OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 30 January 2025 commencing at 10.07 am and finishing at 3.43 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair District Councillor Katharine Keats-Rohan (Deputy Chair) Councillor Yvonne Constance OBE Councillor Jenny Hannaby Councillor Michael O'Connor Councillor Freddie van Mierlo Councillor Mark Lygo District Councillor Paul Barrow District Councillor Elizabeth Poskitt District Councillor Susanna Pressel District Councillor Dorothy Walker
Co-opted Members:	Sylvia Buckingham Barbara Shaw
Other Members in Attendance:	Councillor Liz Leffman, Leader of Oxfordshire County Council, (for Agenda Item: Health and Wellbeing Strategy Outcomes Framework Update)
Officers:	Stephen Chandler, Oxfordshire County Council Executive Director for People Ansaf Ashar, Oxfordshire County Council Director of Public Health Karen Fuller, Oxfordshire County Council Director of Adult Social Care David Munday, Oxfordshire County Council Deputy Director of Public Health Matthew Tait, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board [BOB ICB] Chief Delivery Officer Dan Leveson, BOB ICB Director of Place and Communities Veronica Barry, Executive Director of Healthwatch Oxfordshire Hannah Berry, Home First System Lead Sally Steele, Head of Service – Hospitals Tasmin Cater, Head of Transfer of Care Hub Isabel Rockingham, Commissioning Manager Age Well - Improve and Enable Charmaine DeSouza, Chief People Officer, Oxford Health NHS Foundation Trust Zoe Moorhouse, Head of HR, Oxford Health NHS Foundation Trust

Amelie Bages, Executive Director of Strategy and Partnerships, Oxford Health NHS Foundation Trust
Omid Nouri, Health Scrutiny Officer

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.

1/25 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Cllr Nick Leverton.

2/25 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Cllr Hanna declared her interest as an employee of SUDEP Action.
Barbara Shaw declared she was a Trustee for Healthwatch and a patient safety partner for Oxford University Hospitals (OUH) NHS Foundation Trust.

3/25 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 21 November 2024 were **AGREED** as a true and accurate record.

4/25 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

Ms. Joan Stewart from "Oxfordshire Keep Our NHS Public" raised concerns about eyecare services in Oxfordshire. A Royal College of Ophthalmologists' report highlighted issues with private companies delivering NHS eye services, including a rise in private cataract treatments, fewer NHS operations, and financial incentives for referrals, causing inaccurate diagnoses and more strain on NHS hospitals. The report urged halting outsourcing and investing in NHS eye departments to meet demand.

5/25 RESPONSE TO HOSC RECOMMENDATIONS

(Agenda No. 5)

The Committee **NOTED** the responses to the recommendations made as part of the following items:

1. Winter Planning
2. Epilepsy Services
3. Medicine shortages

The Chair noted the three avoidable deaths from medication shortages, including two epilepsy cases. The Committee's findings and recommendations on medicine shortages were shared with the All-Party Parliamentary Pharmacy Group. The Committee were informed that Neurology services and specialist commissioning will transfer to Integrated Care Boards (ICBs) in April 2025, raising funding and provision concerns.

6/25 CHAIR'S UPDATE

(Agenda No. 6)

The Chair outlined key events since the previous HOSC meeting to the Committee:

1. A HOSC report containing recommendations from the Committee on Maternity Services, which was discussed during the 21 November 2024 HOSC meeting, was published in the agenda papers for the current meeting.

2. A HOSC report containing recommendations from the Committee on Oxfordshire Healthy Weight, which was discussed during the 21 November 2024 HOSC meeting, had been published in the agenda papers for the current meeting. This report was also presented to the Council's Cabinet on 21 January.

3. A letter was sent on behalf of the Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview Scrutiny Committee (BOB HOSC) to the Secretary of State for Health and Social Care to bring to government's attention the likely impacts of increasing wage and National Insurance Contributions (NIC) on General Practice throughout the BOB geography.

4. A response was received from the Department of Health & Social Care to the BOB HOSC letter on the impact of wage and NIC increases on General Practice. The response was published in the agenda papers for this meeting.

5. A report by the Health Scrutiny Officer providing an update on the ongoing activities of the HOSC Substantial Change working group around the project to redevelop Wantage Community Hospital was also in the agenda papers.

In relation to the HOSC working group report, the Committee:

1. **NOTED** the work of the HOSC substantial change working group around scrutinising the project to redevelop Wantage Community Hospital since the previous update provided to the Committee in January 2024.

2. **CONFIRMED** its support for the continuation of the working group's existence and its ongoing scrutiny of the project to redevelop the Hospital.

The Committee also **NOTED** the Chair's Update.

7/25 BOB ICB OPERATING MODEL UPDATE

(Agenda No. 8)

Matthew Tait (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board [BOB ICB] Chief Delivery Officer); Stephen Chandler (Oxfordshire County Council Executive Director for People); Ansaf Ashar (Director of Public Health); and Karen Fuller (Director of Adult Social Care); were invited to provide an update to the Committee on the BOB ICB operating model and the ongoing negotiations between the ICB and the County Council in that context.

The Committee **AGREED** to the following recommendations concerning the BOB ICB Operating Model, which were outlined in the Health Scrutiny Officer report:

1. **NOTE** the response of the Secretary of State for Health and Social Care to the call-in request regarding the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) ICB restructure.

2. **AGREE** to the urgent need for the ICB to:

    a. Engage in ongoing negotiations with Oxfordshire County Council to ensure that the ICB's operating model supports effective commissioning and delivery of health and social care services at Place.
    b. Ensure that delegated budgets relevant to Oxfordshire Place were retained at Place.
    c. Support the continued existence of the role of Urgent Care Director for Oxfordshire.
    d. Support the initiative to establish a Place Convenor for Oxfordshire, and for the ICB to clarify how it will be supportive of this role despite it not formally hosting this.
    e. Clarify the nature and extent of the ICB Oxfordshire Executive Sponsor's role and responsibilities.
    f. Clarify the role of associate directors for place.

3. **AGREE** to engage in ongoing scrutiny of the changes to the ICB's operating model until the above five points were addressed.

The Committee also **NOTED** the need to address the outstanding issues related to the BOB ICB operating model. These issues were identified in August 2024 and resolving them was important with the upcoming budget setting period.

The BOB ICB Chief Delivery Officer provided the Committee with a brief summary of the updated operating model. The Urgent Care Director role for Oxfordshire would focus on addressing local needs based on feedback the ICB received during its consultation period in the summer of 2024. As the Executive Sponsor for Oxfordshire, the Chief Delivery Officer would attend key meetings, engage with stakeholders, and represent Oxfordshire at the ICB board to address local issues. The Chief Delivery Officer would also participate in the Health and Wellbeing Board and Place-Based Partnership Boards, acting as the main representative for scrutiny Committees and

involving experts when necessary. They were to act as a key decision-maker for joint decisions between the ICB and local structures, particularly in joint commissioning.

Efforts were being made to establish a place convener for Oxfordshire with the Oxfordshire County Council Executive Director for People. The joint commissioning model supported by a section 75 agreement remained unchanged, with budgetary decisions staying the same.

The Oxfordshire County Council Executive Director for People highlighted that a strong partnership with the BOB ICB Chief Delivery Officer was being built, and referred their collaboration in managing organisational tensions effectively. The solid section 75 agreement as well as the Joint Commissioning Unit were cited as critical factors in mitigating the risks of organisational changes. Both organisations were committed to fulfilling the recommendations set by the Committee last summer, making substantial progress in addressing feedback and realigning their relationship with a clear future vision.

Efforts were ongoing to establish the place convener post and explore ways to enhance the pooled budget arrangement. The Oxfordshire County Council Executive Director for People acknowledged the financial pressures facing both the Council and the ICB, with the Council reviewing its budget and potential cost-saving measures across adult services, children's services, and public health. Despite these challenges, officers remained optimistic about future collaboration, with gratitude expressed for the support from the BOB ICB Chief Delivery Officer.

The topic of the government's upcoming devolution plans were discussed. The BOB ICB Chief Delivery Officer and the Oxfordshire County Council Executive Director for People discussed that January's place-based partnership meeting covered the devolution paper and the Council's fast-track request, establishing devolution as a regular update topic in monthly meetings. The partnership aimed to align national agendas, such as neighbourhood development and early intervention, with ongoing devolution discussions. There were concerns about scrutiny impacts due to statutory requirements involving district members.

The Committee inquired about how the ICB's financial recovery programme would enhance leadership within NHS organisations across Oxfordshire and asked about the workforce plan to ensure adequate staffing. The BOB ICB Chief Delivery Officer explained that the financial recovery programme involved addressing challenges such as non-elective urgent care demand, waiting lists, and service redesign for productivity improvements. It was emphasised that effective place-based working was crucial for delivering change and achieving financial stability.

It was also mentioned that there was a system-wide workforce plan with initiatives to change workforce models and address recruitment challenges. The BOB ICB Chief Delivery Officer acknowledged the need to improve productivity and adapt to the complexity of patients and treatments.

Members inquired whether the absence of an Oxford weighting placed the area at a disadvantage, particularly considering the government's plans to prioritise Oxford and

Cambridge. They also questioned if implementing an Oxford weighting would significantly address workforce challenges in the region.

The ICB Chief Delivery Officer recognised the challenge presented by the absence of an Oxford weighting, particularly in comparison to the London weighting. It was indicated that although this situation was unlikely to change in the near future, efforts were being concentrated on maximising the advantages of living and working in Oxford and adopting flexible working arrangements to address the issue.

The Committee also asked about the ongoing confusion among the public regarding the ICB structures and governance, and how patients might contribute to service design and delivery. The ICB Chief Delivery Officer explained that the ICB had introduced a new engagement strategy to improve public engagement and address patient concerns. This strategy was presented at the last ICB board meeting, which outlined public engagement principles and next steps. Place-Based partnerships were also seen as essential vehicles for obtaining local insights and ensuring that patient concerns were integrated into decision-making processes. The place-based partnership meetings were to include regular updates on devolution and other relevant topics to keep all stakeholders informed and engaged.

It was highlighted that the Committee shared these concerns alongside Healthwatch, with members of the public not feeling engaged. In the spirit of ensuring the ICB was committed to public engagement, the Committee asked whether the ICB would be willing to engage with them around Key Performance Indicators (KPIs). The ICB Chief Delivery Officer indicated that the ICB was open to developing KPIs for meaningful public engagement.

The Committee questioned how the ICB ensured that commissioning at the system level was evidence-based, the nature of the evidence used, how it was assessed, and how the ICB coordinated with Oxfordshire to ensure effective implementation. The ICB Chief Delivery Officer stated that the ICB was using comprehensive NHS data to enhance decision-making and support the 2024-2025 planning cycle by examining evidence and identifying areas for improvement. This process relied on local joint strategic needs assessments, with public health directors participating in weekly meetings for data verification. Furthermore, the ICB worked with Oxfordshire to facilitate evidence-based commissioning using local insights and data.

The ICB’s role ensured that strategic decisions were based on evidence and coordinated through Oxfordshire's place-based partnership. It collaborated with stakeholders such as the Council and Trusts to implement interventions like discharge efficiency, while focusing on joint efforts for evidence-based changes and financial sustainability. Transparency was upheld by sharing data with partners, and diverse system data was utilised for informed decision-making.

The Committee asked how stakeholders, such as the neurological alliance or other advocacy groups, know who to engage with and how to engage with the opportunities provided by the ICB, especially with the new delegation of neurology services. The ICB Chief Delivery Officer explained that the ICB coordinated with NHS England to inform stakeholders about changes in responsibilities, assess and update

engagement models to improve stakeholder involvement, and value local neurology expertise by understanding specific needs and strengths for effective engagement.

The Committee inquired about the planning and management of all-age continuing care, and how significant inequalities and cost pressures would be addressed. The ICB Chief Delivery Officer explained how the ICB had restructured the All Age Continuing Care team and allocated additional resources to increase capacity. The aim was to ensure a consistent application of the national framework and improve coordination across different areas. While funding was not distributed equally, it was tailored to meet specific needs for effective service delivery. Addressing local needs and variations remained a key focus.

Performance and expenditure reports on continuing care in Oxfordshire were provided by the ICB, including metrics that monitor performance, delivery, and spending across the system. The ICB committed to transparency in resource-allocation and usage, ensuring reports effectively address Oxfordshire's needs.

The discussion also highlighted the imperative to expand primary care services in response to increased demand. The Committee heard that the ICB was committed to expanding primary care services by integrating the primary care team within the place-based matrix and collaborating with local stakeholders. The executive sponsor was essential in understanding and prioritising primary care issues, mobilising resources, and ensuring the model's effective operation.

Investment in primary care estates was a key priority, especially given the urgency driven by new housing developments. Establishing integrated neighbourhood teams was critical, and efforts had to be made to optimise the primary care model to support this initiative.

Cllr Van Mierlo joined the meeting at this stage.

The Committee asked about establishing a Place convener for Oxfordshire, whether the ICB supported this initiative and if it was committed to sharing data; as well as what role the ICB played in making this position effective. The ICB endorsed the establishment of a place convener for Oxfordshire and was committed to supporting and integrating this role effectively within its operations. The place convener was to be provided with necessary data, resources, and intelligence by the ICB to ensure coordination and informed decision-making.

Empowered by partners in the place-based partnership, the Place Convener would have the authority to direct resources and challenge decisions. As the executive sponsor, the BOB ICB Chief Delivery Officer was personally dedicated to making this role effective and ensuring it would contribute meaningfully to the partnership's goals.

The Committee asked about the importance of ongoing support and resources for Special Educational Needs and Disabilities (SEND) services and how the ICB would continue to play an effective role in this regard. It was explained that the ICB was committed to supporting SEND services through collaborative partnerships, with the BOB ICB Chief Delivery Officer playing a key role on the Improvement and Assurance Board as the director of vulnerable groups and SEND. Although financial

challenges existed, the ICB remained focused on finding partnership solutions to address service issues.

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

- For the ICB's Executive Sponsor for Oxfordshire and the Director for Places and Communities to meet with the HOSC chair and Health Scrutiny Officer, as well as to meet with local MPs (as part of the national offer for facilitation), to initiate proper engagement with Oxfordshire Place. It is recommended that clear indicators are developed which demonstrate the levels of engagement being undertaken between the ICB and key stakeholders in Oxfordshire Place.

Cllr Pressel joined the meeting at this stage.

8/25 SUPPORT FOR PEOPLE LEAVING HOSPITAL UPDATE

(Agenda No. 9)

Karen Fuller (Oxfordshire County Council Director of Adult Social Care); Ansaf Azhar (Oxfordshire County Council Director of Public Health); Dan Leveson (BOB ICB Director of Place and Communities); Hannah Berry (Home First System Lead); Sally Steele (Head of Service – Hospitals); Tasmin Cater, Head of Transfer of Care [TOC] Hub); and Isabel Rockingham (Commissioning Manager Age Well - Improve and Enable); were invited to present a report with an update on the support for people leaving hospital, and to answer questions from the Committee.

The Director of Adult Social Care introduced the report on hospital discharge support, noting the collaborative approach and ongoing improvements in performance and reablement outcomes. They also mentioned the positive work done in partnership with Healthwatch.

The Commissioning Manager described that since January 2024, Oxfordshire's Home First Discharge to Assess (D2A) service had significantly improved hospital discharge performance, reducing the average length of stay and increasing patient support. Despite higher demand and funding challenges, many patients were gaining independence through reablement pathways, with more referrals from community settings. Joint health and social care training sessions were ongoing, and efforts to support unpaid carers continue through a quarterly leads group. Nationally recognised for its approach, Oxfordshire had welcomed visits from NHS England and presented on national webinars. The next goal was to reduce non-elective admissions and prevent hospitalisations with proactive community care.

The Committee expressed concerns over a five-day hospital wait after medical optimisation, pointing out that it seemed lengthy and could lead to unsuitable discharges due to delayed patient accommodation assessments. The Director of Adult Social Care responded by explaining that the five-day average included complex cases, while patients on the discharge-to-assess pathway typically returned home within 24-48 hours. This timeframe also accounted for patients moving to residential placements or dealing with housing issues.

The Director of Adult Social Care further clarified that during the 72-hour assessment delay, known home environment issues were discussed prior to discharge, and a care provider assessed the home on the day of discharge to flag any rehabilitation challenges. It was emphasised that the discharge-to-assess model employed a trusted assessor approach to collaboratively evaluate the patient's environment and support needs. Any arising issues were promptly escalated and resolved, with specific cases being addressed directly if needed.

Members also raised concerns about the difficulty in accessing information related to the Disabilities Facilities Grant and other support options for self-funding individuals. Despite multiple assessments, many patients were not informed about their entitlements or how to apply for the grant. They also criticised the leaflet's suggestion to contact a GP, considering the limited availability of GPs, and questioned whether patients and carers were involved in creating the leaflet.

The Head of Transfer of Care (TOC) Hub acknowledged the challenge of including all relevant information in the leaflet, given that it was distributed to all hospital admissions. The leaflet aimed to provide general information and direct people to other organisations for further details. The Head of Transfer of Care (TOC) Hub also mentioned that the acute trust had prioritised improving discharge quality for the upcoming year, partly based on Healthwatch feedback. Healthwatch had reviewed the leaflet and gathered feedback from patients. Various patient services and individuals involved at different stages of the discharge process were consulted to ensure the leaflet met the overall requirements. Regarding accessibility, it was mentioned that the communications team provided accessible copies of the leaflet and would check its availability in different languages.

The Committee inquired about the sustainability of funding for additional discharge services given the financial pressures, and how the system planned to manage this in the future. The Director of Adult Social Care and the Commissioning Manager explained that the success of the discharge services had increased the need for more funding in community services. They were discussing fund allocation within the system to support these services and were utilising the Better Care Fund (BCF) planning process to align different funding streams to maximise resources. They noted they did not expect an increase in BCF funding and would need to decide on the optimal use of available resources, focusing on preventing non-elective admissions to manage costs effectively.

The Committee sought information on the equality of the rollout of services across Oxfordshire, focusing on staffing levels in urban and rural areas. The Head of Service – Hospitals explained that the rollout had been planned using demand and capacity modelling, which considered the geography and specific needs of different areas. Although they observed higher demand in the Western Vale than initially modelled, adjustments were made to staff allocation accordingly. The care provision was coordinated through collaboration with commissioners and the quality improvement team, which allowed for the engagement of additional providers as needed to ensure consistent service across the county.

The effectiveness of reablement support, its measurement, and the importance and availability of occupational therapists (OTs) and physiotherapists in supporting

individuals discharged from the hospital were key topics for the Committee. The Head of Service and The Head of Transfer of Care (TOC) Hub, explained that the reablement service had significantly expanded, achieving a 75% independence rate, with an additional 15% of individuals requiring reduced long-term care post-reablement. They emphasised the significance of a therapy-led approach, converting some social work positions into OT roles to enhance support.

They noted the challenge presented by having only three physiotherapists for the entire county but addressed this by employing physiotherapists through Oxford Health NHS Foundation Trust and utilising non-registered professionals and care providers for lower-level activities. Additionally, they highlighted the integration of housing support and the involvement of district councils in the discharge process.

The Committee examined the integration of GPs into the system for identifying and supporting unpaid carers. The Director of Adult Social Care stated that this was part of Oxfordshire's broader carers strategy, which included an action plan. The plan aimed to improve the identification of carers by GPs and ensure GP systems could flag and share this information. An audit had determined how many GP surgeries provided information about carers on their websites, and ongoing efforts were being made with the GP lead on the place-based partnership to enhance this.

The recognition of carers who were not formally registered but available to assume full care responsibilities, particularly in hospital settings, was discussed. The Committee inquired about the adequacy of carers to support individuals being discharged and the impact of National Insurance increases on care providers.

The Director of Adult Social care explained that the carers' strategy included the introduction of a carers identification card, which was notably supported by Oxford University Hospitals (OUH). This card helped identify carers when they visited the hospital, ensuring appropriate measures could be taken from a community perspective if the primary carer became unwell. Additionally, during social work and community assessments, contingency plans were discussed with individuals, especially those with learning disabilities and elderly parents serving as carers.

The Director of Adult Social care and the Home First System Lead elaborated that home care provision in the community had increased by 33% since 2021, with approximately 34,000 hours of care delivered weekly in Oxfordshire.

Regarding the impact of National Insurance increases, the Director of Adult Social Care mentioned ongoing dialogues with providers to understand the consequences and potential unintended outcomes. A survey was being conducted to collect feedback from providers. Challenging discussions about financial sustainability were anticipated as part of understanding the broader implications of National Insurance changes on care provision.

Steps were discussed to investigate and understand the causes behind hospital readmissions and the measures implemented to reduce this. The Director of Adult Social Care and the Head of Service explained that reducing readmissions was a priority, focusing on providing comprehensive care for individuals with long-term conditions to prevent acute flare-ups and hospital readmissions. They utilised

integrated neighbourhood teams and primary care resources to understand individual needs and baselines, noting that some individuals chose to go home despite potential risks. Data on readmissions was tracked, and patterns were analysed to identify areas for improvement, with the 72-hour assessment outcome and 90-day measure being key performance indicators.

The Director of Public Health highlighted the importance of addressing the root causes of readmissions, with integrated neighbourhood teams examining specific issues such as respiratory illnesses and optimising medication for conditions like asthma. Projects like the alcohol care teams managed alcohol-related admissions, and initiatives like "Move Together" aimed to prevent falls. The broader strategy included lifestyle services and healthy place shaping to maintain health and reduce hospital admissions.

In response to a follow-up question about the role of vaccines, the Director of Public Health emphasised the importance of vaccinations in preventing respiratory illnesses. While the Joint Committee on Vaccination and Immunisation (JCVI) evaluated the evidence for vaccines, the focus remained on encouraging eligible individuals to get vaccinated for flu and COVID-19 to reduce respiratory-related hospital admissions.

The Committee explored the role of the BCF and its role in reducing non-elective admissions. The Commissioning Manager stated that the BCF aimed to reduce non-elective admissions by improving discharge processes and system flow. It was noted that the increase in admissions was due to an ageing population with complex conditions and delayed project starts caused by recruitment issues. Additionally, the introduction of the single point of access had unexpected consequences, which would be addressed in the next planning cycle.

The BOB ICB Director of Place and Communities emphasised the importance of avoiding unnecessary admissions. Mentioning several initiatives such as the "call before you dispatch" programme with ambulances and the development of integrated neighbourhood teams. These measures were intended to manage acute cases and prevent readmissions, thereby enhancing community care.

Officers highlighted the need for strategic planning and collaborative efforts to improve patient outcomes and system efficiency. The BCF sought to address these challenges by focusing on innovative solutions and coordinated care delivery. The goal was to create a more resilient healthcare system capable of meeting the needs of an increasingly complex patient population.

The Committee **AGREED** to issue the following recommendations to system partners involved in providing services to support patients leaving hospital:

1. To support data sharing across the whole system to help to understand the causes of non-elective admissions into hospital. It is recommended that there is good relationship building across the system to support this.

2. To continue to support sufficient funding and resource for integrated neighbourhood teams.

3. To take measures to ensure workforce availability to maximise support to discharged patients in both urban and rural areas across Oxfordshire.

9/25 HEALTHWATCH OXFORDSHIRE UPDATE
(Agenda No. 7)

This item was taken following item 9.

Veronica Barry, Executive Director of Healthwatch Oxfordshire, attended to present the Healthwatch Oxfordshire Update Report.

The report covered critical issues related to rural inequalities and eye care. They highlighted reports that shed light on these topics and emphasised the organisation's efforts to engage the public through webinars discussing healthcare services, such as GP surgeries and integrated patient care.

Additionally, the Executive Director of Healthwatch Oxfordshire attended a workshop organised by patient participation groups to discuss the future of the NHS 10-year plan, reflecting strong public interest in healthcare. An ongoing survey by Healthwatch Oxfordshire was also mentioned, aimed at understanding how individuals navigate urgent and emergency care, with the goal of identifying areas for improvement.

A concern was raised about several GP practices in West Oxfordshire ceasing to accept repeat prescription requests by telephone, which could impact isolated individuals who were unable to use the internet. The Committee enquired whether Healthwatch Oxfordshire had noticed this issue and how it might be addressed. The Executive Director of Healthwatch Oxfordshire acknowledged that digital exclusion was a significant issue that Healthwatch had highlighted in their reports. It was mentioned that this concern had been noted in their enter and view reports into GP surgeries, where challenges related to accessing care and prescriptions for those not proficient with digital technology had been identified. It was also suggested that this was also a question for the Integrated Care Board (ICB) in terms of how they monitored GP contracts and ensured accessibility for all patients.

A question was raised about Healthwatch Oxfordshire's visits to refugee groups, specifically the Refugee Resource Women's Group in Cherwell and the Cherwell Refugee Support Group. The inquiry sought to understand what had come out of these visits, particularly regarding the health of refugees and their access to GP services. The Executive Director of Healthwatch Oxfordshire explained that Healthwatch Oxfordshire conducted outreach to various groups, including regular visits to hotels in Banbury, which stemmed from their work on oral health and barriers to accessing dentistry. They also attended the ICB’s group on refugees and migrants to share insights. The Executive Director of Healthwatch Oxfordshire mentioned that they maintained ongoing communication with organisations like Refugee Resource and Asylum Welcome to address challenges such as accessing GP services and interpreting needs.

The Committee raised concerns about digital exclusion, asking Matthew Tait, the BOB Integrated Care Board's (ICB) Chief Delivery Officer, if this was a topic that could be brought back to discuss at a future HOSC meeting.

Lunch was taken at 12:40 and restarted at 13:30. The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Chief Delivery Officer and Cllr Van Mierlo did not rejoin the meeting following the lunch break.

10/25 HEALTH AND WELLBEING STRATEGY OUTCOMES FRAMEWORK UPDATE

(Agenda No. 10)

Cllr Liz Leffman (Leader of Oxfordshire County Council); Ansaf Ashar (Oxfordshire County Council Director of Public Health); David Munday (Oxfordshire County Council Deputy Director of Public Health); and Dan Leveson (BOB Integrated Care Board Director of Places and Communities); were invited to present a report with an update on the Health and Wellbeing Strategy Outcomes Framework.

The Leader of the Council explained that the strategy emphasised health prevention and highlighted the importance of collaboration with district councils and health partners for better outcomes. By March 2023, the outcomes framework was approved, and ongoing progress reviews were initiated. At each Health and Wellbeing Board meeting, specific priorities were reviewed to ensure effective changes.

The Deputy Director of Public Health explained that the strategy represented a system-wide effort involving multiple partnerships and detailed the outcomes framework, including shared outcomes, key activities, and indicators. The Deputy Director of Public Health reported that three priorities had been reviewed thus far, with additional priorities to be addressed in future meetings. The 10 Health and Wellbeing Strategy priorities, derived from the Joint Strategic Needs Assessment, reflected Oxfordshire's population needs and were collaboratively agreed upon, focusing on short- to medium-term progress indicators to achieve long-term goals.

A question arose regarding the absence of end-of-life care in the Health and Wellbeing Strategy. The Deputy Director of Public Health explained that, while end-of-life care was important, the strategy focused on key building blocks and health drivers. It was noted that end-of-life care was included in service-specific planning, such as the Joint Forward Plan held by the ICB, and its principles, like maintaining independence and providing care close to home, were reflected in the strategy's age well priorities.

The Committee questioned Officers on the potential ways to enhance engagement with schools, improve relationships with GPs, and better implement social prescribing. Both schools and GPs had been acknowledged as essential but challenging to engage effectively. A healthy schools advisor, funded by Public Health, collaborated with schools to promote physical activity, healthy food, and smoke-free environments. The reformed Children's Trust Board was seen as an opportunity to improve health outcomes for children and young people.

The vice-chair of the Health and Wellbeing Board was a GP, and there was strong representation from GPs on the board. Efforts were underway to improve relationships and engagement through primary care networks. Various social prescribers, including local area coordinators and community health development officers, collaborated with different stakeholders, especially in areas of need. Ongoing efforts aimed to map out social prescribers and maximise their impact.

The Committee raised concerns about children starting school unprepared, lacking social skills, and not being toilet trained, particularly due to insufficient family services in rural areas. In response, the Leader of the Council explained that, if passed at Council, next year's budget had allocated over £1,000,000 to support early years, with a focus on identifying and assisting children who needed help early on.

Public health funding ensured that children were systematically assessed at ages 2 1/2 and 4 for school readiness. An early years strategy and a new board were developed to provide necessary services and support. The Marmot work prioritised giving every child the best start in life by addressing inequalities in deprived areas and understanding holistic needs across the county.

The Committee probed Officers about communications among stakeholders and the community, the strategy's goals for promoting active lifestyles, and on workplace wellbeing initiatives. Officers explained that the strategy had been launched via social media, community organisations, and focus groups, with ongoing projects including the Oxfordshire Way prevention strategy and tobacco control.

Officers described how the Move Together programme promoted physical activity, particularly for those with long-term conditions or housebound, ensuring accessibility. Additionally, a wellbeing lead worked with businesses to enhance workplace health by collaborating with HR and occupational health teams to implement initiatives supporting employee health and return from long-term sickness.

The Committee examined system partners' mutual accountability and the public accessibility of forums. It focused on how these aspects were managed within various boards. The Officers explained that mutual accountability was ensured by the health and well-being board, along with subgroups like the Health Improvement Board and Children's Trust Board, through strategic discussions. Publicly minuted forums, such as the Health Improvement Board and Children's Trust Board, discussed strategy details. Although the Place-Based Partnership Board was not public, similar discussions occurred in the Health and Wellbeing Board.

The Committee inquired about the extent of collaborative efforts within the strategy to address dementia, considering its significance at both national and local levels. They sought clarity on how the strategy's preventative focus aimed to mitigate the risk of vascular dementia by promoting physical activity, maintaining healthy weight, and reducing the harms associated with tobacco and alcohol consumption.

In response, it was emphasised that the strategy prioritised ageing well, stressing the importance of independence and strong social relationships for individuals with dementia and their families. Collaborative work across BOB regions on memory clinics and access to services supported the principles of the strategy, addressing the

needs of those with dementia. Additionally, the carers strategy included actions such as implementing a carers identification card to aid carers, especially when the primary carer was unwell.

The Committee addressed various issues, including KPIs for reducing smoking in Oxfordshire, concerns about vaping, and monitoring mobile phone use amongst young people. The Director of Public Health noted that smoking prevalence in Oxfordshire had decreased to around 10.5%, with a particular focus on reducing smoking among routine and manual workers, mental health outpatients, and pregnant women. This reduction was partly attributed to the use of vaping as a harm reduction measure.

Concerns about vaping were discussed, noting its role as a harm reduction tool for smokers unable to quit tobacco, while efforts aimed to discourage young non-smokers from starting to vape. Both national legislation and local actions, such as enforcing age-related sales and curbing illicit tobacco, formed part of the strategy. Success was measured through smoking prevalence data, particularly focusing on high-risk groups, and by monitoring the impact of these actions.

The impact of mobile phone and social media use on young peoples' mental health, was recognised by Officers, with ongoing efforts to balance digital device use among children. School nurses and health advisors played a role in educating young people on appropriate digital device usage. Additionally, Officers awaited national legislation on smoke-free school gates while engaging with schools to enforce local smoke-free policies, aiming to de-normalise smoking for children through initiatives like smoke-free parks and sports event sidelines.

The Committee addressed employment prospects for poor and disabled individuals, and protection from Department for Work and Pensions (DWP) interrogations. Officers mentioned the new advisory service in Oxfordshire that provided financial advice and support for accessing services. Additionally, the community wealth building initiative aimed to benefit all residents, including those with disabilities.

Officers also explained how the Oxfordshire Inclusive Economy Partnership worked with the DWP to support those out of work for six months or more, many of whom faced health or disability challenges. This initiative demonstrated a commitment to improving employment opportunities for disadvantaged groups through collaboration with relevant organisations.

Concerns were raised about the treatment of disabled individuals during DWP interrogations, with the Committee highlighting a distressing example involving a young family. It was noted that better training and understanding among DWP staff were needed. The Director of Adult Social Care mentioned that feedback had been relayed to the relevant organisations to address these issues.

The Committee queried the progress of efforts with anchor institutions to create opportunities for young people, particularly aligning with the health and well-being strategy's priorities concerning healthy economies and homes. The Director of Public Health noted that ongoing collaboration with institutions such as the County Council and NHS partners provided opportunities for young individuals, including those with

diverse needs. The Director of Public Health report for the upcoming year aimed to emphasise economic inactivity among young people and workplace well-being, generating more opportunities through apprenticeships and internships.

Furthermore, the Oxfordshire Inclusive Economy Partnership led efforts to leverage the economic capabilities of anchor institutions for the benefit of all residents, including young people. The relationship with universities, including the University of Oxford and Oxford Brookes University, had been fortified by the Marmot Place initiative, enhancing their roles as anchor institutions. Initiatives included Level 3 and 4 apprenticeships and the Connect to Work programme in collaboration with the DWP, targeting young people with disabilities or poor mental health.

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

1. To ensure that rural geographies in Oxfordshire were also at the heart of implementing the priorities and actions of the Health & Wellbeing Strategy.

2. To support sustainable funding in the Oxfordshire County Council budget for early years readiness for school.

11/25 OXFORD HEALTH NHS FOUNDATION TRUST PEOPLE PLAN

(Agenda No. 11)

Charmaine DeSouza (Chief People Officer, Oxford Health NHS Foundation Trust) (NHSFT); Zoe Moorhouse (Head of HR, Oxford Health NHSFT); and Amelie Bages (Executive Director of Strategy and Partnerships, Oxford Health NHSFT) were invited to present a report on the Oxford Health NHSFT People Plan.

The Chief People Officer presented the People Plan's development, emphasising its importance for community transformation and alignment with trust objectives. The Head of HR overviewed workforce demographics, noting 80% female employees, 25% from a BAME background, and 7.4% with declared disabilities. Collaboration with universities was also highlighted. The Executive Director of Strategy and Partnerships explained the strategic context, referencing the NHS long-term workforce plan and Oxford Health strategy, and detailed the annual planning process and KPI monitoring by the People Leadership and Culture Committee.

The Committee examined how the Oxford Health NHSFT People Plan aligned with the NHS long-term plan, focusing on patient transitions, nurse support, and community transformation initiatives. The Chief People Officer mentioned that the workforce plan published in 2023 was expected to remain relevant despite any changes in the NHS long-term plan. The trust had already considered collaborations with OUH and prioritised community health and care.

The Chief People Officer emphasised the importance of providing district nurses with adequate resources and supporting those who assisted heart failure patients at home. The trust committed to optimising resource allocation to strengthen community health. The Executive Director of Strategy and Partnerships recognised the challenges in collaborating with OUH. Despite this, both executive teams worked together to review pathways, streamline processes, and utilise staff more effectively.

The Executive Director of Strategy and Partnerships highlighted the innovative elements of the Community Transformation Programme, such as multidisciplinary team collaboration and deploying district nurses to support the GP workforce during weekends. The trust advocated for an alternative delivery model to address ongoing pressures.

The Committee enquired about the core purpose and roles of the Oxford Health NHSFT. The Executive Director of Strategy and Partnerships, and Chief People Officer explained that the Oxford Health NHSFT provided mental health services across the BOB ICB region and physical health services, including community health in Oxfordshire. The trust offered community acute inpatient mental health services, GP out-of-hours services, urgent care centres, district nursing, and school nursing.

The trust placed emphasis on workforce planning, recruitment, and retention to support service delivery. They focused on ensuring a well-planned and stable workforce to maintain the quality and availability of their services.

The Committee inquired about how Oxford Health NHSFT supported continuous professional development (CPD) for clinical and administrative staff. For clinical staff, the trust provided CPD through a well-established education centre and collaborated with Oxford Brookes University for postgraduate and master's modules for nurses. They also offered apprenticeship schemes allowing staff to pursue further education, including leadership and management apprenticeships.

For administrative staff, various courses, webinars, and e-learning events were available through NHS offerings and internal programmes. Overall, the trust demonstrated a strong commitment to CPD, which contributed to improved staff retention.

The Committee reviewed the initiatives that had been undertaken to enhance staff empathy and compassion towards patients at the trust. Officers described how the "Kindness into Action" programme had been implemented for several years, consisting of five educational modules available to staff. Additionally, the principles of kindness and a compassionate, restorative approach had been incorporated into HR policies and protocols for managing mistakes and errors.

These initiatives had led to an increase in the informal resolution of staff grievances. Efforts were ongoing to establish a therapeutic environment on the wards, addressing the various challenges encountered in these settings.

The Committee inquired about the trust's support for staff mental health and its standing compared to other NHS trusts. The Executive Director of Strategy and Partnerships explained the trust had provided a 24/7 Employee Assistance Programme (EAP) and a robust occupational health service that was available for self-referrals or manager referrals. Health and wellbeing representatives in all teams offered proactive support.

In addition, the trust had implemented workplace wellbeing initiatives such as an outdoor gym and a meadow at the Littlemoore site for both staff and patients.

Specialist psychological services were made available to staff experiencing trauma at work, including racist or physical abuse. Although the trust was actively enhancing staff wellbeing and mental health support with unique initiatives, it did not specify its rank compared to other NHS trusts.

The Committee examined how the trust's People Plan had been co-produced with staff. The Chief People Officer explained how a bottom-up approach had been used, allowing teams and directorates to control their plans, which created a sense of ownership. Additionally, an annual review was conducted where teams reassessed and updated their plans to address challenges and set new goals.

Furthermore, plans were reviewed at the trust level for strategic alignment while ensuring that staff ownership remained intact. This coordination and feedback process ensured that the plans aligned with the trust's overall strategy and goals, while still empowering staff through their involvement in plan creation and revision.

The Committee requested an update on CAMHS (Child and Adolescent Mental Health Services) waiting times and mental health crisis referrals. The Chief People Officer reported that 61% of children were seen within 4 weeks nationally, whereas in Oxfordshire, the figure was 53%. For very urgent mental health crisis cases, the target was a 4-hour wait, which the trust met for 76% of cases, surpassing the national average of 69%.

The Committee inquired about the mechanisms that facilitated or encouraged employees to lodge complaints or express grievances. Officers explained that the Trust had Freedom to Speak Up Guardians who were independent and could be confidentially approached by staff for issues such as patient care, safety, or personal treatment. It also adhered to a grievance policy in line with the Acas code of conduct, encouraging employees to resolve grievances informally and promptly with local management. Staff had the option to contact the Guardians and Human Resources advisors via email or phone to discuss their concerns.

The Committee raised queries about the reliance on overseas recruitment, and the balance with recruiting home grown carers. The Committee also questioned what effect recruitment had on patient care quality. The Chief People Officer and the Executive Director of Strategy and Partnerships explained that overseas recruitment had led to a diverse workforce within the trust. Since 2021, about 140 international nurses were trained. However, the high living costs in Oxfordshire resulted in a 20% turnover rate.

The trust had heavily relied on agency staff but aimed to reduce this by promoting permanent or bank roles. In the previous year, approximately 100 agency staff transitioned to permanent or bank positions. The goal was to fill 80% of shifts with bank staff by the next financial year.

To ensure patient care, agency staff were integrated into teams and provided with continuous professional development. This was done to uphold trust principles and maintain the quality of patient care. The focus remained on reducing agency usage for better team cohesion and improved patient care.

The Committee questioned the collaboration with other NHS bodies, particularly OUH and the ICB, as well as whether key worker housing and transport were being considered. The Executive Director of Strategy and Partnerships described how the trust had collaborated closely with OUH and the ICB, participating in local and system-wide programmes and planning discussions. Transport had been a key focus in the Community Transformation Programme, and housing had been addressed in the mental health programme, with the trust actively involved in planning and discussions.

Cllr Constance left the meeting at this stage.

The Committee examined technology's role in improving workforce efficiency, and how digitalisation impacts on patient care and interaction. The Executive Director of Strategy and Partnerships explained that the Trust found that integrated systems streamlined administrative tasks, enhancing staff satisfaction and efficiency by simplifying processes such as logging leave and training.

Regarding patient care digitalisation, the Committee noted improvements in electronic health records and the development of innovations like a wound care app for district nurses, which improved data access and supported staff.

In terms of patient interaction, the Committee emphasised the importance of balancing digital and face-to-face interactions to avoid excluding patients. Talking therapies were offered both digitally and in-person, with outcomes monitored to ensure effectiveness.

The Committee raised concerns about the use of Artificial Intelligence (AI) in the NHS, particularly regarding safety, governance, and safeguarding. They inquired about the trust's approach to implementing AI and ensuring patient safety. The Officers explained that the trust had been cautious about implementing AI, ensuring that any AI applications were piloted within a defined framework to avoid compromising safety or quality. An AI working group, chaired by the Chief Information Officer and Chief Clinical Information Officer, oversaw AI projects.

Regarding safeguarding and governance, the trust had not fully implemented AI for patient notes or clinical services but was exploring its potential through controlled pilots. They stressed the need for a robust framework for AI use to ensure patient safety and data security. In terms of patient interaction, the trust was aware of digital exclusion and ensured that digital tools were integrated with face-to-face services to maintain accessibility for all patients.

The Committee **AGREED** to recommendations under the following headings:

- To work toward reducing reliance on agency staff where possible. It was recommended that processes were in place to ensure that the quality of care provided by agency staff was appropriate and up to standard so as to ensure consistency in the quality of care for patients.

- To create a positive and supportive work environment for staff, and to foster an environment and processes where staff can easily make complaints or express legitimate grievances.

- To harness the use of technology to create a better and more efficient working environment for staff. It was also recommended that the Trust takes steps to avert the prospects of future IT outages in as much as possible, and to provide evidence of this.

- To work with system partners to campaign for an Oxford salary weighting.

12/25 FORWARD WORK PLAN
(Agenda No. 12)

The Committee **AGREED** to the proposed work programme, with the amendment to include an item on gynaecology in June, which would tie in with the Healthwatch item on women's health.

Key questions would be submitted to the BOB ICB Chief Delivery Officer concerning eyecare. A briefing was also raised as a potential source of information depending on the answers received from the question.

It was **AGREED** to discuss the work programme at the pre-meet of the March meeting.

13/25 ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 13)

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

..... in the Chair

Date of signing .....