developing and delivering training to professionals working within schools. The initial focus of these resources will be around the nicotine element of e-cigarettes and the addictive potential.

E-Cigarette Enforcement

Trading standards have been undertaking targeted work regarding the sale of e-cigarettes. The work is designed to ensure that smokers are supported in their attempt to quit by making sure that they have access to legally compliant e-cigarettes, whilst also working to ensure that non-smokers, particularly children, do not have access to such products.

Practically, the two main areas of concern are that there is a significant quantity of non-compliant e-cigarettes in the market (generally disposable vapes with excess nicotine strength, excess capacity and/or with labelling failures such as a lack of warnings and UK contact details) and that anecdotal accounts point to a significant number of children (previous non-smokers) taking up vaping – even if only as a temporary act.

In response, trading standards have undertaken a range of activities designed to educate retailers, raise awareness of the above issues and pursue non-compliances with underaged test purchasing and the seizure of non-compliant products.

In 2022:

- 31 advice visits have been made to businesses, following up complaints of possible underaged sales being made. During these visits practical advice and resources are provided, aimed at reducing the likelihood of a sale being made to a child, such as information on age verification checks, 'Think 25' policy, the maintaining of a refusals book, age warning till prompts and posters that can be displayed on the premises.
- Since June 2022 alone, 2,399 illegal e-cigarettes have been seized (all excess strength or capacity devices)
- 34 test purchases have been made. Test purchases include the use of a underaged test purchaser, attempting to purchase a product, under the direction of trading standards officers
- 5 UAS investigations have been completed, resulting in 3 prosecutions and 2 resolved via other appropriate means
- 4 more UAS investigations are in progress, following sales made in November and January
- 1 business is under investigation for continuing to sell illegal high capacity vapes after being previously warned and having over 500 devices seized
- A dedicated page is available on our public website providing advice to businesses and includes photos of previously identified, non-compliant product

- All secondary schools in Oxfordshire have been contacted, with advice on how to report concerns/intelligence to trading standards
- Several media and public awareness opportunities have been used to support Public Health messaging and to advise/warn businesses selling such products, including BBC Radio Oxford and national press
- Oxfordshire officers are sharing intelligence and best practice with colleagues regionally and nationally, as well as other partners such as the Police and district councils (licensing and community safety)

Cost of Living Crisis

Visits were undertaken to two food banks to understand how we can best take work forward. Discussions with individuals attending who were smokers found initially they did not want to quit, they felt written information would be disregarded and the attendance of a Stop Smoking Advisor was not popular (and capacity wise would be difficult). However, further conversation found attendees thinking otherwise about potentially quitting. This has prompted the development of VBA training for food bank volunteers (which will also be available to debt support workers). At the most recent Tobacco Control Alliance we explored further ways of reaching people in cost-of-living crisis and are exploring a pilot offering direct supply of vouchers.

We currently offer clients of the Family Nurse Partnership and a significant partner who smoke, vouchers for successfully quitting smoking (based on strong evidence review). This scheme will be extended to up to five household contacts to support Smoke Free Homes.

Work to support social housing tenants to quit

A toolkit has been developed for social housing providers along with bespoke VBA Training for staff with a pathway to our local Stop Smoking Service Provider (while we are exploring other ways of supporting tenants to quit which could include things like e-cigarette vouches or direct supply).

Full report as presented on 22nd September embedded is appended to Annex B to this report

Oxfordshire smoking data briefing January 2023

New smoking prevalence data was released by OHID in December 2022[1] from the Annual Population Survey (APS) for England[2].

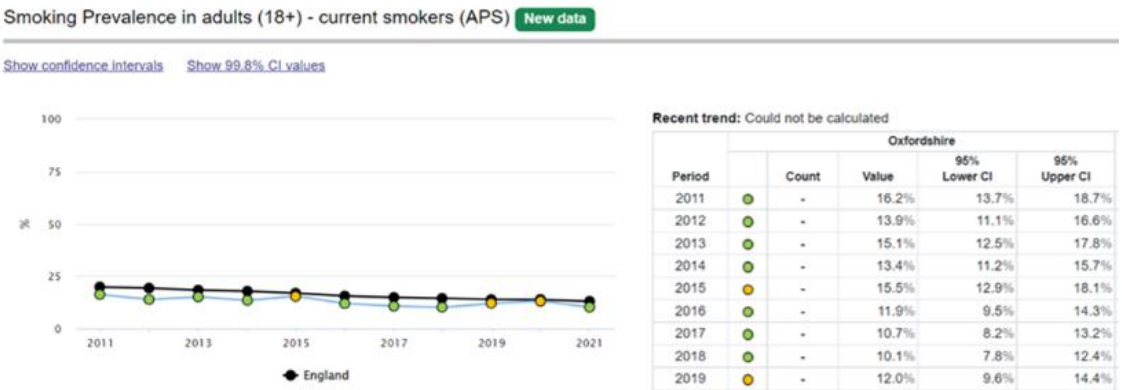
- As of 2021, 10.2% of the adult population of Oxfordshire were estimated to be current smokers, lower than the England average (13.8%).[3]
- Based on the 2021 Mid-year population estimates recording 580,148 adults (18+) in Oxfordshire[4], this equates to 59,175 people.
- There has been a reduction in this prevalence since last year, down 3% from 13.2% in 2020 to the current 10.2% in 2021.
- Although the overall prevalence is decreasing, it masks significant inequalities within Oxfordshire

Key:

E – England
Ox – Oxfordshire
C– Cherwell
OC – Oxford City
S – South Oxfordshire
V – Vale of White Horse
W – West Oxfordshire

Better than England average	Similar to England average	Worse than England average

Graph displaying smoking prevalence in adults (18+) trend for Oxfordshire compared to England from 2011-2021



Recent trend: Could not be calculated

	Oxfordshire			
Period	Count	Value	95% Lower CI	95% Upper CI
2011	-	16.2%	13.7%	18.7%
2012	-	13.9%	11.1%	16.6%
2013	-	15.1%	12.5%	17.8%
2014	-	13.4%	11.2%	15.7%
2015	-	15.5%	12.9%	18.1%
2016	-	11.9%	9.5%	14.3%
2017	-	10.7%	8.2%	13.2%
2018	-	10.1%	7.8%	12.4%
2019	-	12.0%	9.6%	14.4%
2020	-	13.2%	10.2%	16.1%
2021	-	10.2%	7.8%	12.6%

Source: Annual Population Survey (APS)

Adult smoking prevalence District level data

Within Oxfordshire, the smoking data varies by district with Vale of White Horse having the highest prevalence of 12.8%, 2.6% above the Oxfordshire average compared with West Oxfordshire which, based on the APS data, recorded a prevalence of 3.7%, 6.5% below the Oxfordshire average.

Graphs depicting current prevalence trend by district, highlighting the prevalence percentages for 2021[5]

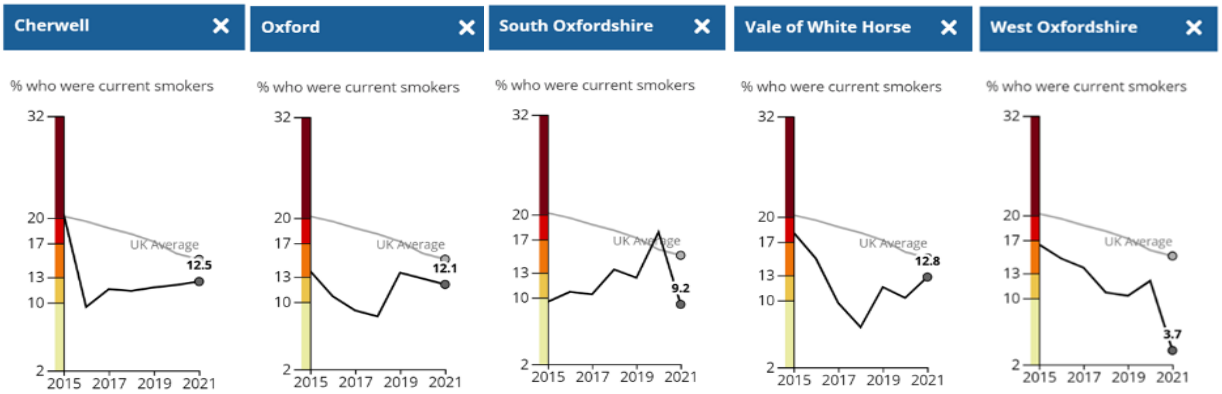


Table detailing Smoking prevalence in adults (18+) – current smokers (APS) trends in Oxfordshire Districts from 2019-2021[2]

Year	E	Ox	C	OC	S	V	W
2019	13.9%	12.0%	11.8%	13.5%	12.4%	11.6%	10.3%
2020	13.8%	13.2%	12.1%	12.8%	17.9%	10.3%	12.1%
2021	13%	10.2%	12.5%	12.1%	9.2%	12.8%	3.7%*

From 2020 – 2021, Cherwell and Vale have seen increases in smoking prevalence of 0.4% and 2.5% respectively from 2020-2021 whereas Oxford City have seen a slight decrease of 0.7%; South and West Oxfordshire have seen larger decreases of 8.7% and 8.4% respectively.

* It is important to note that District prevalence data varies depending on the data source and the APS is limited due to the number of respondents, questioning its reliability. For example when considering the West Oxfordshire figures other data sources record a prevalence of between 10.4%-12.4% which means the 3.7% is likely an inaccurate reflection.

[1] Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk)
[2] Annual population survey (APS) QMI - Office for National Statistics
[3] Local Tobacco Control Profiles - Data - OHID (phe.org.uk)
[4] ONS Population Estimates
[5] Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk)

Inequalities in smoking prevalence

Routine and manual occupations *(APS 2020)* ***= 30.7%***

This is almost one in three manual workers, with South Oxfordshire reporting 53.5% - more than one in two. Oxfordshire is in the worst quintile for England for the odds of current smoking among adults with a routine and manual occupation

Smoking prevalence % in adults in routine and manual occupations (18-64) – current smokers (APS) 2020						
E	Ox	C	OC	S	V	W
24.5	30.7	23.4	22.9	53.5	39.4	23.2

Whilst Oxfordshire and its Districts are similar to the England average, there has been an average increase of 13.7% from 17% in 2018 to 30.7% in 2020. South Oxfordshire has seen the biggest increase of 41.3% from 12.2% in 2018 to 53.5% in 2020 bringing prevalence 22.8% above the Oxfordshire average. This is followed by the Vale of White Horse which saw an increase of 26.9% from 12.5% in 2018 to 39.4% in 2020, bringing it 8.5% above the Oxfordshire average.

Pregnant women - Smoking status at time of delivery *(SATOD) 2021-22* ***= 6.1%***

Oxfordshire and its Districts are lower than the England average for SATOD with an average decrease of 1% from 7.1% in 2019/20 to 6.1% in 2021/22.

Smoking status % at time of delivery 2021-22

E	Ox	C	OC	S	V	W
9.1	6.1	6.1	6.1	6.1	6.2	6.1

This overall data masks huge inequalities within Oxfordshire at ward level with the 10 most deprived wards displaying a SATOD range from 10.4-28%.

The table below highlights huge disparities in SATOD data by ward. Within the ward of Blackbird Leys, the rate is 28.1%, 22% higher than the Oxfordshire average.

Ward	District	SATOD % 2021-22
Blackbird Leys	Oxford City	28.1
Littlemore	Oxford City	15.1
Abingdon Caldecott	Vale of White Horse	13.9
Banbury Cross and Neithrop	Cherwell	13.6
Barton and Sandhills	Oxford City	12.3

Adults with a long-term mental health condition *(GPPS 2020-21)* ***= 22.3%***

Oxfordshire and its Districts are lower than/ similar to the England average for smoking prevalence % in adults with a long-term mental health condition ranging from 14.8-26% across the county.

Smoking prevalence % in adults with a long term mental health condition (18+) - current smokers (GPPS) 2020-21

E	Ox	C	OC	S	V	W
26.3	22.3	26.0	23.2	21.9	23.2	14.8

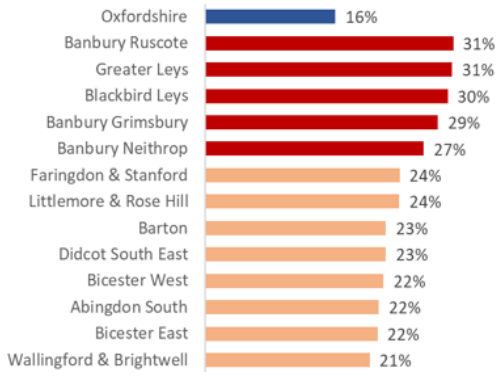
Prevalence within Cherwell and Vale of White Horse has increased by 9.3% and 8% respectively from 2019/20 to 2020/21 with Cherwell now reporting a prevalence of 26% which although similar to the England average is 3.7% above the Oxfordshire average. Vale of White Horse is in the worst quintile for England with adults self-reporting to be 1.3 times more likely to smoke compared with those in West Oxfordshire which is in the best quintile for England.

Smoking and areas of deprivation

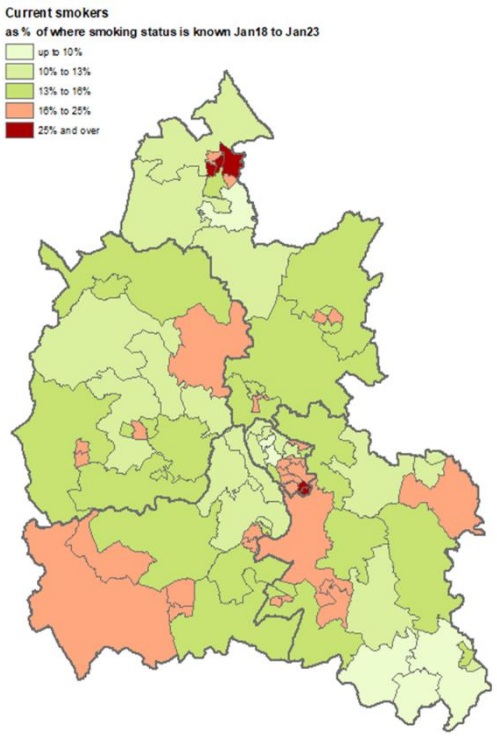
Oxfordshire GP-recorded smokers aged 18 and over as a percent of patients (where smoking status is known and recorded Jan18 to Jan23) was **16%** [6]*

*This is higher than the Oxfordshire Annual Population Survey figure of **10%** smokers of those where smoking status is known (2021) and also higher than the GP Patient Survey figure of **12.5%** (2020/21). BUT it is likely that GPs will be recording mainly where smoking is or was an issue and missing records of non-smokers, which means the overall percentage of smokers will be higher.

There are much higher rates of GP-recorded current smokers in areas that are classified as more deprived in Oxfordshire.
28% are smokers in the 10-20% most deprived areas,
Each are well above the 16% overall.



Graph & Map displaying Oxfordshire GP-recorded % current smokers in Middle Super Output Areas with the highest rates
77% of these areas are in the top 25 most deprived MSOAs in Oxfordshire.
However, there are a few areas that aren't such as Faringdon & Stanford, Bicester East and Wallingford and Brightwell which all have low levels of deprivation.



[6] Source: Population Health Informatics (NHS Oxfordshire), smoking status recorded between Jan18 and Jan23. Data by IMD 2019 overall index of deprivation from most deprived 10% to least deprived 10% in Oxfordshire using national ranking

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

22ND SEPTEMBER 2022

Report by Corporate Director for Public Health

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

   a) Consider the contents of the report and put relevant questions to the Director of Public Health, Cabinet Lead Member and supporting officers.
   b) Recommend the adoption of the proposed amended actions, as per Appendix 1, to the Tobacco Control Action Plan, to the Health and Wellbeing Board.
   c) Decide whether any further action is required.

Executive Summary

2. Reducing tobacco-related harm is a priority for Oxfordshire County Council, the Health Improvement Board and the Health and Wellbeing Board. Smoking is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely, losing on average around 10 years of life.

3. In March 2020 Oxfordshire adopted a five-year smoke free strategy and ambition to have a smoking prevalence of less than 5%, whilst also tackling inequalities.

4. The first two years of the strategy coincided with the COVID-19 pandemic, which impacted progress of some of the work planned. Despite this, various partners across the system have acted towards the smoke free ambition.

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Background

5. **Mortality and morbidity**

- Smoking is a leading cause of preventable death in the UK. It is also the single biggest modifiable risk factor for cancer[1] and COPD, as well as for miscarriages, stillbirth, premature birth and birth anomalies[2].

- Smokers are 36% more likely to be admitted to hospital and need social care 10 years before they should if they didn't smoke. Smoking also accounts for over half of the difference in risk of premature death between the most and least deprived social groups.

[1] Brown KF, et al. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. British Journal of Cancer. 2018. 118; 1130–1141. 2018. https://pubmed.ncbi.nlm.nih.gov/29567982/

[2] Royal College of Physicians. Hiding in plain sight: treating tobacco dependency in the NHS. 2018.

- The burden of disease for Oxfordshire is presented pictorially below (figure 1)[3]

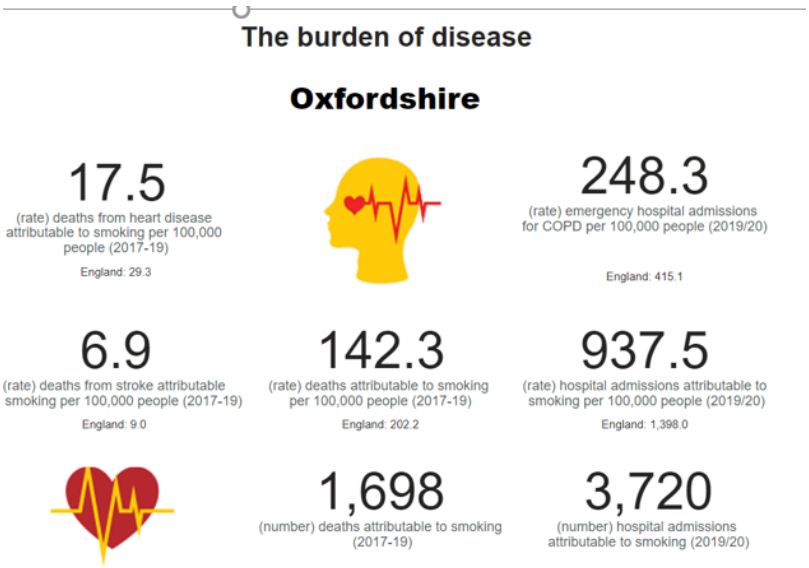

Figure 1: Burden of disease attributable to smoking in Oxfordshire

Source: OHID Tobacco Control Dashboard, 2022

6. Costs

- This health burden is echoed financially for both smokers and the wider system. It is estimated that smoking costs Oxfordshire around £193M annually[4]. This is made up by the following costs.

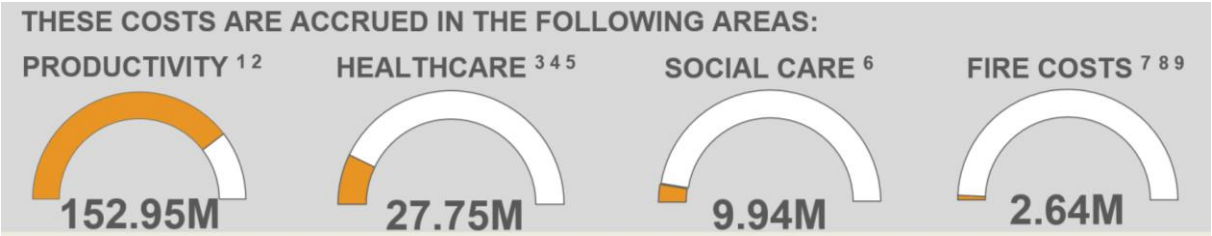

Figure 2:Costs of smoking to Oxfordshire system

- An individual who smokes an average of 7 cigarettes a day, at an average cost of £13 per packet of 20 cigarettes, will spend £970 a year. Rolled cigarettes are cheaper at about £20 for 50g of tobacco, which makes approximately 100 rolled cigarettes.

- When expenditure on tobacco is taken into account, around 500,000 extra households, comprising around 740,000 working age adults, 180,000 pensioners and 330,000 children, are classified as in poverty in the UK compared to the official Households Below Average Income figures[5].

[3] OHID (2022) Tobacco Control Dashboard
[4] https://ash.org.uk/resources/view/ash-ready-reckoner
[5] https://ash.org.uk/uploads/Smoking-and-poverty-July-2021.pdf

7. Environmental impacts

- Reducing cigarette consumption more broadly can benefit climate change and environmental harm from reducing emissions related to the cultivation of tobacco as well as cigarette manufacture, transport, packaging, and waste[6].

- A single year of tobacco industry operations will result in : 600 million trees chopped down and more than 80 million tonnes of carbon dioxide emitted worldwide.

8. Smoking in Oxfordshire

- The most recent national data from the OHID Tobacco Control Profile (2020)[7] suggests smoking prevalence in Oxfordshire fell by 0.5% (from 12% to 11.5% between 19/20). Nationally the rate fell by 1.8% (from 13.9% to 12.1%). Publication of 2021 data on smoking prevalence is awaited.

- Quality Outcomes Framework data comes from GP practice records; so only relates to individuals who access GP services and where smoking status is recorded. This shows a reduction in smoking prevalence between 2019/20 and 2020/21 for both England (0.6%) and Oxfordshire (0.3%)[8].

- Both sets of data suggest smoking rates are reducing, but falling more quickly across England as a whole, compared to Oxfordshire. This different rate of reduction is likely to be accounted for by lower prevalence areas like Oxfordshire having a smaller pool of individuals needing to quit (Smoking rates in some areas of England remain high for example, smoking prevalence in Manchester's is 20.8)[7].

9. Inequalities

- Figure 3, shows the link between smoking and deprivation inequalities in England. Oxfordshire's overall smoking rate also masks some stark inequalities in smoking rates between different groups.

[6] WHO (2017) Tobacco and it's environmental impact: an overview
[7] OHID (2022) Tobacco Control Profile
[8] NHSD (2022) QOF 2020/2021

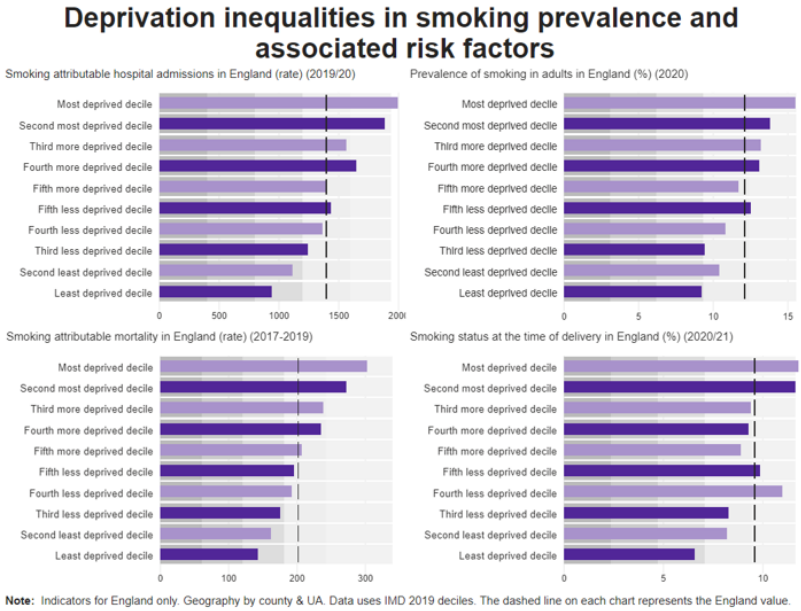

Figure 3: Deprivation inequalities in smoking prevalence and associated risk factors .

Source: *OHID Tobacco Control Dashboard 2022*

- Smoking rates amongst **routine and manual workers** are almost double that of the general population, at 22.5%[9].

- The strongest predictor of smoking is **housing tenure** with those who don't own their home being more than twice as likely to smoke than those who do. Nationally, for people living in social housing, the smoking rate is 26% compared to 7% among owner occupied housing[10].

- Smoking prevalence in people with **mental health conditions** like anxiety and depression is around double that of the general population, increasing to more than 3 times amongst people with 'Serious Mental Health Conditions' [11]

- The 2021 Oxfordshire Joint Strategic Needs Assessment[12] highlighted variation by **ethnicity and country of birth**: Smoking prevalence being highest in Mixed (19.5%), Other ethnicity (15.6%) and White (14.4%) ethnic groups. Smoking prevalence by country of birth ranges from 23.9% in those born in Poland, to 5.4% in those born in India.

10. Smoking in Pregnancy

- Smoking in pregnancy is a leading contributor to poor health outcomes during both pregnancy and childbirth for infant and mother. Risks include ectopic pregnancy, miscarriage, complications in labour, premature birth, still birth and low birthweight. Childhood obesity, asthma and wheezing are also associated

[9] ONS (2020) Adult smoking habits in the UK: 2019
[10] OHID (2022) the Khan Review: Making Smoking Obsolete. https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete
[11] Health matters: smoking and mental health - GOV.UK (www.gov.uk)
[12] Oxfordshire County Council (2021) JSNA

with maternal smoking. Being exposed to smoking in pregnancy is also linked to lower birthweight[13].

- In addition to these complications, it is estimated that children whose parents smoke are four times more likely to smoke in adulthood[14]

- Oxfordshire's overall prevalence of smoking at time of booking into maternity services is 9.1% and at the time of delivery is 6.8%. Although a downward trend is evident, it is notable that the prevalence is up to four times higher in some areas of geographical inequality in Oxfordshire.

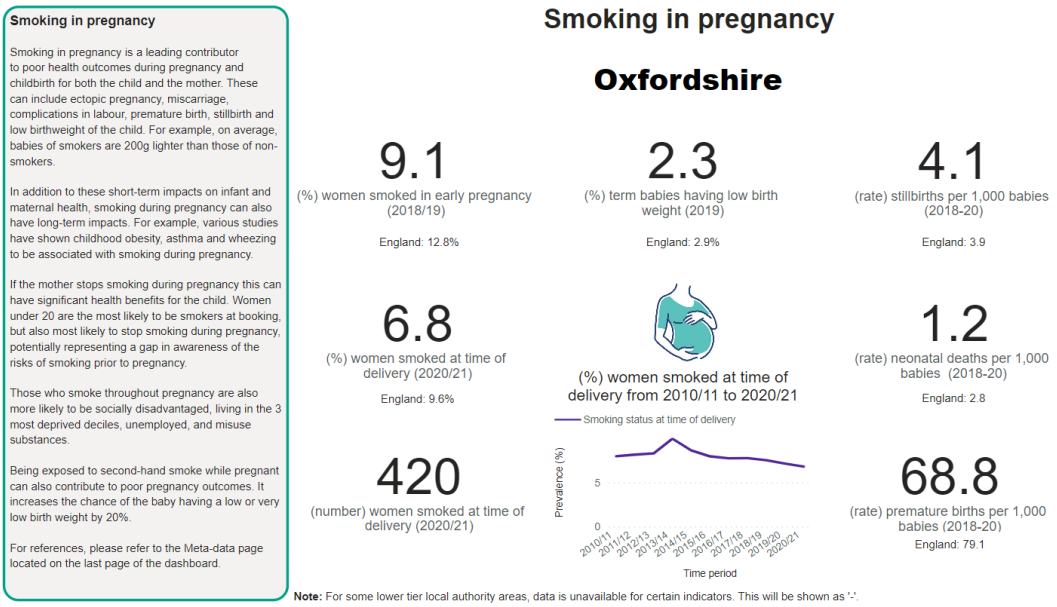

Figure 4: Smoking in pregnancy figures for Oxfordshire. From OHID Local Tobacco Control Dashboard

11. Smoking by age

- Whilst two thirds of current adult smokers started smoking as children, the under 18 age group has the lowest smoking prevalence. The most recent national survey considering young peoples' smoking status (2015/16) identified 5.7% of 15-year-olds smoked[15].

- In 2022 ASH found 92% of under 18s had never smoked or used e-cigarettes. Regular smoking fell very slightly to 2.2% from the year before. Although ever trying vaping had increased to 16% only 1.9% had vaped more frequently than once or twice[16].

- The OXWELL survey in 2020/21 (1500 pupils across 8 Oxfordshire schools) found similar findings: 93% had never smoked, 1% smoked regularly (more

[13] ASH (2021) Smoking, pregnancy and fertility
[14] DHSC (2021) Better Health Smoke Free Press Release
[15] What About Youth (WAY) Survey (2014)
[16] ASH (2022) Use of e-cigarettes among young people in Britain Use-of-e-cigarettes-among-young-people-in-Great-Britain-2022.pdf (ash.org.uk)

often than weekly) and whilst 88% had never used e-cigarettes, 1.5% had regularly[17].

- Using e-cigarettes is 95% less harmful than smoking, and UK compliant devices are now recommended as a tool to support quitting smoking. Although there is some concern that the number of young people trying e-cigarettes has increased nationally, there is currently no evidence this will lead to smoking tobacco/cigarettes[18].

- The highest proportion of current smokers are between 25 to 34 years of age.

- Those aged 65 years and above have the lowest proportion of current smokers[19].

- National data also shows that men are around 3% more likely than women to be current smokers.

12. Oxfordshire's response

- The National Tobacco Control Plan for England 2017-22[20] ambition is to achieve smoking prevalence of 5% by 2030. This Strategy informed the Oxfordshire Tobacco Control Strategy.

Oxfordshire's Tobacco Control Strategy

- During 2019, Oxfordshire completed the sector led improvement tool, CLeaR, which was peer reviewed. It made a series of recommendations, including the key need for strong leadership and a local strategy.

- In May 2020, County and District Councils across Oxfordshire, and local NHS organisations, signed the NHS Smokefree Pledge and the Local Government Declaration on Tobacco Control.

- The Oxfordshire Tobacco Control Alliance (TCA) is a collective of partners including District and City Councils and NHS organisations (CCG, primary, acute, maternity and mental health). Together they launched a County-wide Tobacco Control Strategy with an overarching ambition for Oxfordshire to be smoke free by 2025 (defined as an overall smoking prevalence of less than 5%). This is five years earlier than the national target to become smokefree by 2030. The Oxfordshire Strategy was adopted by the Health and Wellbeing Board in 2020.

- The Oxfordshire Tobacco Control Strategy has four key pillars for a whole systems approach to local tobacco use: prevention, creating smokefree environments, enforcement, and supporting smokers to quit. An overarching

[17] Mansfield & Fazel (2019) Oxfordshire Oxwell School Survey Summary Report: Internal Report
[18] ASH (2022) ASH briefing on youth vaping ASH-brief-for-local-authorities-on-youth-vaping.pdf
[19] ONS (2021) Smoking prevalence in the UK and the impact of data collection changes: 2020
[20] DoH (2017) Towards a smokefree generation: A tobacco control plan for England

action plan was put in place in 20/21 and recently revised for 21/22 (appendix 1).

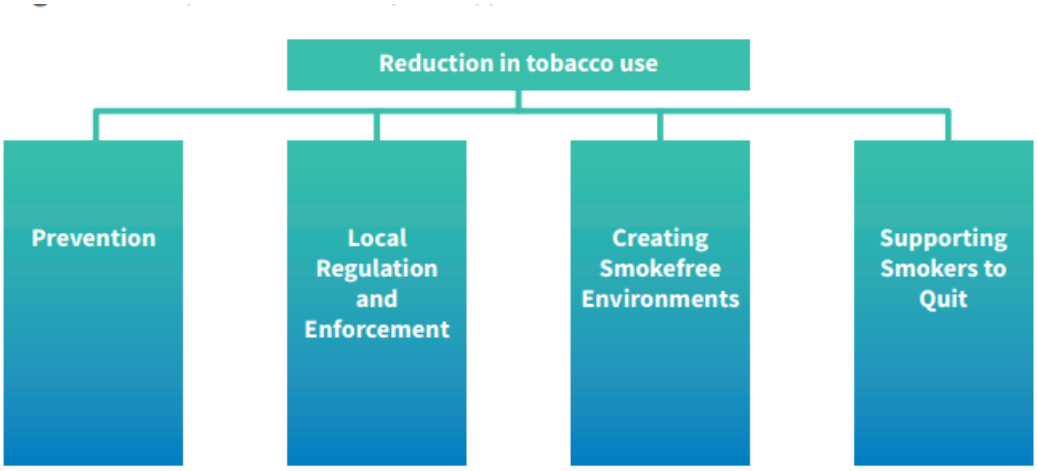

Figure 5: Oxfordshire Tobacco Control Strategy Four Pillars

13. Impact of COVID19 on smoking and the smokefree ambition

- The impact of the COVID-19 pandemic on smoking behaviour is complex and unclear. The results from a systematic review indicate that, in most cases, smoking consumption has decreased during the COVID-19 pandemic[21]. In some cases however, the pandemic has negatively affected smoking behaviour, predominantly as a result of boredom, stress and anxiety. In another study during the pandemic, 32% of respondents increased their smoking, 37% decreased their smoking, and 31% made no change[22]. Those who increased their smoking tended to perceive more stress.

- COVID19 has also impacted negatively on the timely availability of data and the methodologies for data collection, making it harder to have an up-to-date picture of smoking rates and patterns.

- General capacity pressures also impacted on partners ability to deliver at this time.

14. Actions towards smokefree ambition 2025

- The TCA regularly reviews its plans and performance against national guidance like NICE guidance[23] new evidence and benchmarking tools. For example, the recent Khan Review[10] has informed changes to the action plan for 22/23 which now includes enhanced work around tobacco and e-cigarette sales for under 18s and supporting social housing tenants to quit.

[21] Almeda & Gomez-Gomez (2022) The Impact of the COVID-19 Pandemic on smoking consumption: a systematic review of longitudinal studies
[22] Cunningham (2021) Changes in cigarette smoking during the COVID-19 pandemic – Press Release
[23] NICE Guidance (Nov 2021)

- The latter will be co-designed, taking learning from previous programmes such as the Family Nurse Partnership scheme, incentivising young pregnant women to quit which had co-production elements.

- A performance monitoring dashboard is in place.

- Despite the impact of COVID-19, a wide range of initiatives and interventions have commenced since the launch of the Strategy as highlighted in Appendix 2.

15. **Progress Towards Oxfordshires 2025 Smokefree Ambition**

- In June 2022, The LGA published predictions for future smoking prevalence for all Upper Tier Local Authorities in England. As figure 6 shows, Oxfordshire is one of 77 (of 149) Local Authorities who are projected to reach smoking prevalence of below 5% by 2030. Using this data, it is predicted that Oxfordshire could reach 6.8% prevalence (compared to England's predicted 8.8% prevalence) by 2025.

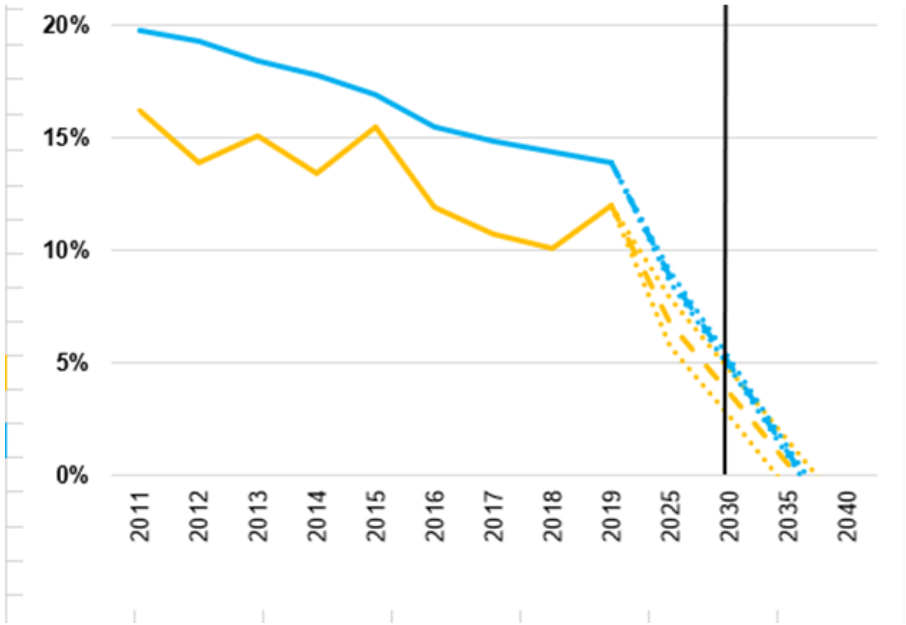

Figure 6: Graph showing England & Oxfordshire progress to smokefree by 2030

Key: National; Oxfordshire

16. **Oxfordshire Tobacco Control Action Plan for 22-23**

- In light of work undertaken towards the 2021/22 Action Plan, the publication of the Khan Review[10] and the ASH report on youth vaping[16], the TCA has proposed new actions within the plan for 2022/23; specifically, supporting social housing tenants to quit and further work to address under-age sales. Appendix 1 details the 2022/23 actions,

17. **Corporate Policies and Priorities**

This report reflects priorities both in the Oxfordshire County Council Corporate Plan and Oxfordshire Health and Wellbeing Strategy.

- **Climate action** – tobacco production contributes negatively towards the climate and causes destruction of the environment as evidenced previously.

- **Tackle inequalities –** tobacco affects some communities and people more than others, increasing poor health outcomes and shortening their lives.

- **Prioritise the health and wellbeing of residents** – quitting smoking is the single biggest thing someone can do to improve their health (and wealth)

- **Support carers and the social care system** – smoking costs social care in Oxfordshire approximately £9.94 million annually[4]

- **Preserve and improve access to nature and green spaces** – Smoking causes littering of public spaces and accounts for 87kg of daily cigarette waste produced in Oxfordshire.

- **Create opportunities for children and young people to reach their full potential** – Over two thirds of smokers started as children and children whose parents smoke are four times more likely to smoke[14.] Quitting during pregnancy can reduce the chances of having a miscarriage or still birth, minimise the risk of cot death (SIDS) and the baby will be less likely to be born early (premature) or underweight.

- **Work with local businesses and partners for environmental, economic and social benefit** – smoking is everyone business in line with Health in All policies. Smoking impacts the environment and overall, smoking is estimated to cost Oxfordshire £152.95M in lost productivity each year.

18. **Financial Implications**

- Funding for Oxfordshire County Council's smokefree work in the public health team comes from the ringfenced public health grant. Other partner organisations fund their smoke free work directly.

- NHS Foundation Trusts are receiving additional funding for supporting in-patients, pregnant women at the time of delivery, and long-term users of specialist mental health services to stop smoking. This work is being overseen by the new Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) as part of the NHS Long Term Plan commitments on reducing tobacco dependency.

Appendix 1. Oxfordshire Tobacco Control Alliance Overarching Action Plan, 2021/22 and 22/23 proposed updates **(bold)**

#	Action	Who	Progress measurement
3	Support people working in routine and manual occupations to be smokefree, And Work with **social housing tenants and providers to support smokeefree initiatives**.	All	Regulated e-cigarettes added to Local Stop Smoking Services as part of their nicotine replacement offer for those wishing to quit Proportion of all smokers that stop smoking that are from routine and manual occupations Number of organisations attending training on the role and provision of regulated e-cigarettes as part of tobacco-harm reduction Number of vape-shops partnering with the Local Stop Smoking Services and number of staff trained in VBA (**new)** Number of Housing staff trained in VBA Number of tenants provided support **(new)** .
4	Improve understanding of role of e-cigarettes as a route to reducing tobacco-related harm as per the South East position statement on e-cigarettes, and increase the availability of e-cigarettes to those who wish to quit.	Oxfordshire County Council	Number of e-cig training sessions offered in 12 months Number of people signing up and attending e-cig training sessions. **E cigarette enforcement and education interventions by Trading Standards**
5	Supporting women and their partners to be smokefree during pregnancy and during early years	Oxfordshire County Council, Maternity, Family Nurse Partnership and Health Visiting services	- Development of a strategy around how to work with system partners to support prospective and new parents, and their partners, not to smoke during pregnancy and in early years - Number of women signing up to FNP incentive scheme (as a proportion)
7	Encouraging commissioned services to support Oxfordshire's smokefree ambition	Oxfordshire CCG (now BOB ICB) and Oxfordshire County Council	- Identification of future contracts where i tobacco-related harm reduction measures are included as part of contract KPIs - KPIs related to tobacco use to be considered as part of contract reviews, aligned to Oxfordshire smokefree ambitions (e.g. smoking at time of delivery)
8	Maximise opportunities for primary care to support people to quit smoking	Oxfordshire CCG (now BOB ICB)	Annual message from primary care to all registered smokers advising them to quit and how to access Local Stop Smoking Services. Promotion of uptake of VBA Training with onward referral.
9	Increase staff training in providing advice to quit	Oxford Health NHS	- Have a staff member trained in providing advice to quit and in prescribing NRT on every inpatient mental health ward

		Foundation Trust	- Number and proportion of mental health inpatients who smoke having received advice to quit and offered NRT
10	Relaunch smokefree Oxford Health	Oxford Health NHS Foundation Trust	- Review of organisational smoke free policy (complete) - Annual conference for inpatient staff on smokefree
11	Development of patient pathway for smoking cessation	Oxford Health NHS Foundation Trust	- Development and implementation of smoking cessation pathway for all adult mental health admissions, including transfer to community-based Local Stop Smoking Services (complete)
12	Implementation of trust smoke free policy through smoke free working group, including commitment of relevant resources to support patients, staff and visitors to remain smoke free	Oxford University Hospitals NHS Foundation Trust	- Number of staff trained in providing VBA - Implementation of smoking cessation pathway for inpatients, including provision of NRT and transfer to community-based Local Stop Smoking Services - Number of inpatients with smoking status recorded and proportion who smoke offered advice to quit and access to NRT

Appendix 2: Detailed projects related to Tobacco Control and Stop Smoking 2020 onwards (by pillar)

Prevention	**Environment**	**Local Enforcement**	**Support**	**Overarching**
Evidence based incentive scheme for FNP clients to quit (pregnant young women) (launched spring 2022) Work planned to consider wider roll out of the scheme (2022)	Smokefree Sidelines launched 2020: *60 (half) football clubs signed up*. Positive evaluation 2021	Enforcement programme in place via Trading Standards *740k illegal cigarettes seized £6652 in fines/costs awarded by Courts*	Stop for Life Oxon providing free targeted behavioural support and NRT (regular monitoring). Delivered more quits than commissioned (2021). E Cigarettes as a quit tool added to Stop for Life Oxon offer (July 2022) *22 e-cig starter kits issues to date*	Smokefree Survey of Oxfordshire smokers' views: 600
Identification and support for pregnant women in place with CO monitoring and pathway to quit service: 2021- *58 achieved 4-week quit through specialist service* NHSE funding enhanced service of in house (maternity) stop smoking advisors (launching late 2022)	Smokefree School Gates Toolkit in place and piloted (*available to schools from Sept 2022*)	Advice & training offered to 15 premises where reports of underage e-cigarette sales had taken place (2022)	Targeted social media advertising in post codes where smoking is likely to be higher and physical banners to re-establish a presence in communities such as libraries (ongoing).	Very Brief Advice (evidence based) training for frontline staff (GPs, housing) in place – ongoing
School health nursing offering VBA & support during school COVID immunisation sessions	Smokefree Parks – voluntarily in place in Oxford City. Roll out across Districts with shared signage in development (2022)	Further engagement with premises and schools on e-cigarettes and tobacco in 2022	GPs in higher prevalence areas sent *13,000 text messages to patients* reminding of support available (2020)	Communications materials and information about key initiatives translated into key languages (incl Polish, Romanian, Urdu) - ongoing
Protective Behaviours training provider in schools addresses smoking (to be reviewed further) – (ongoing)	Oxford Health NHS Trust launched smokefree policy (2021)	OCC social media accounts updated with details of seizures and fines related to tobacco/e-cigarette control (on-going)	NHSE targeted Stop Smoking Support (acute hospital patients, mental health patients and maternity) to launch 2022	Healthy Heart Grants in Place (21/22) 1 homeless support organisation supporting *¼ (7) of their clients to quit.*

Prevention	Environment	Local Enforcement	Support	Overarching
Mass media campaigns World No Smoking day, StopTober supported locally - ongoing	Smokefree Community Fund launched (2022)		VBA and E cigarettes (as a quit tool) offered to response clients (mental health housing) (2021)- *35 clients supported to date.*	
			Drug and alcohol support service provider offering NRT and e-cigarettes to smoking clients as a quit and harm reduction tool (2022)	
			Free NRT Available in Pharmacies in target areas piloted including translated materials (2021) evaluation underway (2022)	
			NHSE fund specialist smoking support in acute, maternity and inpatient mental health settings (planning underway go live 2022)	
			Bespoke support for Oxford City Social Housing Tenants– VBA underway and co-production planned	

Healthwatch Oxfordshire Report to Oxfordshire Joint Health Overview and Scrutiny Committee April 2023

CONTENTS

1 Healthwatch Oxfordshire reports to external bodies

During this period we published the following reports to:

- Oxfordshire Health and Wellbeing Board (March 2023)
- Oxfordshire Health Improvement Board (February 2023)
  We have also attended Oxfordshire Quality Committee, Children's Trust Board, and Oxfordshire Mental Health Prevention Concordat meetings during this time.

Reports are available online at: https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/

Healthwatch Oxfordshire have attended the following meetings of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) in order to bring what we hear from Oxfordshire residents. This has included:

- Oxfordshire Place Based Partnership meetings (non-voting attendee)
- BOB ICB Board Meeting (public attendee)
- Continuing Healthcare Transformation Group and working sub group
- Joint representation with the other Healthwatch groups at place to BOB ICB committees including BOB System Quality Group meeting.

Healthwatch Oxfordshire's Chair also attends the BOB Integrated Care Partnership and took part in the BOB ICB Joint Forward Plan workshop.

2 Healthwatch Oxfordshire research

You can see our reports here: https://healthwatchoxfordshire.co.uk/our-work/research-reports/

Reports can be viewed in summary, easy read, and text which can be viewed in large print or other formats as well as translated into different languages using the Enable ReciteMe button at the top of the web page.

Since the last meeting we have published the following reports:

Men in Carterton (March 2023)

Between November 2022 and January 2023 we focused on speaking to men in Carterton using 'rapid appraisal' techniques. We wanted to hear more from working

men who are often seldom heard. We spoke to 31 men in all, their voices give rich insight into some of attitudes and views men of working age held towards important issues of health and wellbeing, and some of the barriers faced to seeking care.

> *"Things are changing, blokes are talking to each other more now since the pandemic…"*
>
> *"It's harder for men to open up because it makes us look weak, and I don't want to look weak"*
>
> *"Men don't go to the doctors. It's really taking the time to go as you are either so busy or the time slot doesn't work"*

Our work linked with the Oxfordshire Men's Health Forum *#30Chats in 30 days* initiative in November 2022.The report was shared with the Men's Health Partnership and together with other partners, plans are developing to reach out to men in West Oxfordshire -catalysed by findings in this report.

3 Outcomes from our work

Healthwatch Oxfordshire Board held an online Open Forum on **Tuesday 28th February** to which members of the public could attend. A report on our activity and outcomes to date, including summary can be seen here: https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/

Report: Healthwatch Oxfordshire outreach at Oxford University Hospitals 2022-23 (March 2023)

Over the four visits we spoke to **354 people** attending hospital as patients or relatives and friends, as well as staff working at the hospitals. The report summarises what we heard from members of the public during outreach visits to the four hospital sites (Horton, Nuffield Orthopedic Centre, John Radcliffe and Churchill). Themes emerging from these conversations included parking and travel, waiting times for appointments and coordination of care across departments, as well as some comments on need for interpreting and translation support. People were generally positive about the excellent care received from clinical staff. They also told us about challenges of access to primary care, GP appointments, and lack of NHS dentists. Visits continue on a rolling basis during 2023-24.

Report: Healthwatch Oxfordshire outreach activities during 2022-23
During this last year **we spoke to 663 people across Oxfordshire** directly during outreach to a variety of settings, including market and shopping centres, local fairs and events. A summary report of what we heard from people, including comments on GP access, digital exclusion, NHS dentistry, access to mental health support, and continuity of care can be found here:
https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-community-outreach-visits-2022-23-april-2023/

Hearing from young people: During the last few months, Healthwatch Oxfordshire have supported Oxfordshire Youth working with young people to create three podcasts on young people's views on aspects of health and care. Young people worked to decide and develop the podcast themes, subject matter and to create them. The first podcast will be launched in April and can be found here https://oxfordshireyouth.org/what-we-offer/youth-voice-network/the-podcast-crew/ The following two podcasts will be launched in May and June.

4 Enter and View visits 2022-2023

https://healthwatchoxfordshire.co.uk/our-work/enter-and-view/

Enter and View visits are undertaken to healthcare settings to collect evidence of what works well and what could be improved to make people's experiences better. Based on our observation and the feedback of patients and members of staff, we highlight areas of good practice and suggest improvements. To find out more about why and how we carry out these visits see here:
https://healthwatchoxfordshire.co.uk/wp-content/uploads/2022/09/20220922-Healthwatch-Oxfordshire-Enter-and-View.pdf

All reports are published on our website once the service has had a chance to respond to the recommendations. They are also sent to the Care Quality Commission (CQC).

Visits are conducted by both Healthwatch Oxfordshire staff and lay volunteers and most often recommendations are acted upon before the reports are published. This enables local residents to get involved in assessing services and changes are made that will improve the experience of service users.

Since the last HOSC meeting, we have published four Enter and View reports on different services:

- **Horton General Hospital Accident and Emergency Department** (February 2023)
- **Renal Dialysis Unit**, Churchill Hospital, (March 2023)
- **John Radcliffe Accident and Emergency Department** (April 2023)
- **Oxford Children's Hospital** (April 2023)

Enter and View reports with recommendations and service provider responses are found here https://healthwatchoxfordshire.co.uk/our-work/enter-and-view/.

- **Patient Engagement.** Healthwatch Oxfordshire continues to support patient engagement, with regular contact with Patient Participation Groups (PPGs). This includes regular patient information webinars open to all, newsletters and communications to PPGs, attendance of PPG meetings, and liaison and support with PPG chairs, practice managers and clinical directors in the Primary Care Networks. Recent examples of this work included support to Luther Street Medical Centre to plan re-establishment of a PPG, and support to Botley PPG, as well as signposting and information to different services. Recent webinar on March 31st saw Dan Leveson, Oxfordshire Place Based Director for Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board speaking on changes to health and care, and how it would affect residents. This was attended by 42 people. The next webinar on May 26thwill hear from South Central Ambulance Service. A link to join this webinar and recording of all webinars can be seen here: **https://healthwatchoxfordshire.co.uk/ppgs/patient-webinars/**
  With funding for this activity from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

5 What are we hearing about?

We continue to hear from members of the public about issues of importance to them. Active communications via outreach social media, and online also supports engagement with the public. From Jan – March 2023 we have had:

- 17,397 reach via Facebook
- 9,784 Twitter impressions
- 14,055 web sessions

We have 3,103 followers across our four social media channels

- **GP patient registrations**

At the last Oxfordshire Joint Health Overview and Scrutiny Committee meeting in February, Healthwatch Oxfordshire formally asked the committee to assure itself that Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board as the responsible NHS body is keeping the pledge with regard to ensuring access to primary care to all residents of Oxfordshire.

We noted patients telling us they were facing particular challenges to access to GPs in Didcot area. Communication by the surgeries and BOB ICB about routes to registration have improved, now coordinated via BOB ICB Patient Advice and Liaison Service (BOB ICB PALS) via email to bobicb-ox.palscomplaints@nhs.net phone number is not consistently provided).

However, we have continued to hear from some patients about delays in gaining response from BOB ICB PALS with some citing over a week waiting to have any response to their request for support, with patients being unsure of the process to go through.

"I have first contacted them on x March, I also visited the Oak Tree GP in person and explained them 2 times, but no one is ready to talk and they just give me the same number and email to contact, which sadly doesn't help"

We have also been contacted by a number of health professionals trying to secure GP registration for vulnerable patients, and uncertain of routes to take.

- **Access to NHS Dentists**

Access to NHS dentists for both adults and children continues to be **one of the main issues raised by members of the public** who contact us for guidance and help. We continue to raise the issues of access to NHS dentistry at other committees including Oxfordshire Quality Committee and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Quality Committee – who plan a 'deep dive' on dentistry for their next meeting as a result. We have met with Local Dentistry Committee. We have also raised issues of access to dentistry faced by seldom heard groups including by asylum seekers living in hotel accommodation, and those with underlying health issues.

Below are some comments from the public we have received since January 2023. As a local Healthwatch we try to signpost people to the information and support they need, but this is frustrating due to lack of options for people to try.

The comments highlight:

- Lack of access to NHS dentistry for both adults and children
- Impact of pandemic people being 'removed from list' after break from seeing dentist
- Mixed and often conflicting information, unclear communication about options for NHS treatments and how to find
- Vulnerability of high risk groups including pregnant women, asylum seekers, those with underlying health conditions e.g. diabetes
- People unable to afford follow up care recommended following one off emergency treatment
- High cost prohibitive for many - people tell us they are unable to afford dentistry treatments- exacerbating inequalities in health
- Barriers to travel distances to find dental care

Dental Patient Stories

April 2023

"I recently used the out of hours emergency dental service and they were very good. They treated me and put in a temporary filling and told me to contact my dentist to complete the treatment. I don't have a regular dentist so I have called around (approximately 20 practices) and no one will treat me on the NHS. Some have said I can register as a private patient but I can't afford that. So likely I will end up back at the emergency dentist if the temporary filling fails and then begin the cycle all over again!!"

"My family and I moved to Oxford in 2019 and registered with an NHS dentist. My child and I had check-ups during 2019, perhaps early 2020. My child was seen again for a check-up in Oct 2022. I had to shield myself during the pandemic and am still at risk. I chose not to take the infection risk of a dental check-up until now, as I have a sore receding gum. The practice tells me that as I have not been seen by a dentist for three years, I am no longer eligible for NHS treatment and have to pay privately. They have said they have no spaces for NHS patients and have given conflicting advice as to whether I might be eligible to have NHS treatment after paying for an

initial check-up privately, or if I must pay private rates for all my dental treatment from now on. The receptionist told me that the practice has no choice but to follow NHS rules, removing patients from eligibility from NHS treatment if they do not attend for check-ups within two or three years."

"I am looking to find a dentist in my local area but am unable to find one that's talking on new patients."

March 2023

"I had emergency treatment at the out of hours dentist, I know I need a root canal but can't find an NHS dentist to complete my treatment. It's ridiculous"

"My dentist in Abingdon has just sent me a letter telling me they will no longer treat me on the NHS but they will treat me as a private patient".

"I am trying to find an NHS dentist as our practice Bath Street Abingdon is closing to NHS patients. I have tried so many. No-one is taking NHS. Can you help? We are OAPs with limited income and can't afford private care."

"I received a letter from my dental practice stating that from April they would no longer be providing NHS dental care. My sister was due to start treatment yesterday at the same practice but was turned away as the appointments needed would go beyond the cut off date. What's happening is absolutely appalling!"

"Our dentist in Abingdon is going private. I have tried to contact another NHS dentist. No one wants to take NHS patients. We are retired and on a fixed income can't afford private treatment. Can you help us find a NHS dentist we are desperate to secure treatment in the near future. We have paid our NHS contributions all our lives how do we find dentist who will take us?"

"We are an elderly couple who moved to Didcot after lockdown, where we expressed our frustration at negative answers received from various dental practices in our area rejecting us as new patients and only offering option for private care. We cannot go on private, we only are basic taxpayers. My wife has been needing an emergency intervention - just received via 111 call, but she would need a denture and we are struggled to find a dentist as explained above."

"I have been unable to find an NHS dentist since I moved to Oxfordshire three years now. During the pandemic, it was understandable, but I have been in contact with 10 different practices, some repeatedly over the last six months, and no one can take

on NHS patients (even though it says on the NHS "find a dentist" page that they are, and when you contact them they push their private services…)"

"My dentist will no longer treat me as an NHS patient, I have rung the NHS and to be honest they were no help. I don't need urgent treatment but what happens if I do?"

I'm looking for advice. My dentist has recently stopped being NHS, meaning we have to go on a plan or pay the private price when we visit neither which is affordable for me, we are a family of five with three being children. I keep phoning around local practices to be met with the same answer, surely there is something these practices can do especially for the children to be NHS. Even though I'm a little annoyed with myself as didn't think at the time (few years ago now as my children were small, but dental practice is still going), my children were registered at a dentist to be told they are not ones who are suffering with bad teeth so I have to leave and find another dentist, which stupidly I did! I really don't know what to do and the thought of paying private rates and if anything goes wrong with our teeth is really starting to stress me out and there's nowhere to go/turn to.

"I have tried to contact over thirty dentists and am unable to find one in Oxfordshire who will take me on as an NHS Patient" (March 2023)

February 2023

"Hello, moved to a new area 0x13 and want to register with a dentist that is accepting NHS patients. Do you have a list of them, as few and far between".

"Just cannot find an NHS dentist that is accepting new adult patients. Most will only accept my children. Our local dentist does accept private work but at £120 just for the initial consultation that could be a very expensive treatment cost just to keep your teeth in check. I admit we live in a rural area so our choices are limited in the Cotswolds. However, we are prepared to travel but even travelling 30 miles or more won't get us a dentist that is accepting new adult patients. Some dentists are taking on new patients but only with a referral but how can you get one of these with no current dentist".
"Could you help me please. I cannot find any dentists that are taking on new NHS patients, I have used the GOV service and called all the practices and no one is taking on in or around the OX14 postcode. The closest I can find to Abingdon is nearly 30 miles away".

"Two years ago dentist wrote to patients to say they were moving to private care on a first come first served basis. I contacted Healthwatch at the time who looked into it and received a letter to say that the practice had agreed to continue offering NHS care. The practice refused to see any of my family however and has since gone entirely private, including for children. My children have not been seen since before the pandemic. We have been forced to take out a private dental plan for all four members of the family at a cost of approximately £700 a year. My children are 10 and 13 and now stuck with private dental care as are we. Literally no NHS dentists in my area"

"My pregnant partner needs an urgent dental check as she is suffering painful bleeding gums and we are just being fobbed off in trying to arrange an NHS appointment. We have called NHS 111 and been fobbed off as we need to try all of the dentists again….This is ridiculous that urgent care for someone in pain with bleeding gums cannot be treated via the NHS and we have to keep trying. I feel very frustrated and let down by this lack of support and empathy. I now feel that the only option will be to book private treatment when she is entitled to free NHS treatment due to her pregnancy. The only reason she was taken off the NHS list was due to Covid restrictions preventing her attending dental appointments and was removed for this."

"I've been trying to find an NHS dentist local to me and there are no surgeries taking NHS patients within a 15 mins radius of our area. I live in Thame, Oxfordshire and I'm not the only one with the same problem. Posts about NHS dentists pop up in local community groups on Facebook at least once a month, and I have only ever seen frustrated comments and horror stories of individuals who've had to either go private and get into debt or deny themselves much needed treatment. This is incredibly unacceptable."

"I was registered in 2019 and I visited a couple of times. I have not visited since as I moved to [another Oxfordshire town]. Last week I had a very severe pain as a filling went off. They informed me that I am not an NHS patient anymore because I have not visited for more than 2 years. No one has called, no one has informed me of this. I have not registered with another dentist since I moved because no one in my area is accepting NHS patients. They told they do not take NHS patients anymore and they cannot accept me back". (February 2023)

January 2023

"I want to avoid calling the NHS as I know they are swamped at the moment and figured this was the next best option! I am looking for a dental practice in South Oxfordshire (Wantage, Abingdon, Didcot). I mean even a little further afield would work as I do need to be registered somewhere. I am pregnant now so realise I do need to be registered and come for some routine check-ups."

"Do you have any advice on what I can do as I cannot find any practices accepting new patients, I have emailed and called around seven practices, and had an email back from one practice telling me I can start a payment plan and pay for private appointments rather than NHS (which is not feasible considering the cost of living situation at the moment)."

"I lost my dentures and can't get an NHS dentist in Banbury I'm finding it difficult eating and embarrassed in my appearance please can you help me."

"The root infection has likely been there for quite some time. (Has autoimmune illness) I am worried how having had an infection there for years could have affected me and really need it treated - I shouldn't have an infection in the root of a front tooth for this long. I am registered with an NHS dentist. Having been told I had to pay £1300+ for something which might just fail and end up needing the more expensive treatment subsequently anyway, I asked about other options with higher success rates … I've just paid £150 to see someone for five minutes and tell me that one dental implant will cost me £4150. The root canal + crown or a bridge wouldn't be for cosmetic reasons - it's due to an infection I've had for probably years which really needs treating. I don't really understand why I'm being sent down the private route for a root infection. Surely I should be able to get this done by NHS?"
"I am diabetic, and need regular treatment and cleaning for my health…I was told last time I went that my treatment would cost £2000. I can't afford this, I don't know what I will do"

Note: Public Health Oxfordshire are currently holding a survey to hear from people about oral health services in support the oral health needs assessment https://letstalk.oxfordshire.gov.uk/oxfordshire-oral-health-needs-assessment

6 Healthwatch Oxfordshire Priorities for 2023-24

Healthwatch Oxfordshire priorities for the year ahead are set following analysis of information from a number of sources, including:

- What we hear from the public via contacts, outreach, signposting, social media, outreach and via our feedback centre.
- What we heard from 253 people via an online survey in December 2022 to January 2023, with issues raised including: access to primary care services (82 people told us GP access, and 38 access to NHS dentist, 53 noted access to mental health services, including for children and young people). 33 people felt joined up local social care should be a priority. We also heard about support for families with children with special educational needs. A summary of what we heard can be seen here: https://healthwatchoxfordshire.co.uk/wp-content/uploads/2023/03/Priorities-survey-summary.pdf
- Review of planned policy and operational changes in health and social care services – both nationally and locally.

- Taking note of recent research projects that have raised the need / opportunity for additional work by Healthwatch Oxfordshire in the future including communities and sections of our population that Healthwatch Oxfordshire are not reaching or are seldom heard by the health and care system.Healthwatch Oxfordshire **goals and priorities for the coming year 2023-4** are now published here: https://healthwatchoxfordshire.co.uk/about-us/our-priorities/ and are as follows:

- We continue to raise with commissioners and individual providers issues regarding access to all services.
- Challenge commissioners to involve patients and communities in the review, development and delivery of all services with a focus on NHS dentistry, GP services, Adult and Children's Continuing Care services, adult and child mental health services.
- Design and deliver a project on rural isolation focusing on digitally excluded individuals/communities alongside a third sector organisation/s.
- Explore with seldom heard communities how Healthwatch Oxfordshire can increase its profile within these communities and identify main concerns about accessing and experiences of health and care services.

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NHS England South East

Report to the Oxfordshire Health Overview and Scrutiny Committee

Date: **Thursday 20th April 2023**

Title: **NHS Dental services in Oxfordshire**

Author: **Hugh O'Keeffe, Senior Commissioning Manager - Dental, NHS England (South-East)**

Introduction:

On 1st July 2022 the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry. Integrated Care Boards (ICBs) have an explicit purpose to improve health outcomes for their whole population and the delegation will allow the ICB to integrate services to enable decisions to be taken as close as possible to their residents. The ICB is working to ensure their residents can experience joined up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care and advice.

The ICB discharges its responsibility for dental commissioning in partnership with NHS England who provide operational leadership within ICB governance structures.

Clinical engagement is achieved via a Local Dental Network (LDN) covering the Thames Valley area. This is a clinically led group involving Dentists, Dental Public Consultants, representatives from Health Education England and the Local Dental Committees and service commissioners. Reporting to the LDN are specialist led Managed Clinical Networks for Oral Surgery, Orthodontics, Restorative Dentistry and Special Care and Paediatrics

1. Oral Health

Tooth decay remains the leading reason for hospitals admissions among 5 to 9-year-olds in England. Tooth decay and gum disease are two of the most common diseases in the world in adults. Tooth decay doesn't occur in people who don't consume sugar and reducing both the amount and frequency of sugar consumed reduces the risk.

Gum disease is caused by bacteria in plaque gradually destroying the gums and bones around teeth leading to tooth loss. People who smoke are far more likely to suffer from gum disease.

People who brush twice a day with a fluoride toothpaste are less likely to suffer from tooth decay or gum disease.

Oral Cancer research suggests that more than 60 out of 100 (more than 60%) of mouth and throat cancers in the UK are caused by smoking and around 30 out of 100 (30%) are caused by drinking alcohol. The combination of smoking and alcohol use increases the risk of oral cancer further, and poor diet is another risk factor.

The recommended time between dental 'check-ups' is between 3 months and 2 years depending on risk factors for oral disease. Dentists check for early signs of decay, gum disease, oral cancer and other abnormalities so people who don't attend often have more severe disease.

Children who live in deprived areas are far more likely to suffer from tooth decay than children in less deprived areas. This is mainly due to differences in sugar consumption, tooth-brushing habits, and dental attendance.

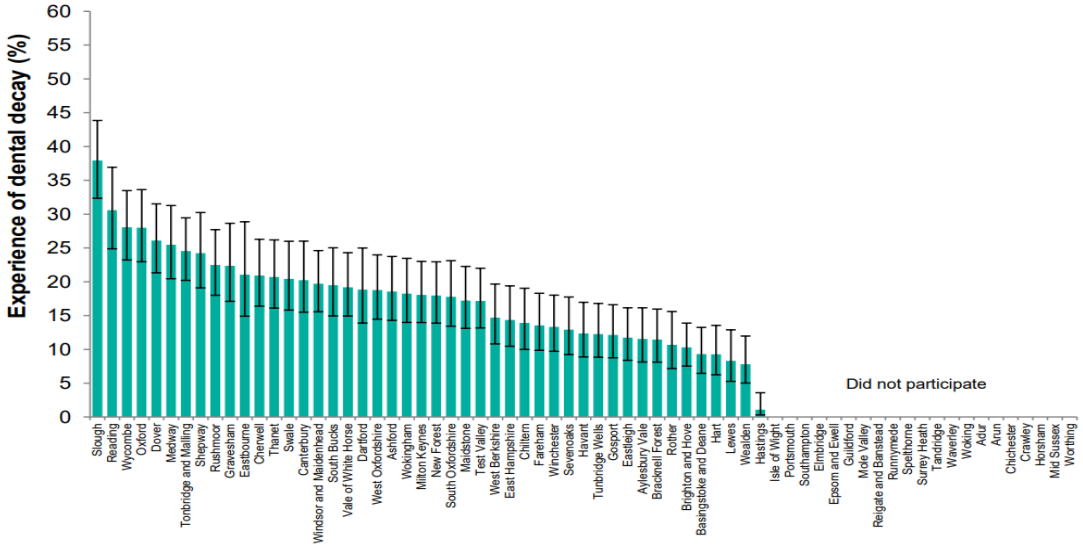
In addition to pain, toothache can cause children to stop eating and sleeping, and reduces concentration and/or school attendance. All these effects can increase existing inequalities between children in the most and least deprived areas.

Tooth decay is the most common reason for hospital admission amongst children aged 0 – 19 with between 40,000 – 45,000 children being admitted in England per annum.

Since 2013, Local Authorities have also commissioned epidemiological surveys as part of a national programme to monitor the oral health of the country. Not all local authorities take part in these surveys.

The latest survey data relates to information collected for children aged 5 in 2019.

Figure 11: Prevalence of experience of dental decay in 5-year-olds in the South East by lower-tier local authority area, 2019.



Of the 46 local authorities in the South-East who took part in the survey, the Oxfordshire District Councils ranked as follows in terms of the % of 5 year old population with experience of dental decay:

District Council	Rank	Approx % experiencing decay
Cherwell	11	22%
Oxford	4	28%
South Oxon	24	18%
Vale of the White Horse	17	20%
West Oxon	19	19%

Older people are far more likely to have lost teeth due to gum disease and dental decay. This is because gum disease increases with age, and fluoride toothpaste (which protects teeth from decay) only became widely used in the UK in the 1970's.

The oral health of people in care homes was the subject of a national Care Quality Commission (CQC) report, *Smiling matters: Oral health care in care homes*.

Older people in care homes are particularly at risk of oral pain and disease because:

- People needing residential care are often less able to brush their teeth effectively and there is variation in how well care staff provide toothbrushing.
- People in care homes often increase the frequency and amount of sugar in their diet, and tooth loss/pain can make it more difficult to eat nutritious food.
- Access to dental services for people in care homes is highly variable, and dentists are limited in the amount of dental surgery (extractions etc.) they can provide outside of CQC regulated practices.

The influence of ethnicity on oral health

People from non-White groups have poorer oral health overall than people in White groups. However, deprivation is the key factor for poor oral health and people in non-White groups are more likely to live in more deprived areas.

In contrast with most health inequalities, when the effects of deprivation are removed, people from non-White groups in England were found to have better oral health than people in White groups. The differences could be partially explained by reported differences in dietary sugar.

Other priority groups

People with Severe Mental Illness are estimated to be 2.8 times more likely to have lost all their teeth compared with the general community.

National and international research, summarised by the UK Health Security Agency, shows that people with learning disabilities have poorer oral health and more problems in accessing dental services than people in the general population. People with learning disabilities may often be unaware of dental problems and may be reliant on their carers/paid supporters for oral care and initiating dental visits. Supporters are often inadequately trained for this and may not see oral care as a priority

Evidence consistently shows that people with learning disabilities have:

- higher levels of gum disease
- greater gingival inflammation
- higher numbers of missing teeth
- increased rates of toothlessness
- higher plaque levels
- greater unmet oral health needs
- poorer access to dental services and less preventative dentistry.

People in prison are likely to have worse oral health yet have less experience of using dental services prior to sentence.

2. Dental services and current NHS provision in Oxfordshire

Primary and community dental services are commissioned via contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005. Some of these services provide direct patient access and others are accessed via professional referral. Secondary care (hospital) providers deliver services on referral under NHS standard contracts.

NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not to services provided under NHS standard contracts for service delivered in acute hospital settings. The patient charges relate to the bands of treatment delivered in primary care. Services are delivered under treatment Bands 1, 2 and 3. The link below provides more details:

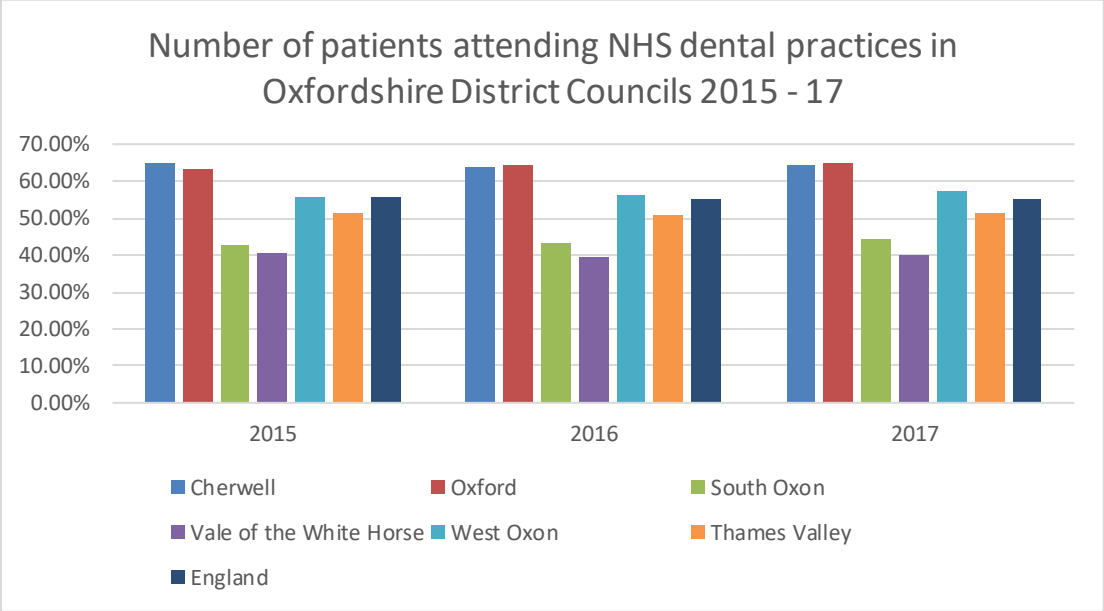
https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/

Providers of NHS primary care services are independent contractors in receipt of cash limited financial allocations from the NHS. All practices also deliver private dental care. Some provide NHS services to all groups of patients, but some are for children and charge exempt patients only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices.

Patients are not registered with practices but are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health needs. In the Thames Valley area (Buckinghamshire, Oxfordshire, Berkshire East* and Berkshire West) prior to the pandemic, about 1.1m people (52% of the population) attended an NHS Dentist on a regular basis (attendance within a 2-year period).

**Since July 2022 Berkshire East has been part of the NHS Frimley ICB*

The chart below compares access to NHS Dentistry in Oxfordshire area in the period 2015 – 17 (data since 2017 has not been available at District Council level):



The % of the population attending NHS dental services in Cherwell and Oxford was significantly above the England and Thames Valley levels; West Oxfordshire was above the Thames Valley % and in line with NHS England. Attendance was lower in South Oxfordshire and the Vale of the White Horse.

NHS attendance tends to be higher in areas of greater deprivation, where fewer people have the option of private dental care. Oxfordshire County Council has developed a Local Area Inequalities Dashboard. This includes comparative information on Indices of Multiple Deprivation. The update from September 2022 shows that the following wards in Oxfordshire were identified as having

higher IMD scores (means they are more deprived) than the England average of 21.7:

Cherwell

- Banbury Ruscote 34.0
- Banbury Neithrop 26.8
- Banbury Grimsbury 23.9

Oxford

- Blackbird Leys 34.9
- Greater Leys 33.6
- Littlemore and Rose Hill 29.6
- Barton 28.8

These wards account for about 10% of the county's population, but about 25% of the dental activity commissioned in Oxfordshire.

Details of practices providing NHS dental care can be found on: https://www.nhs.uk/service-search/find-a-dentist

In addition to the services delivered in primary care there are other NHS dental services. They are:

- Unscheduled Dental Care (UDC) – most 'urgent' treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- Orthodontics - these services are based in 'primary care' but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- Special Care Dentistry and Paediatrics (also known as Community Dental Services) – services for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.
- Hospital services – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.
- Tier 2 Oral Surgery (more complex extractions) and
- Restorative (Root canal, treatment of gum disease and dentures) – provide more complex community-based treatments than in primary care but do not require treatment in hospital.

The tables below detail NHS Dental services available in Oxfordshire:

Primary Care services:

Service	Number	Units of Activity	Contract value 22-23
GDS contracts	85	976,249	£27,672k
Full NHS	61	947,583	£26,889k
Child and Exempt Only	4	8,357	£224k
Child only	20	20,309	£559k

Onward referral services:

Service	Number of providers	Contract value 22-23	Provider
Orthodontics	8	£3,271k	Various
Community Dental Services	1	£4,904k	Oxford Health NHS Foundation Trust
Hospital services	1	£6,094k	Oxford University Hospitals NHS Foundation Trust
Tier 2 Oral Surgery	1	£418k	Rodericks Dental Ltd
Tier 2 Restorative	1	£230k	Dr A Rai

3. Investment into NHS primary care dental services

The annual investment into primary care dental services is £27,672k per annum which equates to £40.01 per head for the Oxfordshire population of 691,677. Levels of investment are based upon the provision in each area at the point the locally managed cash limited new NHS (nGDS) contract was introduced on 1st April 2006 plus any subsequent investment after that date. The table below compares financial investment and the amount of primary care dental activity (Units of Dental Activity) commissioned to other areas:

Area	NHS primary care dental funding per head	Units of Dental Activity (UDAs) per head
Oxfordshire	£40.01	1.41
BOB	£36.43	1.27
South-East	£38.98	1.31

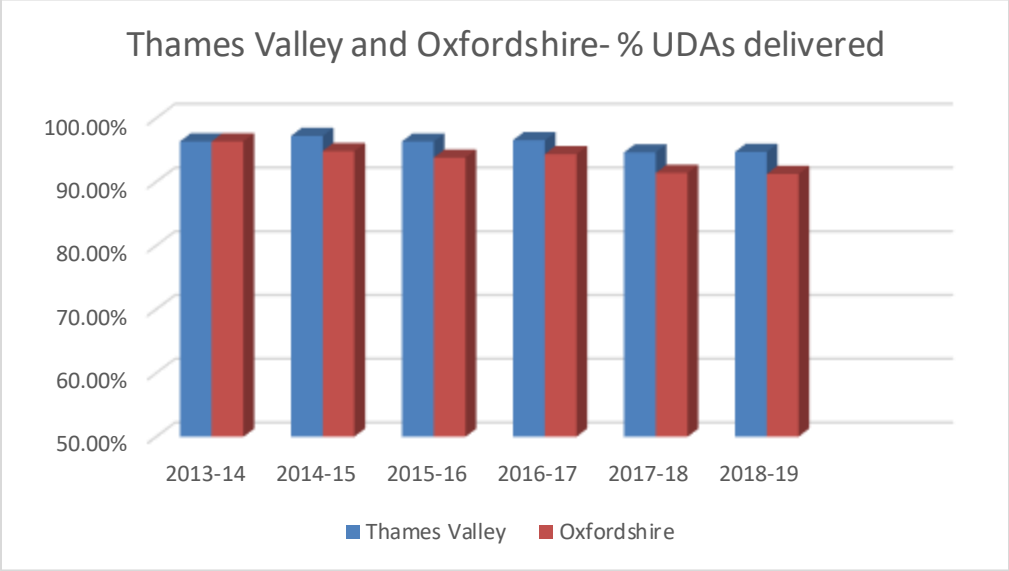
Dental practices each receive a cash limited financial allocation with monthly payments, against which they are required they are required to deliver an

agreed number of Units of Dental Activity (UDAs). If the practices deliver over 100% of their contracted activity, they can receive an additional payment of up to 2% or have their contracted activity reduced by up to 2% in the following financial year. In 2022-23 this was increased to 10%. If they deliver 96% to 100%, they can either repay monies or provide additional activity in the following financial year. If they deliver under 96% the practice must repay monies to the NHS in the following financial year.

The table and chart below describe contract performance in the Thames Valley and Oxfordshire areas in the period 2013 – 2019.

% UDAs delivered

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Thames Valley	96.35%	97.20%	96.33%	96.53%	94.64%	94.70%
Oxfordshire	96.35%	94.84%	93.81%	94.36%	91.41%	91.23%

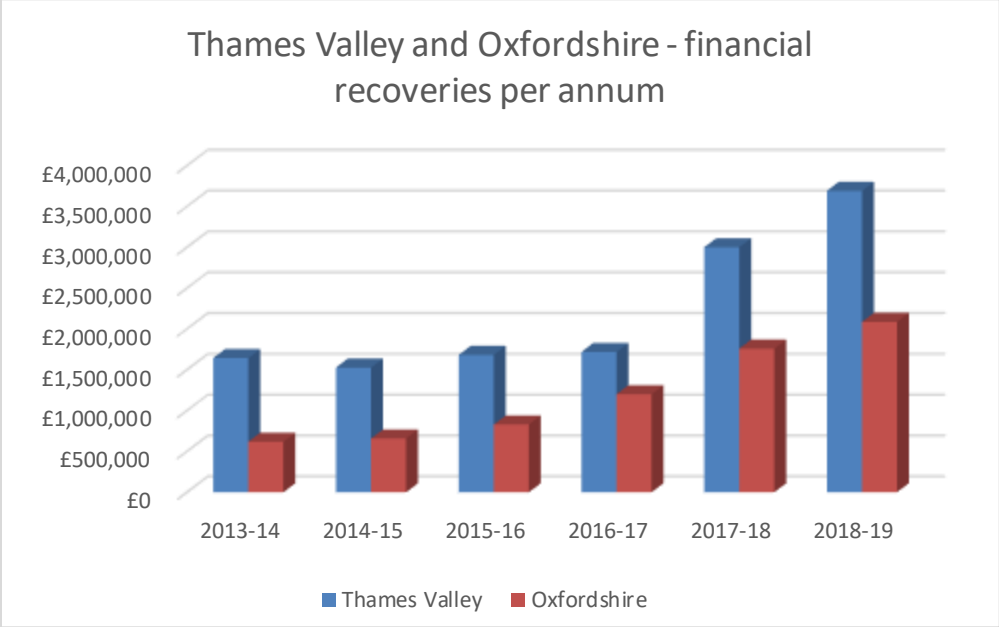


Contract delivery has been consistent across the years with between 2,660k and 2,737k UDAs being delivered in the Thames Valley. The number of UDAs being delivered has fallen in Oxfordshire since 2013-14. In 2013-14 the % of activity delivered in Oxfordshire matched the % delivered across the Thames Valley, but in the last full year before the pandemic it was 3.5% below the Thames Valley average with the number of UDAs delivered falling from 970,484 in 2013-14 to 902,040 in 2018-19.

If practices deliver less than 96% of contracted activity in any financial year these monies are recovered by the NHS. In 2013-14, the NHS recovered £617k from Oxfordshire practices due to contract underperformance; this increased to nearly £2.1m in 2018-19.

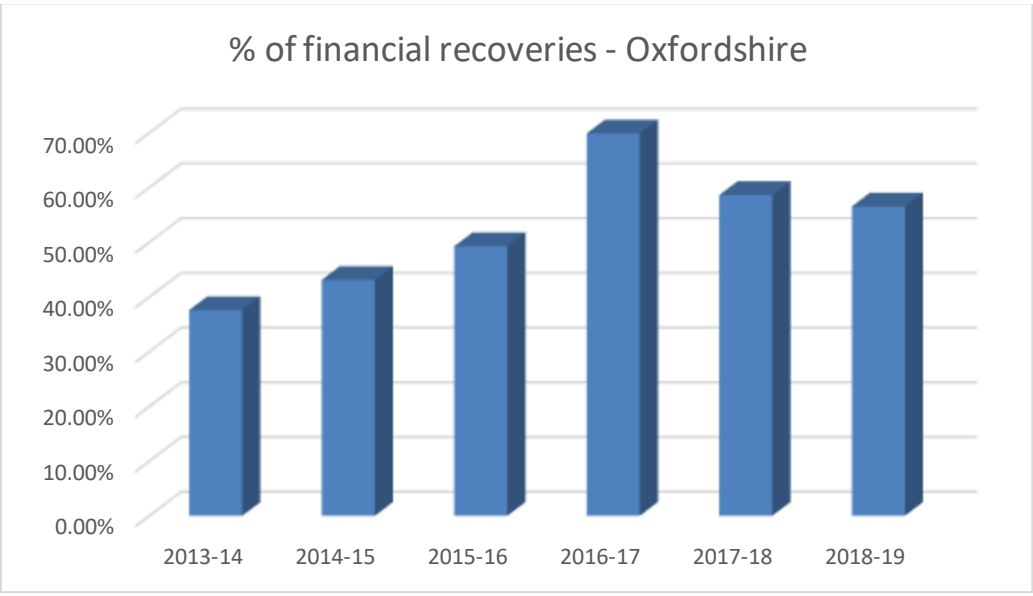
Financial recoveries

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Thames Valley	£1,642,804	£1,525,885	£1,681,469	£1,716,893	£2,999,504	£3,690,222
Oxfordshire	£617,203	£657,778	£828,456	£1,199,834	£1,757,865	£2,086,494



% of Financial recoveries

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Oxfordshire	37.57%	43.11%	49.27%	69.88%	58.61%	56.54%



Oxfordshire's population is about 32% of the Thames Valley total. In 2013-14 the level of financial recovery was matched this as a ratio, but in the last few

years before the pandemic financial recoveries in Oxfordshire increased to about 50% - 60% of the Thames Valley total.

There have been on-going discussions with the dental profession in the county about the possible causes of the relatively low levels of performance in the county. An issue that has been highlighted is the increased challenges with recruitment in the more northerly parts of the county, further from London and the implications this may have private work in addition to the NHS. However, it should be noted that historically access in Oxfordshire has been higher than other parts of the Thames Valley. The table below breaks access down by each of the health systems on the Thames Valley in 2017:

Health system	**Number of patients attending in previous 2 years**	**% patients attending in the previous 2 years**
Buckinghamshire	241,767	45.2%
Oxfordshire	371,586	54.6%
Berkshire West	246,053	51.0%
Berkshire East	221,884	53.3%
Total	**1,081,290**	**51.1%**

Adjustments were made to the dental contract during the pandemic to take account of the reduced capacity. In the first three months of 2020-21 all practices were required by the NHS Chief Dental Officer to close; re-opening at 20% capacity from July 2020 and then at reduced capacity in the period to July 2022 when 100% capacity was restored. This meant that although activity levels fell, lower levels of financial recovery were pursued. However, the reduction in activity delivered over 2-year period has had a significant impact on patient access.

4. Access to NHS Dental services

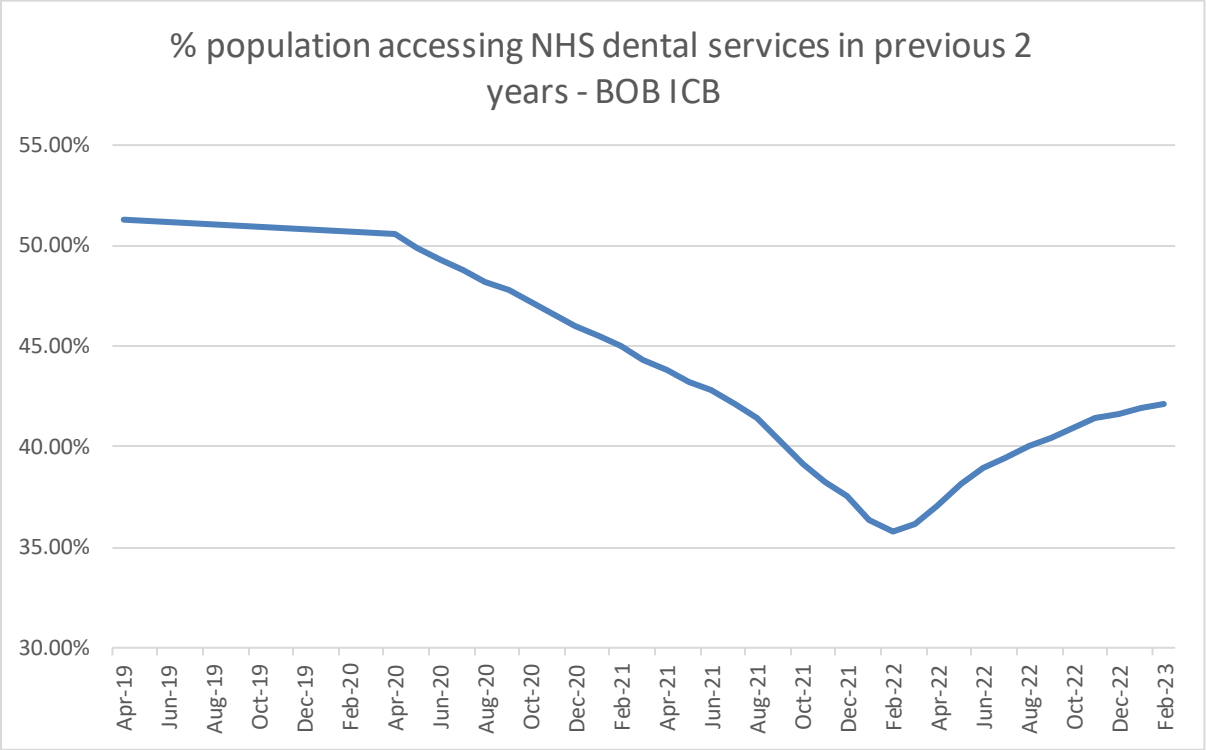
People are not registered with an NHS Dentist and can attend a dental practice of their choice. Some patients seek to access dental practices on a regular basis on a 'continuing care' basis; some attend non-NHS private practices and others will only attend a practice when they have an issue which they think needs treatment. In the period between 2008 and 2012 there was significant investment into NHS dental care as part of the national Dental Access Programme. Access to NHS services is measured by the number of unique patients attending practices over a 2 year period.

The number of patients attending a dental practice in the Thames Valley area increased by 250,000 (30%) between 2008 and 2019.

Access to NHS Dentistry fell significantly during the coronavirus pandemic.

Enhanced infection control procedures, necessitated by the types of procedures carried out in dental surgeries, led to reduced dental capacity. This reduced access to services and increased waiting times for treatment. Service capacity has been very gradually increased as infection rates have dropped. Primary Care services returned to 100% capacity in July 2022, but a significant a backlog of treatments has built up over the 2-year period of reduced capacity.

The charts below show the impact both within the BOB ICB area:



Since February 2022, the number of people attending an NHS Dentist in the BOB area has increased by 110,231 (17.9%).

Access rates are similar across the South-East with each of the ICBs seeing a similar impact and recovery as result of the pandemic. Prior to the pandemic in April 2019, 51.29% of the BOB population attended an NHS Dentist in the previous 2 years'; this fell to 35.78% in February 2022 and has since increased to 42.17% (February 2023).

Whilst access to primary care is improving there are on-going challenges with access.

Improved access has mainly been achieved dental practices recalling patients who had previously attended. For many of these patients they have returned to their previous routine of check-ups at clinically indicated intervals. For some patients, the increased time between appointments has resulted in a deterioration in their oral health and the need for more complex treatment. These courses of treatment have taken longer to complete and there has been an overall impact on the rate of recovery.

For patients who have not attended a local practice for at least two years access has been much more challenging. Some of these may local patients who have previously been irregular attenders only going to the Dentist when they experience pain. Others are people who have moved to the area more recently such as people relocating to a new home; families of Armed Forces personnel moving to the area; Looked After Children and asylum seekers and refugees.

These challenges are being compounded by workforce challenges in the service. Dental practices have found it difficult to maintain their workforce to deliver NHS services. Many Dentists prefer to work fewer days on the NHS and therefore deliver less activity. This would enable them to focus more of their time on private work and in some cases, Dentists are either leaving the NHS or opting not to join at the start of their career.

The Dentists and practices are citing a number of reasons for leaving the NHS. These include:

- The workload involved in catching up with the backlogs
- The focus on treatment with limited time for oral health improvement
- Delays in proposed changes to the contract at national level
- The growing gap between the annual financial uplifts to the contracts and the costs of running their services
- The limited flexibility within the contract to use greater skill mix to deliver care
- The extent of patient dissatisfaction with access to care

This has impacted on the ability of the practices to deliver their contracts, which means they may seek to reduce their NHS commitment or leave the NHS altogether. The table below details the number of UDAs handed back in 2022-23 across the South-East:

ICB	**UDAs handed back 2022-23**	**% of total activity commissioned**
BOB	39,083	1.79%
Frimley	13,782	1.46%
Hampshire and the Isle of Wight	53,559	2.04%
Kent and Medway	87,223	3.74%
Surrey Heartlands	43,136	3.71%
Sussex	49,697	1.98%
Total	**283,480**	**2.41%**

The following practices in Oxfordshire have terminated their NHS contracts during 2022-23:

Practice Name	Location	District Council	Nature of contract	UDAs
Courtrai House	Henley	South Oxon	Child Only	1,308
High Street	Oxford	Oxford	Child Only	200
Blandy House	Henley	South Oxon	Child Only	190
Market Square	Bicester	Cherwell	Full	8,424
Broadshires	Carterton	West Oxon	Full	6,000
Bath Street	Abingdon	Vale of the White Horse	Full	10,982
Total				**27,104**

If practices handback their contracts, then arrangements are put in place to try to find local practices to cover this loss on a temporary basis prior to a procurement exercise to find a replacement but the take-up in Oxfordshire to date has been relatively low.

Nationally changes were made to the NHS contract in late 2022 with the aim of addressing these challenges. The changes will increase NHS capacity by allowing payment for higher levels of performance, increasing payments for more complex treatments, issuing updated advice about recall intervals for patient check-ups, supporting the use of more skill mix and providing more information to patients about access to NHS services.

The Planning and Operational Guidance for 2023-24 states that the NHS will:

Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels

In the BOB area, the ICB is working on a plan to 'flex' contracts during 2023 to provide more capacity to help those often more vulnerable patients who have struggled to achieve access since the pandemic. This will be done by reducing the activity targets they are required to achieve and using that capacity to provide access sessions for new patients. This will provide more time for the Dentists to meet the greater treatment needs likely to be presented. The aim is to test this approach over the year to see it meets the objectives to improve access and reducing health inequalities. It will also start to look at whether this model can then be applied to improve the oral health of patients more likely to have greater oral health needs.

5. Urgent Access

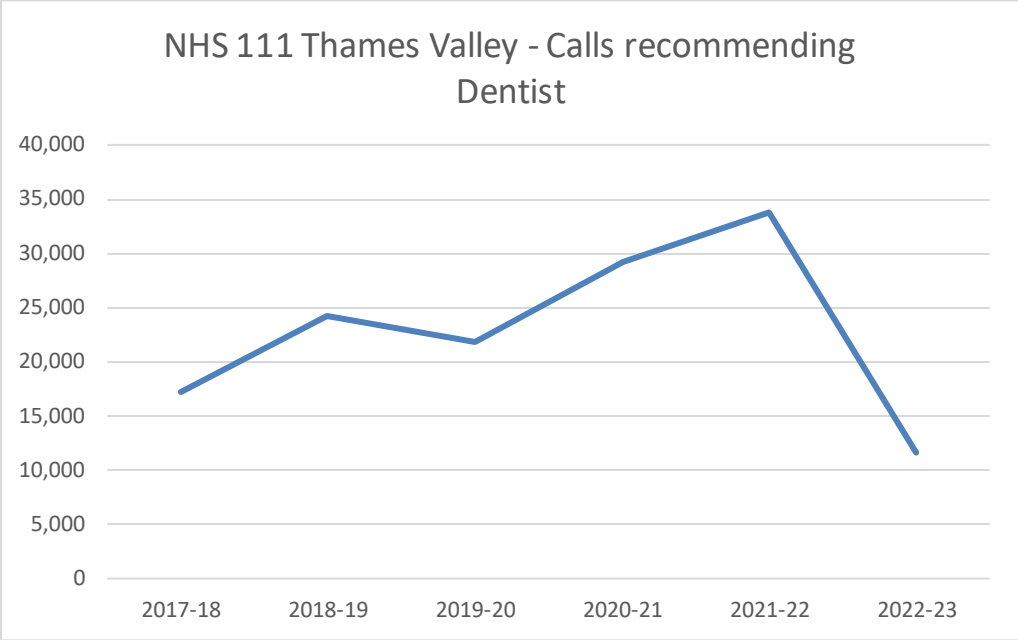
Most patients attend dental practices on a planned basis either to attend for check-ups or treatment. In some cases, patients need to attend on an urgent basis due to an oral health issue, likely to involve pain, swelling or bleeding. In the years preceding the pandemic about 8% of the treatments provided in primary care related to urgent treatments. Most of this treatment is carried out in primary care during normal opening hours. When this was reviewed in the Thames Valley in 2015 it was found that 93% of primary care based urgent care activity was delivered during these hours. The other 7% was provided by either out of hours services or in-hours urgent access services designed to support patients unable to access a primary care dentist.

The proportion of patients receiving urgent treatment increased during the pandemic as the dentists worked within a national Standard Operating Procedure to prioritise patients with an urgent treatment need. The practices were also supported by a range of Urgent Dental Care practices specifically for the purpose of meeting urgent treatment needs. As part of the recovery from the pandemic, practices were approached to provide Additional Access sessions to support patients who have continued to face challenges accessing dental treatment. The locations of these centres in BOB is detailed below:

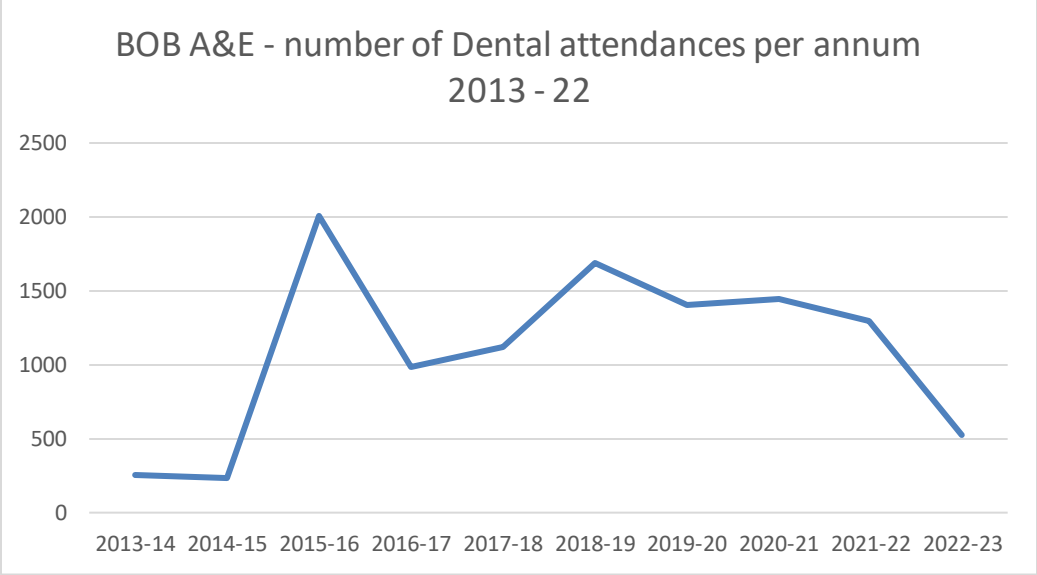
- Haddenham Dental, Haddenham, Buckinghamshire, 01844 292118
- Gentle Dental Care, Reading, Berkshire, 0118 945 2900 / 0118 945 5555

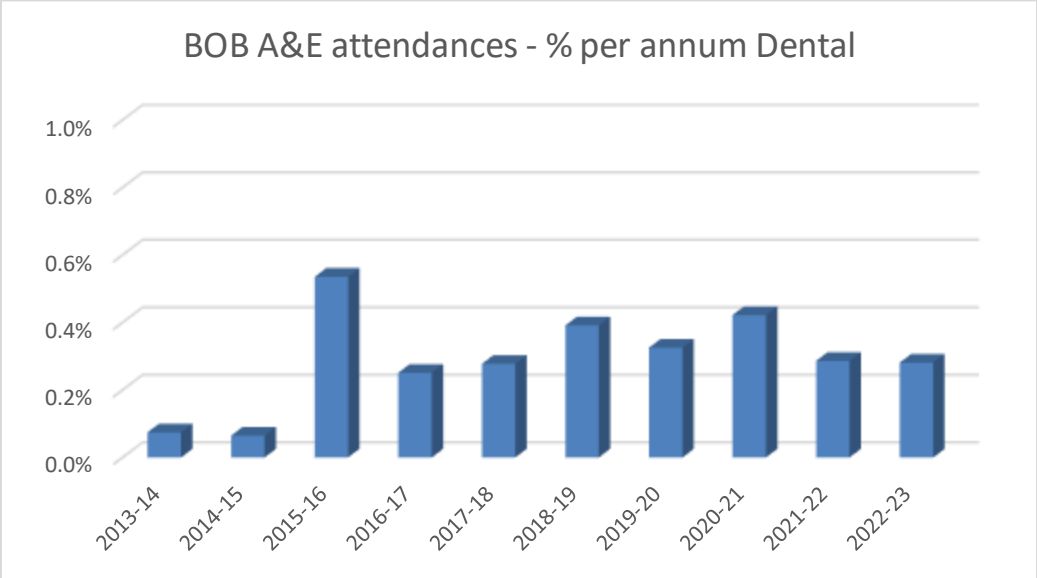
If patients do not regularly attend NHS dental practices or are seeking access out of hours, they can contact NHS 111 who will direct them to the appropriate service. About 3% of all calls to NHS 111 relate to dental matters.

The chart below describes the number of calls recommending that the patient sees an NHS Dentist received each year since 2017. The numbers increased significantly during the pandemic but appear to be falling in 2022-23 as dental practices return to 100% capacity.



Patients may also seek to access treatment via A&E. The charts below describe the number and proportion of A&E attendances in the BOB area since 2015. They indicate that normally there would be about 1,000 – 1,500 attendances per annum (0.2% to 0.3%).





6. Referral services

The table below details the number of referrals to each of the dental specialties in the period October 2021 – September 2022:

Specialty	Total Referrals	Referrals to Hospital	% to hospital	Referrals to Community based Specialist service	% to Community based Specialist
Oral Surgery (Thames Valley)	20,160	7,108	35.3%	13,052	64.7%
Oral Surgery (Berkshire West)	*4,323*	*1,640*	*37.9%*	*2,638*	*61.1%*
Orthodontics (Thames Valley)	18,614	1,244	6.8%	16,920	93.2%
Orthodontics (Berkshire West)	*5,123*	*203*	*4.0%*	*4,920*	*96.0%*
Restorative (Thames Valley)	3,097	93	3.0%	3,004	97%
Restorative (Berkshire West)	*549*	*No data*	*No data*	*No data*	*No data*
Special Care and Paediatric Dentistry (Thames Valley)	5,502	0	0%	5,502	100%
Special Care and Paediatric Dentistry (Berkshire)	*1,952*	*0*	*0%*	*1,952*	*100%*
Total (Thames Valley)	**47,373**	**8,445**	**17.8%**	**38,928**	**82.2%**

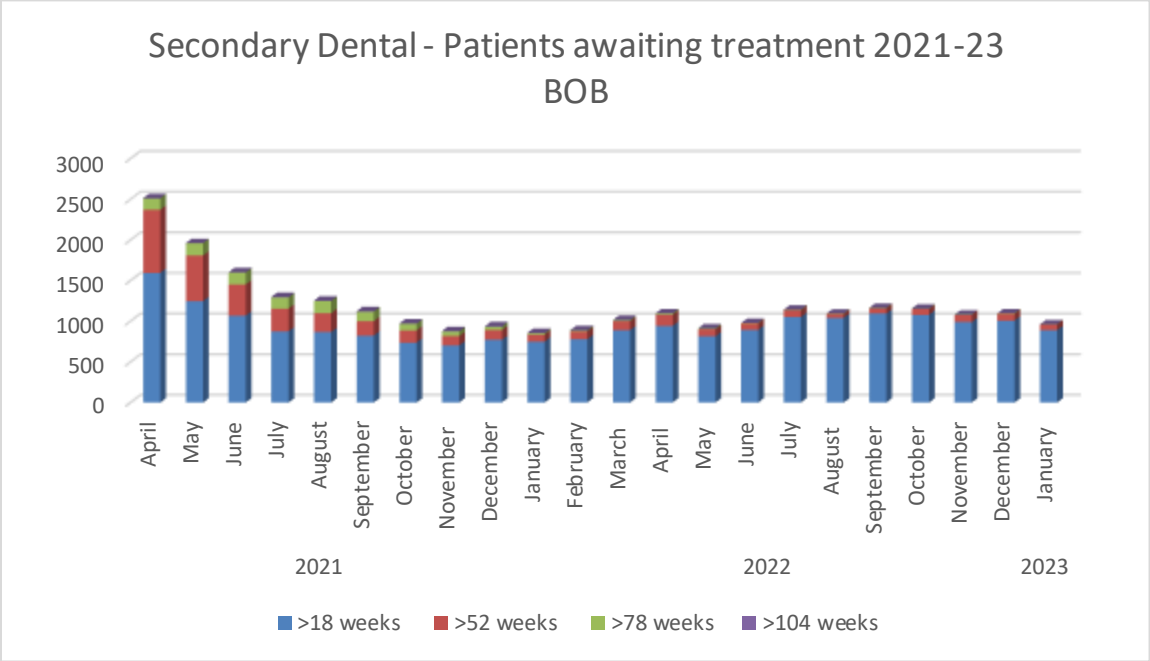
Across the Thames Valley nearly 50,000 referrals were made by Dentists to specialist services in 2021 – 22. Over 80% of the referrals are made to community-based specialist services with less than 20% going to hospital. The destination of referrals is informed by NHS England Commissioning Guides and Standards for the services listed above. Dentists make referrals via a bespoke Dental Electronic Referral System which directs the referrals to the appropriate settings.

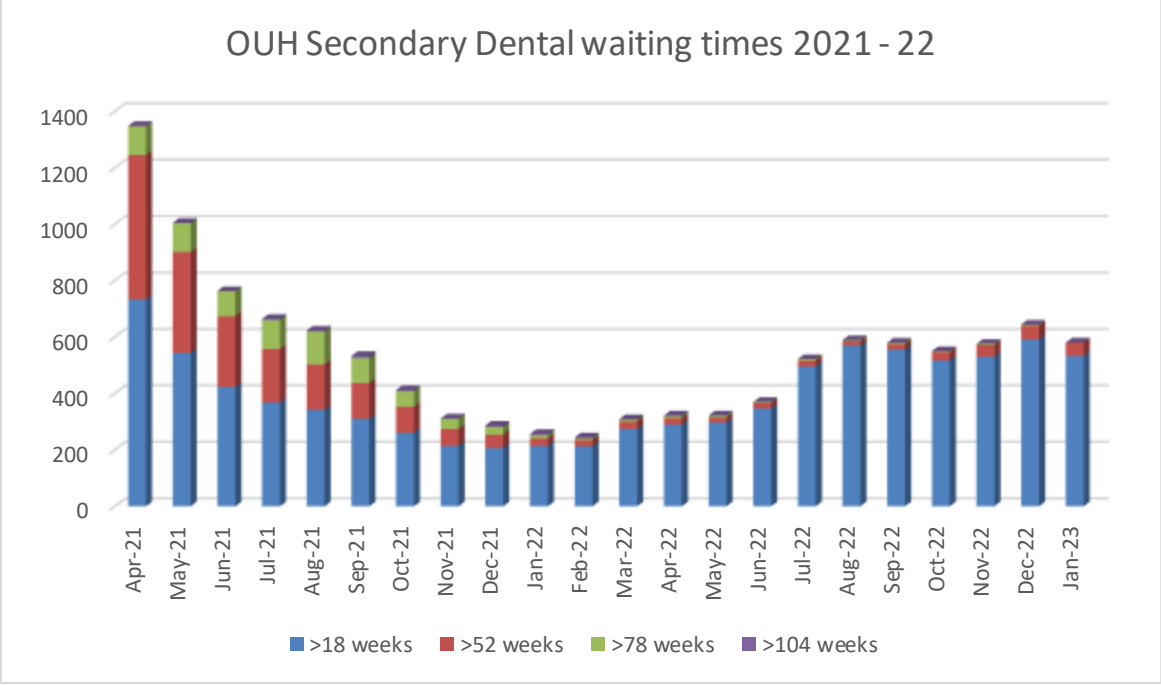
As with primary care dental services, the referral services have also faced capacity reductions because of the pandemic with the resultant backlog that has built up.

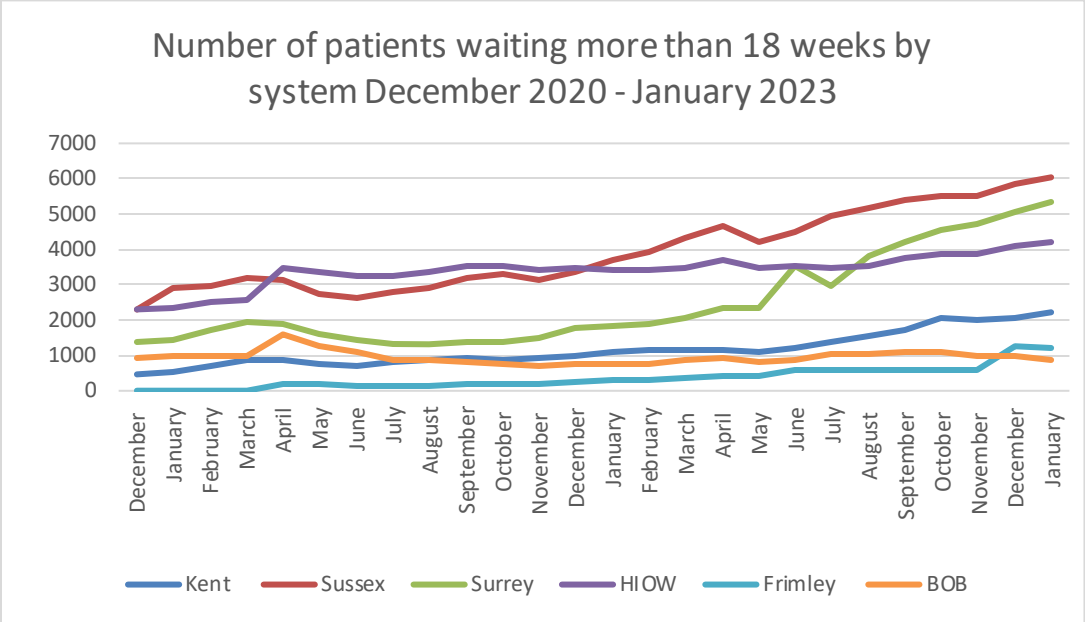
Hospital waiting times are monitored nationally. As part of recovery from the pandemic, Elective Recovery Fund monies have been allocated to hospitals to reduce the number of long waiting patients with the aim of returning to pre-pandemic levels by March 2025 (no patients waiting more than 52 weeks). During 2022-23 the focus has been on patients waiting more than 104 weeks and 78 weeks for treatment. The aim has been to eradicate the number of patients waiting more than 104 weeks by July 2022 and more than 78 weeks by March 2023. The Planning and Operational Guidance for 2023-24 has set the target for no patients to be waiting more than 65 weeks for treatment by 31st March 2024.

For Dental services, the 104 week wait target has been achieved and good progress has been made on reducing the number of patients waiting more than 78 weeks. However, after an initial reduction in the number of patients waiting more than 18 and 52 weeks, the numbers of patients in these waiting list categories have been increasing since last 2021.

The charts below detail the number of patients waiting more than 18 weeks for treatment in BOB and at the Oxford University NHS Foundation Trust. The third chart compares the number of patients waiting more than 18 weeks with the rest of the south-east of England.


Secondary Dental - Patients awaiting treatment 2021-23
BOB
3000
2500
2000
1500
1000
500
0
April
May
June
July
August
September
October
November
December
January
February
March
April
May
June
July
August
September
October
November
December
January
2021
2022
2023
>18 weeks
>52 weeks
>78 weeks
>104 weeks


OUH Secondary Dental waiting times 2021 - 22
1400
1200
1000
800
600
400
200
0
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
>18 weeks
>52 weeks
>78 weeks
>104 weeks



(N.B. Kent, Sussex, HIOW and BOB have similar size populations; 1.71m – 1.87m. The Surrey Heartlands and Frimley populations are smaller; 1m and 0.75m respectively)

Whilst the number of long waiters in BOB is relatively low when compared to other parts of the South-East, there are high numbers of patients awaiting treatment in community-based settings, particularly Oral Surgery and Community Dental Services. Restoration and Re-set monies are also being invested into these services to help address the backlog of long waiters that has built up since the pandemic. This investment has helped to reduce the number of patients waiting more than 52 weeks for treatment.

The Planning and Operational Guidance for 2023-24 states the NHS should:

Continue to address health inequalities and deliver on the Core20PLUS5 approach

The Core20PLUS5 targets are about reducing health inequalities for children and young people and include a specific reference to oral health in terms of addressing 'the backlog for tooth extractions in hospitals for under 10s'.

7. Clinical Engagement

Since its inception in 2013, NHS England has established arrangements for engagement supporting the design and review of services. At national level, this has resulted in the development of Commissioning guides for the following services:

- Oral Surgery and Oral Medicine
- Special Care Dentistry
- Paediatric Dentistry

- Orthodontics
- Restorative Dentistry

These guides inform referral pathways and service standards to be implement ted at local level. The implementation and review of these standards is led by the Thames Valley Local Dental Network (LDN), supported by specialty Managed Clinical Networks (MCNs) covering Oral Surgery, Special Care and Paediatric Dentistry, Orthodontics and Restorative Dentistry. The MCNs have worked with the commissioners to develop Thames Valley referral guides which detail expected provision in primary care and specialist services. These guides are used to underpin the Dental Electronic Referral System (DERS) that is used to process referrals.

NHS England has worked closely with the LDN and MCNs on the development of urgent access arrangements during the pandemic and Restoration and Re-set schemes designed to support recovery of services.

Their support and that of the all the dental practices has been crucial in supporting the recovery that has been achieved in 2022, but significant challenges both in terms of maintaining the recovery and designing sustainable services for the future.

As the new commissioning arrangements take effect following delegation of the responsibility for the commissioning of dental services to ICBs, opportunities will emerge for improvements in oral health to be built into wider health improvement programmes.

8. Next steps and review

Primary Care

- Continue to monitor access to primary care dental services, optimising and developing system partnership level data and reporting, with the aim of maintaining and focussing our efforts to prioritise and improve dental access.
- Implement national dental contract changes at local level to take effect during 2022-23 and use the opportunity of service delegation to influence at a national level to positively affect local population health outcomes.
- Work with the dental profession to consider whether greater flexibilities can be applied locally to the dental contract to facilitate access and support them with workforce challenges.
- Implement the flexible commissioning approach to support access for patients with greater oral health need based on system intelligence, evidence and collaborative agreement.

Urgent access

- Maintain Additional Access sessions

Referral services

- Review impact of Restoration and Re-set investment and implement plans to maintain waiting list reductions in 2023-24
- Agree Secondary Dental contracts with hospitals with the aim of re-establishing pre-pandemic waiting times by 2025, with alignment to the ICB elective care prioritisation framework, as part of system discussions.
- In conjunction with system partners, and our local populations, implement a programme of re-commissioning key referral services to achieve sustainable access and to meet needs of key patient groups, such as children, patients with more complex treatment and management needs and older patients.

All services

- Implement Planning and Operational Guidance in relation to dental services in 2023-24
- Continue to engage with stakeholders such as Healthwatch, supporting them to provide information to patients about access to care, using this local intelligence to identify priority focus areas.
- Review the impact of housing growth in Oxfordshire with responses that support timely and proactive access to treatment.
- Work with other stakeholders to strengthen oral health improvement arrangements through contribution to other health improvement programmes and other interventions that may impact such as water fluoridation.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

April 2023

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

20 April 2022

CHAIR'S UPDATE REPORT BY CLLR JANE HANNA

1. Membership and officers of the committee

Eddie Scott, health scrutiny officer, sadly has resigned to take up a senior democratic officer position in a local authority close to where he resides. The committee met with Eddie to thank him for the excellent support he has given the committee over the last nine months.

Tom Hudson, who has supported the committee in the past will be providing interim support. I have worked closely with Eddie and Tom on transition arrangements. The post was advertised in March and the committee has been kept informed of progress on recruitment.

I have also been working with Tom Hudson on recruitment of co-opted members to the committee.

2. **Wantage Hospital:**

Substantial Change Toolkit: The sub-committee met to review. Oxfordshire Health and the ICB requested a change of date to meet the sub-committee because this coincided with the week of strike action. It was agreed because of this that an extraordinary meeting of JHOSC would need to be held to consider the substantial change Toolkit in May.

Connect Health: I followed up on concerns raised at a health sub-committee that physiotherapy services were not being provided at Wantage Hospital due to a lack of staff. I have been subsequently reassured that there are 3 clinics available within Wantage Hospital that are 100% utilised. Specialist clinics that are running from Wantage Community Hospital are Pelvic Health Physiotherapy; Podiatry and Physiotherapy Tier 1. There is a gap in Tier 2 physiotherapy (CATS). As reported to our last Committee this is because the previous clinical model was almost all virtual. Health Connect are focusing their recruitment on clinicians that live/work in the South of the region that have specialist Tier 2 skills. Connect Health have offered to update the committee with progress as they recognise that patients are having to travel some distance for injection clinics/Tier 2.

3. Primary Care

Further to our primary care recommendations, we have had a positive commitment from the ICB to a new role to progress liaison with District planning authorities and requested consideration to this provision being increased at place level at the February JHOSC.

Cllr Mark Lygo also confirmed in response to my question on 28th March at County Council that he would be submitting a further report to the Health Overview and Scrutiny Committee on provision of primary care services and information provided to the County's residents at our April meeting.

4. **Public Health Annual Report**: The JHOSC had a briefing and a Q and A session with the Ansaf Azhar and provisionally planned inclusion of a committee item at the meeting of the committee in June 2023.

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Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Primary Care (Communications)

Lead Cabinet Member(s) or Responsible Person: Cabinet Member for Public Health & Equality: Cllr Mark Lygo

Deadline for response: 14 February 2023

Response to report:

Please see overleaf

Health Overview & Scrutiny Recommendation Response Pro Forma

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
That the Council explores ways in which it can support the ICB, from a communications angle, to better inform the public narrative around primary care.	Accepted	We have incorporated key self care messages and about the appropriate and timely use of primary care to the public in an opportunistic way when we have done general health related media briefings. These messages also highlighted the need to utilise highly skilled allied health care professionals such as pharmacist as well as self help models such as community hubs and networks. We will continue to do this. There is a degree sensitivity to be aware of to continue with such messages given the public sector and health care staff strikes. We do however, need to do more in this space. As the place based partnership develops, as part of the ICB, we will be looking at the primary care provision as a whole. As we do this we will be looking at appropriate use of primary care including the more upstream wellbeing provisions such as those delivered as part of the community by the community utilizing the voluntary sector as much as the GP provision. As we form this model we will need to develop a public narrative and communicate this message to the public.

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 20 April 2023.

Action	Item	Action	Lead	Progress update
1	Minutes of 23 September	Health partners to be invited to the next OCC scrutiny training	Eddie Scott / Tom Hudson	To be actioned in the new municipal year for 23/24. In progress *Update – OCC scrutiny are working up a training proposal with CfGS.*
	28 November Meeting			
2	COVID	Jo Cogswell to report to the next meeting on the allocation of Winter Access Funds.	Jo Cogswell, Oxfordshire CCG	A comprehensive item will be considered at the Committee's meeting on 10 May 2022. *Update – Committee on 10 May agreed this was not completed via the Primary Care paper shared with Committee. Would be completed subject to further information offered via a workshop with ICB colleagues.* *Update - The Primary Care Workshop took place on 17 October 2022 and findings and topics discussed are to be covered at the 24 November 2022 HOSC Meeting.* *It is understood the Winter Access funds aren't available for the forthcoming winter.* *At the 24 November 2022 HOSC Meeting it was agreed that Eddie would enquire as to whether there was an alternative/replacement in respect of Winter Access Funds.*

Action	Item	Action	Lead	Progress update
3	Cllr Barrow's infection control report	OCC carries out a regular review of current infection control procedures in care homes and the support provided.	Karen Fuller, OCC	This is built into our routine procedures in relation to infection control and monitoring outbreaks. OCC works in partnership with Oxford Health care home support service, CQC and UKHSA. Completed *Feedback from Cllrs Barrow, Poskitt and Barbara Shaw following a visit on 25 July, was given to the 22 September 2022 HOSC Meeting* *UPDATE – Subsequent Care Home Visits to be arranged in conjunction with the Director for Adult Social Care.*
	10 March Meeting			
4	Access and Waiting Times	Information is supplied on the new elective care access offer across the BOB footprint (the provider collaborative)	Eddie Scott/Titus Burwell	BOB ICS Elective Recovery plan & provider collaborative would need to be presented by BOB ICS colleagues - In progress *Update – A scope is being drawn up for Titus Burwell, Chair of BOB Elective Recovery Backlog Group, to brief the Covid-19 Elective Recovery Backlog group on the subject with a particular focus on Symptomatic breast cancer 2WW and in respect of Urological Cancer referrals.*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 20 April 2023.

Action	Item	Action	Lead	Progress update
5	Access and Waiting Times	That Members meet separately with James Scott to explore workforce challenges across Oxfordshire/the NHS	BOB HOSC, BOB ICS	*Eddie and OCC BOB HOSC Members to ask for the item to be placed on the BOB HOSC Work Programme.* In progress *Update – To be considered as part of future discussions amongst the BOB HOSC*
6	Chairs Update	That Members of the Committee come forward in which to develop a glossary of NHS acronyms.	Eddie Scott/ Cllr Nigel Champken-Woods	*Cllr Champken – Woods came forward at the last meeting to start an early draft. It was identified that Wokingham's HOSC glossary as a good model to follow.* In progress *This is currently being collated with Cllr Champken-Woods and will be appended at the back of HOSC agendas once finished.*
	14 July Meeting			
7	Integrated Improvement Programme	That clarification is sought on the position of Thame within the Oxfordshire Integrated Improvement as a result of overlapping geographies of service provision with Buckinghamshire.	Eddie Scott /	*In progress – The Health Scrutiny Officer is to chase for further clarification in respect of this.* *Update Cllr Champken-Woods and Dan Leveson are in correspondence in respect of this.*
8	Integrated Improvement Programme	That commitment is provided to the Committee in respect of the previous undertakings associated with the former Community Services Strategy in respect of service delivery at Wantage General Hospital.	Eddie Scott / Cllr J Hanna	An offer of a pre-engagement workshop was offered to the Wantage Town Council Health-Sub Committee at the 9 February 2023 Committee Meeting.
9	Integrated Improvement Programme	Establish a sub group on the Integrated Improvement Programme to provide NHS / OCC colleagues the opportunity to engage with HOSC outside of formal Committee meetings (as well as in addition to). It	Cllrs Hanna, Edosomwan, Barrow and	In progress – *UPDATE- The Integrated Improvement Programme met as a Member-only forum on 20 September 2022 and agreed to meet with a*

Action	Item	Action	Lead	Progress update
		should cover all aspects of comms and engagement and any issues relating to services at Wantage.	Barbara Shaw Eddie Scott	*ICB representative in respect of the ICB's involvement in the IIP. The Group also agreed that a group would engage with representatives at OH in respect of the maternity closures and maternity closures across Oxfordshire.* *Terms of Reference for the Group will be drawn up for engagement in respect of the consultation and delivery plan relating to the IIP.*
	22 September Meeting			
10	Action and Recommendation Tracker	NHS England Health and Justice to fill out the Committee's substantial change toolkit in relation to the SARC in Bicester; this is to then be reviewed by Members via email, with a view to meeting the Commissioner in person.	Lisa Briggs	In Progress - The Substantial Change Toolkit form has been received and was considered by Cllrs Champken-Woods, Hanna and Heywood. It was considered that there was no substantial change. However further information in respect of the service has been requested and waiting a response.
11	Responses to Committee Recommendations	A short briefing note is compiled by the Health Scrutiny officer in consultation with the Chair outlining the modules of the National Covid-19 inquiry to the Cabinet Member for Adult Social Care and the role of OCC.	Eddie Scott / Cllr Jane Hanna/ Ansaf Azhar	In Progress – Liaisons are ongoing in respect of this piece of work and the Committee and had a briefing on the subject on 7 February 2023.
12	Chair's Update and Committee Sub-Group Updates	Further information is sought by the IIP Sub-Group as to how the Integrated Improvement Programme fitted in with the ICB's overall vision.	Eddie Scott/ Dan Leveson	In Progress- The Health Scrutiny Officer is to ask to write to the ICB Place Based Director to ask for his attendance at the next meeting of the sub group; to better understand the ICB Role's in the Integrated Improvement Programme, and clarity as to the leadership and timelines as to the Programme.

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 20 April 2023.

Action	Item	Action	Lead	Progress update
13	Chair's Update and Committee Sub-Group Updates	Following an initial meeting with the new provider, a HOSC member is appointed to Connect Health's service-user board	Danielle Chulan	In Progress- The provider is to get in contact when the board is set up.
	24 November 2022 Meeting			
14	**Primary Care**	The Committee is informed as to how much Community Infrastructure Levy funding has been received by the Oxfordshire CCG and subsequently the BOB ICB (from Oxfordshire), the amounts received from the 5 individual District Councils, how much of those CIL funds have been spent, which health related CIL funded projects have been commissioned; and what projects have been completed or are in progress using executed Section 106 funds.	Julie Dandridge	In progress – The ICB has been reminded of these questions and will feedback to the Committee outside the formal Committee process. *UPDATE – Julie Dandridge to provide an update on a list in respect of where the funds currently sat, time restrictions and other obligations.*
15	**Primary Care**	The Committee is updated as to the situation in respect of proposals for new primary care estate in Abingdon.	Julie Dandridge	In progress – The ICB has been reminded of these questions and will feedback to the Committee outside the formal Committee process.
16	**Primary Care**	Recommendation A letter is formulated, in consultation with the Integrated Care Board; and sent on behalf of the Committee to the Secretary of State for Health and Social Care to detail the Committee's concerns in respect of General Practice capacity, workforce and retention issues, need for healthcare infrastructure as a prerequisite to major developments, and to highlight the need for devolved capital funding and flexibility in the interests of meeting the needs of primary care in Oxfordshire.	Eddie Scott/ Cllr Jane Hanna	In Progress: The Letter is currently being formulated and is also due to be sent to the ICB for comment
17	**Primary Care**	Recommendation: That the Council explores in which it can support the ICB, from a communications angle, to better inform the public narrative in primary care.	Cllr Mark Lygo	In progress – The recommendation has been submitted to Cabinet and the Committee has its response in the agenda pack.

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 20 April 2023.

Action	Item	Action	Lead	Progress update
18	**Primary Care**	Recommendation that the Committee further explores the use of Additional Roles within Oxfordshire.	Eddie Scott	In progress- It is proposed by the Health Scrutiny Officer that additional Roles within Primary Care is placed on the Committee's Work Programme for 23/24 for a scrutiny investigation via a Constituted Working Group.
19	**Serious Adult Mental Health**	A workshop on serious adult mental health is co-produced to allow further Committee exploration of the area.	Eddie Scott, OH, Karen Stephen Chandler	In progress – To be scoped after the 9th of February 2023 HOSC Meeting.
	9 February 2023 Meeting			
20	**Minutes of the Previous Meeting**	The minute in relation to Primary Care be amended to include a greater amount of the findings from the HOSC Primary Care Workshop and the Committee's discussion leading to the recommendations.	Eddie Scott / Jane Hanna	In Progress- The redrafted minute is awaiting comments from the chair.
21	**Oxfordshire Temporarily Closed Services Update**	Cllrs Barrow, Champken-Woods, Hanna and Haywood form a group to consider the substantial change assessment form on the inpatient unit at Wantage Community Hospital.	Eddie Scott	In Progress- Cllrs have met to discuss the information they would like before the final meeting, and responses to their questions have been provided. The meeting is scheduled for 20th April, after the HOSC meeting has taken place.
22	**Healthwatch Update**	A letter be sent on behalf of the Committee to the ICB seeking clarity and assurance on the situation in respect of new patient registrations at the three Didcot GP Practices.	Eddie Scott	Completed- The letter has been compiled and sent to the ICB Place-based Director for Oxfordshire. A reply to the letter will be appended to a future Chair's Update Report

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 20 April 2023.

Action	Item	Action	Lead	Progress update
23	**Responses to Committee Recommendations**	The OJHOSC facilitates a workshop discussion between the ICB and District Councils to better share understanding in respect of the use of developer contributions for health facilities and promote greater partnership working.	Eddie Scott	In Progress- It is felt that this would best take place after successful recruitment to the 'Planning', post to the ICB as a result of the OJHOSCs recommendations. The Health Scrutiny Officer is to confirm when this is likely to be.
24	**SCAS Improvement Programme Update**	SCAS' performance data be regularly reviewed by the Committee's Covid-19 Elective Recovery Sub-Group.	Eddie Scott/ Tom Stevenson	In progress- The Committee is to be advised when the wait-time performance data can be broken down into (Middle Layer Super Output Areas) MSOA level. Likely to be Autumn 2023
25	**Chair's Update Report**	The ICB report on the Oxfordshire Hearing Loss Contract be appended to the Chair's Update report for the April Meeting.		The Scrutiny Officer has been informed that the report is significantly delayed owing to the current situation in the health service. The report will be shared with the committee when available.
26	**Committee Work Programming**	A Work Programming Meeting be arranged with all Committee Members	Tom Hudson	In progress – a partial work plan has been suggested, but in light of the appointment of a new Scrutiny Officer the completion of the new work plan is to take place once they are in post and are better placed to help the committee deliver it.

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OXFORDSHIRE COUNTY COUNCIL

Work Programme 2022/23
Joint Health Overview and Scrutiny Committee (inc BOB HOSC)

Cllr J Hanna OBE Chair | Eddie Scott eddie.scott@oxfordshire.gov.uk

HOSC COMMITTEE BUSINESS

Topic	Relevant strategic priorities	Purpose	Type	Report Leads
11 May 2023				
End of Life Care – Children and Adults	Support carers and the social care system	Understanding the palliative care project: Hospital Rapid Response; how it has integrated with existing pathways and provides a better service for those on the EOL pathway and their families.		Professor Bee Wee (OUH) and the RIPEL team (OUH, Macmillan and Sobell House Hospice) Cllr T Bearder Karen Fuller (TBC)
Substantial Change decision		A decision concerning the outcome of the substantial change discussion regarding Wantage Hospital.		Scrutiny Officers

OXFORDSHIRE COUNTY COUNCIL

SUB GROUP / WORKING GROUP

SUB GROUPS / WORKING GROUPS				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**
COVID-19 Sub Group (commenced)	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To review publicly available papers on the elective recovery backlog and report to HOSC.	To be assured that the targets in plans for the recovery of elective care are being met.	Cllr Jane Hanna Jean Bradlow Barbara Shaw Cllr Damian Heywood
Integrated Improvement Programme Sub-Group	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To consolidate existing unanswered questions; To monitor the progress of the implementation of the Integrated Improvement programme. To analyse the evaluations of the Outpatient Pilot. To seek clarification and assurances on the previous commitments made in respect of the Wantage Community Hospital.	To drive better outcomes.	Cllr Jane Hanna Cllr Paul Barrow Barbara Shaw Jean Bradlow Cllr Imade Edosomwan

OXFORDSHIRE COUNTY COUNCIL

DRAFT WORK PROGRAMME 2023/24				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Report Leads**
8 June 2023				
Oxford Health NHS FT Quality Account	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To review the Quality Account of the Trust, specifically, the quality objectives for this year and the next.		Jane Kershaw – Head of Quality Governance from Oxford Health NHS FT
Oxford University Hospitals NHS FT Quality Account	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To review the Quality Account of the Trust, specifically, the quality objectives for this year and the next.		Dr Andrew Brent (Deputy Medical Director)
21 September 2023				
Health and Wellbeing Strategy	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To consider the pre-adoption draft of the Health and Wellbeing Strategy	To drive better outcomes	Ansaf Azhar, Director of Public Health
Full System Approach to Obesity	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To consider a report detailing the cross-working approach to tackling obesity within the county.	To drive better outcomes	Ansaf Azhar, Director of Public Health

BRIEFINGS FOR MEMBER INFORMATION

BRIEFINGS				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**

None scheduled at present.

ITEMS DEFERRED FROM WORK PROGRAMME 2022/23					
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**	**Comments from Health Scrutiny Officer**
Healthy Place Shaping	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents Create Opportunities for children and young people to reach their full potential	Assessment of the development of HPS and opportunities for maximum impact across Oxfordshire.		Cllr M Lygo Ansaf Azhar Rosie Rowe	Agreed to swap HPS out of the programme and place Smoke Free in the programme as agreed at Committee on 9 June. This item will stay on the deferred programme in the event that Members wish to consider it for 23/24
Funding For Children's Mental	Create Opportunities for children and young people to	To understand current and future funding position based on the need to manage	Funding For Children's Mental Health from the BOB ICB	Create Opportunities for children and young people to reach their full potential	Report won't be ready for July 2022 meeting. Suggest members

Health from the BOB ICB	reach their full potential	current CAMHS demand and any future demand			use this subject as a key line of enquiry as part of ICB 5 Year Joint Forward Plan strategy conversations and any financial planning rounds.

OXFORDSHIRE COUNTY COUNCIL

BOB HOSC COMMITTEE BUSINESS

Topic	Purpose	Type	Report Leads
Anticipated April/May 2023 (Date TBC)			
BOB Joint Forward Plan (Formerly the 5 Year Plan)	To scrutinise and offer feedback to the Integrated Care Board on the proposed Joint Forward Plan for the next five years.		Representatives of the Integrated Care Board (Catherine Mountford to confirm in due course)