



Oxfordshire Joint Health Overview & Scrutiny Committee Thursday, 14 July 2022

ADDENDA 2

3. Minutes (Pages 1 - 14)

A new draft of the minutes for approval attached.

13. Chair's Report (Pages 15 - 20)

Two new pieces of correspondence:

Letter from Councillor Judy Roberts

Letter to Wantage Town Council from Oxford Health

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 9 June 2022 commencing at 10.00 am and finishing at 3.00 pm

Present:

Voting Members: Councillor Jane Hanna OBE – in the Chair

Councillor Nigel Champken-Woods

Councillor Imade Edosomwan

Councillor Damian Haywood

Councillor Dr Nathan Ley

District Councillor Paul Barrow

District Councillor Elizabeth Poskitt

District Councillor Jo Robb (In place of District Councillor David Turner)

Non-voting Members: Jean Bradlow
Dr Alan Cohen
Barbara Shaw

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.

22/22 ELECTION OF CHAIR FOR THE 2022/23 COUNCIL YEAR

(Agenda No. 1)

The Democratic Services Officer invited the Committee to elect the Chair and the Deputy Chair for the 2022/23 Council Year. The Chair must be elected from County Councillors whilst the Deputy Chair would be elected from the City and District Councillors. All voting Members could cast their vote.

On a motion from Cllr Nathan Ley, seconded by Cllr Damian Haywood it was unanimously AGREED that Cllr Jane Hanna OBE be elected as the Chair for 2022/23 Council Year.

23/22 ELECTION OF DEPUTY CHAIR FOR THE 2022/23 COUNCIL YEAR

(Agenda No. 2)

On a motion from Cllr Jo Robb, seconded by Cllr Richard Webber it was unanimously AGREED that Cllr Paul Barrow be elected as the Deputy Chair for 2022/23 Council Year.

24/22 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 3)

The following Committee Members had sent their apologies:

Cllr Freddie van Mierlo – substituted by Cllr Richard Webber
Cllr David Turner – substituted by Cllr Jo Robb
Cllr Jabu Nala-Hartley
Cllr Jason Slaymaker

25/22 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 4)

The following non-pecuniary interests were declared:

Dr Alan Cohen as a Trustee of Oxfordshire Mind.
Cllr Damian Haywood as an employee of Oxford University Hospitals NHS Trust.
Cllr Jane Hanna as CEO of SUDEP Action.

26/22 MINUTES

(Agenda No. 5)

RESOLVED that the minutes of the meeting held on 10th May 2022 be confirmed as a correct record and signed by the Chair subject to the following:

- Minute 16/22 ACCESS TO SERVICES - PRIMARY CARE to be sharpened up outside the meeting in order to adequately reflect the discontent of the Committee in terms of not meeting commissioning objectives.
- Minute 17/22 MATERNITY SERVICES to be sharpened up outside the meeting in order to reflect specific point around closure of maternity services in Chipping Norton and Wantage.

The proposed changes would be finalised by the Chair with input from Dr Cohen and Cllr Damian Haywood.

27/22 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 6)

The Chair informed the meeting that there was one speaker (Julie Maberley) who would address the Committee on agenda items 8 & 10. The Chair said that she would propose that item 8 on the agenda (BOB ICB Strategy for engaging the communities and the public) be withdrawn from the agenda of this meeting (reasons

to follow) yet she would let Julie Mabberley read out her statement related to that matter.

Item 8 - Julie Mabberley said that she was a chairman of the Newbury Street Practice Patient Group and several members did take HOSC Committee advice to participate in the bulk consultation. However, all of the members failed to register for any of the bulk of consultations without understanding why it was difficult to engage in the consultation. Julie Mabberley invited the Committee to raise this issue with BOB ICB Director of Governance to ensure that people could easily register for future consultations on this important issue.

The Chair thanked Julie Mabberley for her statement and confirmed that Committee had asked BOB ICB for assurance for public to be engaged in this exercise. The deadline for people to engage in the consultation was 17th June 2022.

Item 10 - Julie Mabberley said that the Newbury Street Practice Patient Group was concerned that little progress had been made in terms of the Community Services Strategy which, in her words, would affect residents of OX12 the most because of the impact on Community Hospital and the remaining services which had been temporarily closed. Julie Mabberley added that there was uncertainty on what was the purpose of the Strategy, whether it would consider future of in-patients' beds, and when would engagement with the public start. Julie Mabberley concluded by saying that number of parking spaces outside the hospital were insufficient for patients and clinics.

28/22 OXFORD UNIVERSITY HOSPITAL NHS FT QUALITY ACCOUNT (Agenda No. 7)

The Chair addressed the Committee by saying that Helen Mitchell (Scrutiny Officer) would gather the feedback from Committee Members as part of this session and combine comments into a letter which would be agreed by the Chair and shared with the Oxford University Hospitals NHS Foundation Trust (Trust).

The Chair invited Dr Andrew Brent (Deputy Medical Director) to give a presentation to the Committee (as per agenda).

Dr Brent agreed that OUH would wish to work on a new protocol with the JHOSC on the consideration of OUH Quality account as the committee would be restricted in their ability to comment because the OUH quality report has not been published and was not in the public domain.

Following a presentation from Dr Brent these points were highlighted:

- Trust's Quality Priorities were developed with stakeholder input from across the whole organisation and its divisions, and then approved by the Trust's Medical Executive and the Trust's Board. The Quality Priorities were seen as a vehicle for getting traction on particular issues, and for other issues there was a separate workstream put in place.

- The Trust would use national framework when investigating any incidents in terms of the harm and the levels of harm. At its most basic, the clinicians would review and report if they believed there was a case of harm in patients.
- In terms of Quality Priorities, under Medication Safety / Insulin and Opiates – this priority was different from last year when Insulin and Anticoagulants were listed. The rationale for changing from anticoagulants to opiates was that many of previous priorities had become business as usual with strong governance process in place to oversee the delivery.
- The Committee expressed their concern that despite clear description of priorities in the presentation, there was no information about outcomes of the priorities that were set last year and what improvements had been put in place as a result. Dr Brent responded that outcomes of the priorities were available, yet it may not be a public document, and that would be something he could discuss with his colleagues for future reports.
- The Trust has to report nationally on C.difficile and MRSA pathogens in line with set national targets. This was seen as business as usual for the organisation and therefore not set as a priority. In terms of antimicrobial stewardship – the Trust was an example nationally on its conservative position in terms of broader spectrum of antibiotics being used only when they were needed.
- Dr Brent explained to the Committee that the Trust had used NHS England and NHS Improvement major improvement programme called GIRFT (getting it right first time) which would use hospital data to benchmark across the country, and that data would then be used for action plans.
- The Committee felt that future Quality Priorities reports from the Trust and other partners should be standardised considering suggested improvements by the Committee.

It was RESOLVED that the Committee:

- 1) Noted a presentation from Dr Andrew Brent.**
- 2) Agreed to delegate to the Interim Scrutiny Manager the task of compiling the Committee's comments on the Quality Accounts in the form of a letter and to authorise the Chair to sign the letter to Oxford University Hospital NHS FT on behalf of the Oxfordshire Joint Health Overview and Scrutiny Committee for incorporation into the 2021/22 Quality Accounts.**
- 3) Agreed that future Quality Reports from the Trust and other partners should be standardised and improved next year.**

29/22 BOB ICB STRATEGY FOR ENGAGING THE COMMUNITIES AND THE PUBLIC
(Agenda No. 8)

The Chair invited the Committee to withdraw this item from the agenda so this and a series of other items from the ICB could be presented at an extraordinary meeting in mid-July. By that time, the ICB would be a legal entity and it would be important that the Committee commence engagement with the ICB, their senior representatives and its staff.

It was RESOLVED to withdraw BOB ICB Strategy for engaging the communities and the public from this meeting agenda.

30/22 OXFORD HEALTH NHS FT QUALITY ACCOUNT

(Agenda No. 9)

The Chair invited Jane Kershaw – Head of Quality Governance from Oxford Health NHS FT (Trust) to introduce the report.

Jane Kershaw gave a presentation to the Committee (attached as appendix 1 to these minutes).

Following a presentation from Jane Kershaw these points were highlighted:

- Sexual safety for staff and patients within Mental Health wards was part of the national quality improvement collaborative which was paused due to pandemic and other reasons in order to prioritise restricted practice.
- Some Members of the Committee expressed their concern that some outcomes, such as physical health of people with mental illness and the Trust's measure of success were seen as ticking a box rather than delivering improved outcomes. The Chair suggested that the Committee would like to work with the Trust's work programme in terms of the physical health of people with mental illness.
- The Committee welcomed the glossary at the end of the report and suggested that all partners should follow the same practice when presenting their reports to the Committee and to the public.
- The Trust had been successful in staff recruitment, retention and use of agency staff yet there was shortage of staff in some professional groups. The Trust was successful in international recruitment of nurses and podiatrists (90 people recruited out of which 45-50 people started working in services). There was an ongoing campaign to recruit more homegrown and international staff, and new staff had been given right training and support. However, there were still a number of problems in particular services due to staff shortages.
- Integrated Care Partnership (ICP) was a forum where all NHS providers and commissioners meet and exchange information around future objectives as well as ongoing pressures such as district nursing staffing, care planning, continuity of care, service to improve patient records system, etc.

It was RESOLVED that the Committee:

- 1) Noted a presentation from Jane Kershaw on the Quality Accounts (QAs) of both NHS Foundation Trusts.**
- 2) Agreed to provide comments on the accounts, to specifically include progress against the Quality Objectives for 2021/22 and their identified objectives for 2022/23.**
- 3) Agree to delegate to the Interim Scrutiny Manager the task of compiling the Committee's comments on the Quality Accounts in the form of a letter and to authorise the Chair to sign the letter to Oxford Health NHS Foundation Trust on behalf of the Oxfordshire Joint Health Overview and Scrutiny Committee for incorporation into the 2021/22 Quality Accounts.**

31/22 WORK PROGRAMME

(Agenda No. 10)

The Chair invited the Committee to discuss its work programme for the 2022/23 municipal year.

These points were highlighted by the Committee during the debate:

- Helen Mitchell reminded the Committee that Scrutiny was a Member-led function within the Council and as such it was for the Committee to determine its work programme. Members of the Committee should take responsibility for both drawing up and managing their own work programme. The work programme was a dynamic document that was a subject to change and Members could add, subtract, and defer items as necessary.
- The Chair outlined that she had an ongoing communication with Interim Chief Executive to discuss on resources to deliver the programme.
- Some Members felt that Primary Care update could be brought forward considering that a lot of concerns had been raised at the last meeting.
- In terms of the Primary Care update – the Committee expressed their concerns at the last meeting and going forward on this matter there may be a workshop in September
- The Chair informed the Committee that she had not lost sight of ‘Covid recovery’ and ‘Community Services Strategy’ items. The Chair said the Community Strategy was awaiting a substantial paper on 14th July which would then enable understanding how the Strategy interfaced with existing work programme items and how the committee would want to scrutinise during the year. It was agreed that Jean Bradlow and the Chair would meet with Director Public Health re Covid Recovery to see how intelligence on waiting lists and covid could be monitored and used to help future work programming. The Chair reminded the Committee that concerns were raised by Members at March meeting in terms the lack of information and wider public, partners and community groups engagement (in particular for ‘Community Services Strategy’) on these issues, and for those reasons dates for above items were yet to be allocated.
- Members of the Committee were invited to engage in items on the work programme and therefore minimise pressure on scrutiny officers and internal/external officers. Such engagement could be in a way of visiting sites, discussions with public, partners and community groups, performing a research, etc.
- The Chair welcomed a proposal from Director of Public Health to add ‘Smoke Free Strategy’ to the Work Programme. The Chair suggested that this item could be consider at September meeting of the Committee.
- The Committee debated next steps in terms of the Sub/Working Group work as well as progress with Briefings for Member Information. The Chair said that progress on these would depend on Member engagement and their time to participate in workshops, officers and partners availability and the timing of events relevant the nature of particular issues (i.e. development of ICB Strategy, details around section 106 agreement within housing developments and primary care neds, and similar).

It was RESOLVED to note the current Work Programme and take on board comments and suggestion from the Members on future items.

32/22 EMOTIONAL WELLBEING OF CHILDREN

(Agenda No. 11)

The Chair invited Councillor Liz Brighthouse (Deputy Leader of the Council and Cabinet Member for Children, Education and Young People's Services), Kevin Gordon (Director of Children Services), and Caroline Kelly (Lead Commissioner – Start Well) to take the Committee through the report.

These points were highlighted during the debate:

- Members of the Committee welcomed collaborative work between Children Services and Public Health Team, including engagement of wider stakeholders' groups, to conduct a strong evidence-based approach in creating a list of suggestions for young people, and their parents, and ask them for a feedback both positive and negative, and highlight any areas for improvement.
- A single point of access would not be restricted just for CAMHS; it would be a wider single point of access across Children Services. This single point of access would be available to a range of services and not be limited just for mental health services.
- Children Services would anticipate that extended elements of basic Mental Health First Aid training would be part of the core curriculum for all school staff and support services which go into school in order to offer support to children no matter what setting they were working in.
- In terms of anonymous online platforms that children and young people had asked for - this was an ongoing work in progress which had been discussed with health partners and which would require looking at further opportunities for funding this type of service.
- Transition was very important and children and young people felt there was a need for the 16-25 transition service; however, not many young people knew about it and they have felt this was not very well promoted. For instance, a young person who had recently turned 18 was not eligible for adult mental health services yet in a need for this service. There was a need to continue to fund and promote to ensure all those being discharged from CAMHS were offered this service if they had an ongoing mental health condition.
- There was also a need to recognise a transition from primary to secondary school, and help children adjust to new environment and new ways of schooling, such as moving from class to class instead of staying in one class throughout school hours.
- The Committee felt that, following the pandemic, an increased number of children and young people needed support with their emotional wellbeing. The Committee supported an initiative to seek more funding for necessary resources. Services and support should be evidence-based, adapted to be welcoming and appropriate to support a wide range of needs, including children and young people who were neuro divergent. Language and terminology could be important part when trying to reduce stigma and increase engagement (i.e. use terms like 'wellbeing' over 'mental health').
- The Committee welcomed the timeline of the key milestones for finalising the strategy and action plan and requested progress update report for September 2023.

- The Chair summed up the debate by saying that transitions were crucial for at risk children, and the way how those transitions were implemented was vital in terms of working with parents/carers of the children at risk. The Chair also stressed the importance of systemic approach in terms of access to good support for children and their parents/carers which would de-stigmatise the whole notion of mental health stigma. The Chair, on behalf of the Committee, pleaded for more resources for the programme to help vulnerable children in terms of their emotional wellbeing, and in reaching out to champions of good practice within the area.

It was RESOLVED that the Committee acknowledge the engagement that had been undertaken with children and young people, parents and carers to shape the outputs of the Emotional Mental Health and Wellbeing Strategy and also acknowledged the key milestones to publishing and implementing the strategy.

It was also RESOLVED that the Committee agreed with a need for additional resources for the provision of Emotional Mental Health and Wellbeing Strategy for the benefit of children, and for the Committee to receive an update on the progress in September 2023.

33/22 OVERVIEW OF INTEGRATED CARE PROGRAMME

(Agenda No. 12)

The Chair said that this was a first draft of what could become a more performance monitoring report over the course of the municipal year. This report would inform the Committee of how the system was designed and would constantly evolve to ensure smooth transfers of care, capacity and demand management.

The Chair invited Cllr Tim Bearder (Cabinet Member for Adult Social Care), Karen Fuller (Corporate Director for Adult Social Care), Lily O'Connor (Director of Urgent Care, Oxfordshire CCG), Ben Riley (Oxford Health), Sam Foster (Oxfordshire University Hospital), David Duran (South Central Ambulance Services) and Penny Thewlis (Age UK Oxfordshire).

These points were highlighted during the debate:

- 93.3% of social care in the County has been rated good or outstanding as of 3rd May this year, which was encouraging. Nevertheless, there were huge challenges coming ahead, if they were not properly funded, with a whole host of new statutory responsibilities because of the new care reforms that had come forward.
- Habits of the population had changed massively in the way how they want to access healthcare which put a pressure on ambulance services. All of the providers were committed in joint working to provide exemplary healthcare to the population, such as new clinical modules, new booking and referral standard for patient's care, partnership working for developing new and innovative service with collaborative working not just with health providers and commissioners but also with voluntary sector.

- Digital system was one of the challenges that the partnership would be looking to improve. For example, a 999 call would be received by one service/team which would not necessarily be shared with other primary and secondary care providers (such as GPs, etc). There was an ongoing work to merge these systems into a single portal.
- The biggest part of the programme would be focused on prevention and assessing people at their homes in order to reduce the length of time patients spend in bed.
- On a point of how this would link with Community Strategy – a lot of what has been presented and discussed today was part of the Community Strategy as the Strategy was much bigger and would be presented at one of the future Committee meetings. The conversation held today was about the partnership working and proposed pilots for better provision of healthcare.
- More detailed data in terms of patients' feedback would be available by the end of the year (6 monthly data).
- Pathway 1 where patients require additional support to return home; Oxfordshire have performed below the national average due to challenges with workforce pressures which have resulted in pick up rate from bed-based care below expected levels.
- There would be an additional funding that we would be given to GPs in order to coordinate the communication between secondary care and the GPs.
- In terms of carers in a need of urgent care at the hospital – instead of taking person who has been cared for to the hospital because their carer had fallen, a dedicated team would stay at home with a person needing care (i.e. dementia patient).
- Profile of the patients walking through the urgent care such as where they were coming from or level of care that they needed had not been presented in the report.
- The data which would describe what difference this programme would make to patients would be available in November.
- In terms of staff engagement on this programme – all of the staff had been engaged and encouraged to provide their feedback. Some

It was RESOLVED to receive a progress update report at the Committee meeting in November 2022.

34/22 HEALTHWATCH REPORT (Agenda No. 13)

The Chair invited Rosalind Pearce (Healthwatch Executive Director) to introduce the report.

These points were highlighted during the debate:

- The Healthwatch have asked for formation of focus group to deal with children from minority groups.
- The Committee congratulated Healthwatch on the work done in the last 12 months.

- The Committee welcomed the reports that had been produced by the Healthwatch and asked that future Healthwatch Report should have website links to those reports.
- Healthwatch was keen to see much broader development of user service groups.
- Six months after Healthwatch report with recommendations was published, Healthwatch would go back to organisation to which the recommendations were direct to for an update. In case of not receiving an update in the first six months, Healthwatch would give another six months to organisation to provide an update.
- The Committee thanked Healthwatch for their part in Women's Views on maternity services.

It was RESOLVED to note the report.

35/22 CO-OPTED MEMBERS OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

(Agenda No. 14)

The Chair introduced the report and thanked on behalf of the Committee to Dr Alan Cohen for his contribution at the Committee. The Chair had hoped that a replacement for Dr Cohen would be in place for September.

Cllr Edosomwan agreed to join the Chair and Deputy Chair to review the diversity of the Committee and act as a member of the recruitment panel for the co-opted member vacancy.

It was RESOLVED to:

- 1) Agree to renew Mrs Barbara Shaw's term for a further 2 years (from the point in which her initial term expired) concluding in April 2023.**
- 2) Note that Dr Alan Cohen will have served two maximum terms and will therefore leave the Committee in August 2022.**
- 3) Place on record the Committee's thanks to Dr Cohen for his dedication and contributions to this Committee.**
- 4) Agree to undertake a recruitment exercise to fill the vacancy with a view to ensuring that the co-opted member is present at HOSC on 22 September.**
- 5) Consider the composition of its co-opted member cohort and assures itself that it reflects the needs of the Committee, its work programme and the diversity of the people of Oxfordshire. The recruitment panel would meet to agree the recruitment exercise and assure itself that it meets the needs of the committee, its work programme and takes into consideration the diversity of the HJOSC committee and the Council diversity strategy.**

36/22 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 15)

The Chair reminded the Committee that the last meeting was only under a month ago and that a reasonable progress had been made across outstanding actions with a lot of commissions made from the previous meeting. The Chair added that she would be looking forward to receiving that information at the end of June.

The Chair invited Cllr Paul Barrow to give an update on infection control and the meeting she and Cllr Barrow had with Karen Fuller earlier this week.

Cllr Barrow read out the following statement:

'Members may recall the report I submitted to and which was accepted by HOSC 18 months ago to try to improve infection control protocols in care homes, and other institutions holding vulnerable residents, and which might reduce introduction and spread of further Covid outbreaks, winter flu and infections such as Norovirus.

There were three recommendations mainly based around considering the adoption of the Bushproof document, which utilised the experience of the SARS epidemic of 2003 and which this member, with a background in infectious disease and One Health, found to be superior to the government documents available in terms of detail, explanatory information, containing everything in one document and also comparing its recommendations with government guidelines.

On Tuesday Cllr Hanna, Helen Mitchell and I met Karen Fuller, Director of Adult Services, to discuss the recommendations. I refer members to the excellent summary of the meeting produced by Helen, with additional information from Karen and a few minor typos corrected by myself and which will be circulated in due course.

We recognised the severe limitations in OCC developing their own approach to infection control since they, like all local authorities were required to follow central government guidelines as part of the command-and-control framework introduced early in the pandemic.

The Bushproof document was produced early in 2020 and would therefore not have been available during the first and worst phase of the pandemic. However, this member considers the document to be more valuable than others available and recommends that consideration continues to be given to its inclusion for guidance of care homes in Oxfordshire and elsewhere in the UK.'

Helen Mitchell added that there was an invitation from Karen Fuller to the Committee to go and see some care homes and speak to care home staff about their infection control procedures. Barbara Shaw and Cllr Elizabeth Poskitt volunteered to join Cllr Barrow in visiting care homes.

Ansaf Azhar (Corporate Director of Public Health) commented that he was not aware of the trial. The trial may be able to supplement if there was the evidence but should not replace national guidance.

The Chair thanked Ansaf Azhar for that information and said that the request was for sharing of additional good practice guidance which fully referenced and did not replace the national guidance.

The Chair drew Members' attention to the letter that she would want to send to Cllr Bearder and the Board Secretaries of the ICB, OH and OUH to follow up formally

against the backdrop of the high court judgement in respect of discharges to care homes.

It was RESOLVED to note the tracker, for the note from Cllr Paul Barrow to be circulated to the Committee and to note that Barbara Shaw, Cllr Elizabeth Poskitt and Cllr Paul Barrow agreed to visit care homes and speak to care home staff about their infection control procedures.

It was also RESOLVED to agree that the Chair would send a letter send to Cllr Bearder and the Board Secretaries of the ICB, OH and OUH to follow up formally against the backdrop of the high court judgement in respect of discharges to care homes.

37/22 HEALTH AND CARE ACT BRIEFING FROM THE CENTRE FOR GOVERNANCE AND SCRUTINY AND ITS TRANSLATION FOR HEALTH OVERVIEW AND SCRUTINY IN OXFORDSHIRE

(Agenda No. 16)

The Chair invited Helen Mitchell to introduce the report.

These points were highlighted during the debate:

- The Committee expressed their concern that this could lead to a loss of a key feature of local accountability for health service organisations.
- The Committee expressed their wish to engage in the discussions with DHSC and also local MPs articulating the benefits of the powers that Health Scrutiny has in terms of influencing the provision of health and care services in the area.
- The Chair added that this Committee, and Health Scrutiny Committees from other local authorities had not been consulted.

It was unanimously RESOLVED that this committee is fully supportive of holding existing powers as Health Scrutiny and did not want anything to happen that would diminish their current powers as Health Scrutiny Committee.

It was also AGREED that the Chair would send letter to Oxfordshire MPs expressing Committee’s wishes to hold to existing Health Scrutiny powers.

38/22 OJHOSC ANNUAL REPORT

(Agenda No. 17)

The report was introduced and agreed upon without discussion.

It was RESOLVED to approve the Annual Report.

..... in the Chair

Date of signing

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Cllr J Hanna OBE
Chair
Oxfordshire Health
Overview and Scrutiny
Committee

Councillor Judy Roberts
Cabinet Member for Development and
Infrastructure

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Via email: jane.hanna@oxfordshire.gov.uk

7 July 2022

Dear Councillor Hanna,

Woodlands Medical Practice Development

Thank you for your letter of 23 June 2022 regarding the above medical practice development.

The Vale of White Horse District Council has been actively engaging with supporting the former Oxfordshire CCG (OCCG) (now BOB ICB) and Woodlands Medical Centre, to find a mutually acceptable way forward which will enable the delivery of a new branch surgery at Great Western Park. The new premises will also ease pressure on space at the existing surgery.

The original Great Western Park development S106 Agreement directed that the land be transferred to the Vale Council as at that time Oxfordshire CCG was unable to hold land. As the council is not a provider of healthcare facilities this has complicated matters and a significant amount of officer time has been spent trying to move this forward to the benefit of Didcot residents.

In April 2022, the OCCG confirmed in writing to the council that it has delegated powers from NHS England to be the commissioner of Primary Care Services in Oxfordshire and they are keen to ensure that primary medical services operate from the Great Western Park site to serve the local population. OCCG has also confirmed that the Woodlands Medical Centre is willing to expand in the locality and has written formally to the council confirming that Woodlands Medical Centre has nominated Assura as their preferred medical developer and requested that the council progresses a number of matters to enable this to happen. This is now underway.

The matter is complex but, by continuing to work together, we are hopeful that this will enable the ICB and Woodlands Medical Centre to deliver the health centre in a timely manner. I understand they hope that the new surgery building will open its door to patients by 2025 at the latest. I would encourage people registered with Didcot GP practices to get involved with their local patient groups so they can be part of the discussions about the future of this project, which is important to the growing population of the town and its surrounding areas.

Thank you for drawing to my attention Oxfordshire Health Overview and Scrutiny Committee's plan to review the capturing and implementing population health needs for new housing developments. I understand the ICB has the responsibility for identifying population level health needs for new housing developments. As the cabinet member responsible for development and infrastructure (including strategic sites) at Vale of White Horse District Council, I welcome this form of planning for future required health care provision by the ICB.

Yours sincerely



Councillor Judy Roberts
Cabinet Member for Development and Infrastructure

Copies to: Cllr Paul Barrow, HOSC member for Vale of White Horse District Council
Cllr Emily Smith, Leader, Vale of White Horse District Council
Cllr Nathan Boyd, Chair, Scrutiny Committee, Vale of White Horse District Council
Mark Stone, Chief Executive, Vale of White Horse District Council

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12 July 2022

Dear Mr Falkenau,

We write in response to your letter of 5th July to Cllr Hanna requesting additional information about the services at Wantage Community Hospital, as published in the Oxfordshire JHOSC papers.

We were pleased to read that the members of the Health Sub-committee found the visit that we hosted at Wantage Community Hospital on 23rd June 2022 helpful. One of our aims was to share some of the development work we have already done on the great opportunities the hospital provides to support local residents, as part of the plans to deliver improved and more joined-up services for citizens across Oxfordshire.

Since you wrote your letter, the report we submitted to Oxfordshire JHOSC for the meeting on 14th July has been published, including detailed appendices on services at the hospital, entitled 'Optimising Community Hospitals Project' (Appendix 2, page 27 of the published HOSC papers) and a detailed Interim Evaluation Report for the Wantage Community Hospital pilot programme (at Appendix 3, page 34). [Link to JHOSC Papers](#)

We believe that this report addresses many of the questions in your letter and have provided some additional information below.

At the December 2020 meeting between Oxford Health NHS Foundation Trust and Wantage Town Council, the Trust discussed a range of services that could be considered for Wantage Community Hospital. This list was derived from the OX12 work referred to in your letter, including the local residents' survey, and included the provision of more outpatients as well as other possible services.

Following that meeting, we reviewed the feasibility of these options for initial piloting – part of this process included consideration of:

- The opportunities and limitations of the hospital building itself, in the context of the COVID-19 pandemic infection prevention and control restrictions
- The requirement that any changes made to the fabric of the inpatient unit should be reversible and therefore not prejudice the outcome of the wider community services strategy and future public engagement and consultation work
- The likely local need for the service (based on OUH/OCCG data and data previously reported to JHOSC, Ophthalmology, ENT and Mental Health were identified as high needs for large patient cohorts in the local population)
- Workforce availability for the new service, as it is important that services are safe and resilient
- The requirement for upfront investment in specialist, high-cost equipment (e.g. significant investment in x-ray equipment and installation of radiation-proof screening, etc. would be required to pilot a minor injuries unit; we believe this option should be modelled on population health and service data as part of the county-wide programme)
- Agreement of the commissioner and contracted service provider to pilot the service at the Hospital

In the report submitted to JHOSC we have provided an update on the outpatient services that have been piloted to date. These include:

- Ophthalmology (specialist eye) clinics and diagnostic tests
- Ear, Nose and Throat
- Audiology (specialist hearing assessments)
- Adult Mental Health
- Adult Eating Disorders
- Older Adult Mental Health
- Talking Space+
- Psychological Therapy
- Perinatal mental health
- Child and Adolescent Mental Health
- Neuro-development Clinic

We reported that between October 2021 and May 2022, these pilot services had provided care to 1445 patients, of which 87% were local residents from OX12 and the immediately neighbouring postcodes. The feedback collected from service users has been extremely positive, with over 92% reporting they would recommend the service they received to their family or friends.

We have been pleased to be able to deliver care to so many local residents through this work, reducing the costs and time pressures of travelling into Oxford City or beyond.

In addition to the pilot services, the following existing services have continued to be provided at the hospital:

- Adult Speech and Language Therapies
- Children's Therapy (Speech and Language, Occupational Therapy)
- School Nursing and Immunisation Teams
- Physiotherapy / musculoskeletal care
- Podiatry
- Midwife-led Unit (provided by OUHFT - local home births and perinatal care are being supported from the unit, although birthing in the unit is currently closed)

You highlighted a concern that the hospital was being developed as an administration rather than a clinical hub. We can reassure you that this is categorically not the case; all of the areas refurbished for the pilot are being used for clinical care, enabling us to double the amount of clinical space available for patient-facing services. We have based only frontline clinical services at the hospital; management and corporate teams are housed off-site. Our hospital-based clinicians require access to space where they can confidentially undertake phone calls and remote consultations with patients they have seen in clinic, and it may be that this space appeared to be serving an administrative function.

In relation to your query about Physiotherapy services, as reported in the HOSC paper, these services were re-procured by Oxfordshire CCG last year; we understand that a new provider has been appointed and will be responsible for these services from autumn, so the current provider is vacating their room at the hospital. We can confirm that the Wantage Community Hospital team is in discussions with the new provider, in order to identify suitable accommodation at the Hospital for their new MSK service.

In terms of progressing the long-term decisions about the Hospital; as discussed at the meeting on 23rd June, and as more comprehensively outlined in the JHOSC paper for the 14th July meeting, the Integrated Improvement Programme will take a wide-ranging, holistic look at community services across Oxfordshire.

The clinical work on the community inpatient model has progressed well, as summarised in the Appendix of our report to JHOSC. The next stage of work is to develop this clinical model into specific delivery options, which will include an evaluation of the locations and sites at which community inpatient care is optimally provided to the population. Public engagement and robust data modelling will be key inputs to this work, bringing together a range of residents' views, patient experience, census, population health, health, transport, estates, future developments (housing etc.) and other available data sets to enable us to map local people's needs against the services in the programme. This will include actively seeking views from Town Councils and engaging with local residents.

We appreciate that there is concern about the time it is taking to complete this work, given the ongoing and recurrent COVID-19 pandemic surges, which have continued for longer than initially expected. We would like to reassure you that, despite these unprecedented challenges, this remains a top priority for the Oxfordshire system partners and progress has continued. By way of example, we have actively engaged with the NHSEI Assurance team to commence the mandated assurance process for substantive service change, which NHS bodies are required to complete as a precursor to a formal public consultation. To progress the clinical governance aspects, we have held initial meetings with the Head of the Clinical Senate for Oxfordshire and are in the process of agreeing timescales with NHSEI for the Stage One and Two Assurance processes. We are scheduled to attend the Clinical Senate conference later in the year and will be benefitting from a bespoke NHS Assurance Training and Development Programme as part of this work.

Thank you for your letter; we hope this provides useful additional information and reassurance and look forward to further dialogue in the coming months, as we move into the public engagement phase of the programme.

Yours sincerely,



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cc.

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Karen Fuller - Interim Corporate Director Adult Social Care, Oxfordshire County Council
Sam Foster - Chief Nurse, Oxford University Hospitals NHS Foundation Trust
Matt Powls - Interim Place Based Director, BOB ICS