Notice of Meeting

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 30 January 2025 at 10.00 am

Room 2&3 - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

If you wish to view proceedings online, please click on this Live Stream Link. However, that will not allow you to participate in the meeting.

Membership

Chair - Councillor Jane Hanna OBE
Deputy Chair - District Councillor Katharine Keats-Rohan

Councillors:	Yvonne Constance OBE	Nick Leverton	Freddie van Mierlo
	Jenny Hannaby	Michael O'Connor	Mark Lygo
District Councillors:	Paul Barrow	Susanna Pressel	
	Poskitt	Walker	
Co-optees:	Buckingham	Barbara Shaw	

Date of next meeting: *6 March 2025*

Notes:

For more information about this Committee please contact:

Scrutiny Officer - *Email: scrutiny @oxfordshire.gov.uk*
Committee Officer - *Scrutiny Team*
Email: Email: scrutiny@oxfordshire.gov.uk

Martin Reeves
Chief Executive

January 2025

What does this Committee review or scrutinise?

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

How can I have my say?

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

About the Oxfordshire Joint Health Overview & Scrutiny Committee

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

About Health Scrutiny

Health Scrutiny is about:

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

Health Scrutiny is NOT about:

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

What does this Committee do?

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

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

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

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

3. Minutes (Pages 1 - 16)

To approve the minutes of the meeting held on 21 November 2024 and to receive information arising from them.

4. Speaking to or Petitioning the Committee

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

To facilitate 'hybrid' meetings we are asking that requests to speak or present a petition are submitted by no later than 9am four working days before the meeting i.e., 9am on Friday 24 January 2025. Requests to speak should be sent to scrutiny@oxfordshire.gov.uk and omid.nouri@oxfordshire.gov.uk

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

5. Response to HOSC Recommendations (Pages 17 - 34)

The Committee has received Acceptances and Responses to recommendations made as part of the following item(s):

1. Winter Planning (held during the 12 September 2024 HOSC meeting)
2. Epilepsy Services (held during the 12 September 2024 HOSC meeting)
3. Medicine Shortages (held during the 12 September 2024 HOSC meeting)

The Committee is recommended to **NOTE** the responses.

6. Chair's Update (Pages 35 - 72)

The Chair will provide a verbal update on relevant issues since the last meeting.

There are FIVE documents attached this item:

1. A HOSC report containing recommendations from the Committee on Maternity Services in Oxfordshire, which was discussed during the 21 November 2024 HOSC meeting.

2. A HOSC report containing recommendations from the Committee on promoting healthy weight amongst Oxfordshire residents, which was discussed during the 21 November 2024 HOSC meeting.

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

4. The response from the Department of Health & Social Care to the aforementioned BOB HOSC letter on the impact of Wage and NI increases on General Practice.

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.

In relation to the HOSC working group report, the Committee is **RECOMMENDED** to:

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

The Committee is recommended to **NOTE** the Chair's update having raised any relevant questions.

7. Healthwatch Oxfordshire Update (Pages 73 - 78)

The Committee is invited to consider the Healthwatch Oxfordshire update report and **NOTE** it having raised any questions arising.

8. BOB ICB Operating Model update (Pages 79 - 120)

Matthew Tait (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Chief Delivery Officer) and Stephen Chandler (Oxfordshire County Council Executive Director for People) have been 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.

There are THREE documents attached to this item:

1. A report by the Health Scrutiny Officer outlining recommendations to the Committee on how to proceed with regard to the changes to the BOB ICB operating model in light of the response from the Secretary of State.

2. A report from the ICB Chief Delivery Officer detailing the ICB's revised operating model.

3. The response received from the Secretary of State to the call-in request issued by the Committee in relation to the changes to the ICB operating model.

The Committee is **RECOMMENDED** to

3. **NOTE** the response of the Secretary of State for Health and Social Care to the call-in request in relation to the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) Restructure.

4. **AGREE** to the 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 are 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.

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

9. Support for People Leaving Hospital update (Pages 121 - 130)

Karen Fuller (Director of Adult Social Care) has been invited to present a report with an update on the support for people leaving hospital.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

10. Health and Wellbeing Strategy Outcomes Framework update (Pages 131 - 168)

Ansaf Azhar (Director of Public Health, Oxfordshire County Council); David Munday (Deputy Director of Public Health); Dan Leveson (BOB Integrated Care Board Director of Places and Communities) have been invited to present a report with an update on the Health and Wellbeing Strategy Outcomes Framework.

There are FOUR documents attached to this item:

1. A main report with an implementation update on the Health and Wellbeing Strategy.

2. Annex 1- Oxfordshire Joint Health and Wellbeing Strategy 2024-2030 Outcomes Framework- Shared Outcomes, Key Outcome Indicators, & Supporting Indicators.

3. Annex 2- Age Well Performance Report (Sept 2024).

4. Annex 3- Thriving Communities Performance Report (Dec 2024).

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

11. Oxford Health NHS Foundation Trust People Plan (Pages 169 - 184)

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

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

12. Forward Work Plan (Pages 185 - 188)

The Committee is recommended to **AGREE** to the proposed work programme for its upcoming meetings.

13. **Actions and Recommendations Tracker** (Pages 189 - 230)

The Committee is recommended to **NOTE** the progress made against agreed actions and recommendations having raised any questions.

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

a) Any unpaid directorships
b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 21 November 2024 commencing at 10.00 am and finishing at 3.21 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair
	District Councillor Katharine Keats-Rohan (Deputy Chair) Councillor Nigel Champken-Woods Councillor Jenny Hannaby Councillor Nick Leverton Councillor Michael O'Connor Councillor Mark Lygo District Councillor Paul Barrow District Councillor Susanna Pressel District Councillor Dorothy Walker
Co-opted Members:	Barbera Shaw Sylvia Buckingham
By Invitation:	
Officers:	Stephen Chandler, Executive Director for People Ansaf Azhar, Director of Public Health Karen Fuller, Director of Adult Social Care Victoria Baran, Deputy Director of Adult Social Care Alicia Siraj, Head of Health Promotion, Health Prevention, and Personalised Care BOB ICB Angela Jessop, Personalised Care Lead BOB ICB Claire Gray Public Health Practitioner Dan Leveson, Place Director for Oxfordshire: BOB ICB Derys Pragnell, Consultant in Public Health Katharine Howell, Senior Research and Projects officer: Healthwatch Oxfordshire Rachel Corser, Chief Nursing Officer for BOB ICB Veronica Barry, Executive Director: Healthwatch Oxfordshire Yvonne Chrisley, OUH Chief Nurse 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.

73/24 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

There were none.

74/24 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Barbera Shaw declared that she was a Patient Safety Partner with Oxford University Hospitals, and a Member of the Board of Healthwatch as a Trustee.

Sylvia Buckingham declared that she was also a Patient Safety Partner with Oxford University Hospitals, and a Trustee for Healthwatch Oxfordshire.

75/24 MINUTES

(Agenda No. 3)

The Committee **AGREED** the minutes as an accurate record for the meeting on 12 September 2024 subject to the following amendment:

- Paragraph 70/24: revise wording to better reflect the discussion on the correspondence to the NHS on the epilepsy item.

76/24 CO-OPTEE APPOINTMENT

(Agenda No. 4)

The Health Scrutiny Officer explained the recruitment process and requirements for co-optees for the Committee.

The Committee was introduced to the proposed co-optee candidate Sylvia Buckingham.

The Committee **NOTED** the requirement to fill two vacant co-opted posts and **AGREED** to appoint Sylvia Buckingham as a co-opted member of the Oxfordshire Joint Health Overview Scrutiny Committee from 21 November 2024.

77/24 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 5)

Shaunie Picken addressed the Committee regarding individuals with learning disabilities in Oxfordshire. Mr Picken underscored the significant health disparities faced by this population, noting that they tended to have a substantially shorter life expectancy compared to the general population—men dying approximately 27 years earlier and women 20 years earlier. Mr Picken referenced the ongoing "Health and Happiness Project," which aimed to address these health inequalities, and sought the council's support for this initiative. The speech emphasised the necessity for recognition and action to improve health outcomes for individuals with learning disabilities.

78/24 CHAIRS UPDATE

(Agenda No. 6)

Taken following the maternity services item.

A Working Group meeting was held on community health hubs with Oxford Health NHS Foundation Trust.

Significant work had been done following the last Committee meeting regarding the epilepsy item, with positive responses expected from NHS England specialist commissioning.

A meeting with Oxfordshire MPs was held to brief them on the ICB proposed restructure and seek their support for a call-in from the Secretary of State.

Responses to recommendations on adult and older adult mental health had been received and circulated to Committee members.

The Committee **NOTED** the chair's update.

79/24 BOB ICB RESTRUCTURE SITUATION UPDATE

(Agenda No. 7)

The Committee was provided with a verbal update on the BOB ICB operating model from Stephen Chandler, Oxfordshire County Council (OCC) Executive Director for People. The Committee was also provided with the letter that was sent to the Secretary of State in September to request a call-in in relation to the ICB's changes to its operating model.

The Executive Director noted that the ICB board had considered feedback from stakeholders, including the HOSC and Oxfordshire partners. The ICB decided not to proceed with the centralisation of the urgent care director role and agreed to local oversight of certain budgets.

There was a commitment to appoint an Oxfordshire-funded place-based convener, though discussions continued regarding the role's delegated authority. The importance of maintaining the integrated approach at place, was emphasised, and the positive outcomes it had delivered for Oxfordshire highlighted. The Committee expressed concerns about transparency and the need for the ICB to provide more information to the public and the HOSC.

The Committee **CONFIRMED** its support for the call-in request.

80/24 OXFORDSHIRE HEALTHY WEIGHT

(Agenda No. 8)

Derys Pragnell, Consultant in Public Health, was invited to present a report providing an update on the work undertaken by Oxfordshire County Council and its partners to promote healthy weight amongst Oxfordshire residents. Ansaf Azhar (OCC Director of Public Health), Claire Gray (Public Health Practitioner), Angela Jessop

(Personalised Care Lead BOB ICB), and Alicia Siraj (Head of Health Promotion, Health Prevention, and Personalised Care BOB ICB) also attended to answer the Committee's questions.

The OCC Director of Public Health and Consultant in Public Health introduced the Oxfordshire Healthy Weight report. Post-COVID-19, addressing excess weight was crucial owing to its links with long-term conditions such as type 2 diabetes. A whole system approach involving all organisations across the County Council was needed. Rising obesity rates both nationally and locally necessitated changes in the food environment and sedentary habits. A four-pillar approach was introduced, emphasising that no single intervention would suffice. Local data showed robust information on children but less information on adults, highlighting higher weights among children in some areas compared to the national average.

Angela Jessop, a Tier 3 weight management lead at the ICB, explained the weight management tier system. Tier 2 services were for individuals with lower BMIs and included programs such as Slimming World and online support. Tier 3 services were for those who had not successfully lost weight in Tier 2 and targeted people with higher BMIs and those considering surgery. This tier adopted a multidisciplinary approach including dietetics, psychological support, and physical activity, with programs typically lasting around 12 months. Oxfordshire residents could access face-to-face services at Luton and Dunstable Hospital and a remote service available across the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) geography, which supported non-English speakers and those with learning disabilities or low health literacy. The program included access to weight loss medications, aiming for 60% of patients to lose 5% of their weight within six months. Tier 4 services were for patients who may opt for surgery after Tier 3. At the time, Oxford University Hospitals NHS Foundation Trust (OUH) was not accepting new referrals, so patients were directed to Luton and Dunstable Hospital or the Royal Berkshire Hospital. In 2023-24, approximately 25 patients from Oxfordshire underwent Tier 4 surgery.

Members expressed concerns about the link between arthritis and obesity. They wanted to know what support was provided for individuals with both conditions. Officers explained that General Practitioners (GPs) were proactive in recognising the link between excess weight and arthritis. They often recommended lifestyle changes and referred patients to Tier 2 and Tier 3 weight management services to help manage weight and improve arthritis symptoms.

Healthy Weight Services worked closely with long-term condition groups to raise awareness about the importance of weight management in managing arthritis. They provided tailored support to help individuals with arthritis adopt healthier lifestyles. The Move Together Program specifically targeted individuals with long-term conditions, including arthritis. It aimed to improve mobility, reduce falls, and decrease the number of GP appointments. The program had shown positive outcomes, such as a 23% reduction in falls and a 50% reduction in GP appointments.

Efforts were also made to train clinicians on the importance of addressing weight management in patients with arthritis. This included initiatives like the clinical champions training, which educated healthcare providers on how to effectively refer patients to appropriate weight management programs.

Concerns over the mental health and support for those suffering from and living with obesity were raised by Members who wanted to know about the pathways and services available to support individuals. It was responded that specific pathways were established to support individuals with mental health conditions who were also dealing with obesity. This included both serious mental health conditions and lower-level mental health issues. The new healthy weight service included a pilot program focused on better supporting people with mental health conditions, recognising the different needs based on the severity of the condition.

Emphasis was placed on recognising the relationship between mental well-being and obesity. The approach aimed to reduce stigma and guilt associated with obesity, promoting a supportive environment for behaviour change. Efforts were made to frame healthy weight messages in a way that avoided blame and encouraged positive changes without inducing shame.

The Move Together program, which targeted people with long-term conditions, also addressed mental health by promoting physical activity and reducing social isolation. Health coaches and social prescribers in GP practices worked together to help patients with obesity and mental health conditions make healthier lifestyle changes. Collaboration with the voluntary sector, such as with organisations like Homestart, ensured that support extended beyond clinical settings to community-based initiatives.

Members noted the importance of self-worth and self-confidence, when dealing with obesity, and questioned the proportion of patients, for either physical obesity or mental health, who were socially prescribed physical activity.

It was explained to the Committee that social prescribers in GP practices played a crucial role in discussing healthy lifestyle changes with patients, including those with obesity and mental health issues. They worked alongside health coaches to support patients in adopting physical activity as part of their treatment plan. Health coaches, who were present in around 10 GP practices in Oxfordshire, collaborated with social prescribers to help patients for whom a healthier weight and increased physical activity could significantly improve their overall health. A clinical champion was also involved in training GPs and clinicians about the importance of referring patients to physical activity programs. This training aimed to increase the number of referrals and ensure that patients with obesity and mental health issues received appropriate support for physical activity.

Concerns were raised by the Committee about the support offered to women, following a pregnancy, in relation to obesity. Concerns were raised about potentially distressing health checks after pregnancy where BMI had been raised. Members questioned what support was being offered to promote health lifestyles and practices post pregnancy, especially in relation to breastfeeding.

It was explained that breastfeeding was highlighted as a key component in promoting weight loss post-pregnancy. It was noted that the energy demands of breastfeeding were greater than those of gestation, making it an effective practice for weight management. There was a comprehensive breastfeeding support provision through

the recently commissioned 0-19 service, which integrated with maternity services to support mothers, especially those struggling with breastfeeding.

Health visiting services provided mandated visits and support to new mothers, including discussions about overall well-being, physical activity, and weight management. These services aimed to offer a holistic approach to post-pregnancy health. The Move Together program had expanded to include maternity services, supporting physical activity from conception through early years. This program aimed to promote healthy lifestyles and reduce long-term health risks for both mothers and children.

There was an emphasis on co-production with women, partners, and the wider community to understand the reality of maintaining a healthy weight post-pregnancy. This included working with voluntary sector organisations like Homestart to provide support beyond clinical settings. Training for clinicians, such as the This Mums Moves training, also focused on delivering effective messages about physical activity and healthy weight management during and after pregnancy.

Members moved on to discuss obesity within school settings. The Committee highlighted the statistics of obesity in schools with one in three students leaving year 6 obese. Members questioned what was being done to support and encourage healthy eating and lifestyles in schools, as well as at home.

It was responded that a new role had been created to focus on schools, particularly in areas of deprivation. This advisor works within school improvement to influence school policies and practices around healthy eating and physical activity.

Efforts were being made to address the contents of children's lunch boxes, promoting healthier options. This included providing policy examples and resources that could be used by schools to encourage healthy eating habits among students. A school cooking project was also being developed to support children and young people in learning to cook from scratch. This program aimed to extend its reach into the community, helping families adopt healthier eating practices at home. There was a strong emphasis on early years, recognising that the earlier healthy habits were developed, the better. This included targeted work in preschools and early settings to promote healthy weight from a young age.

The importance of involving parents and the wider community was highlighted. Initiatives like the Move Together program and partnerships with organisations like Homestart aimed to provide support beyond the school environment, ensuring that healthy practices were reinforced at home. Programs like the Daily Mile and walk-to-school projects were encouraged to increase physical activity among students. These initiatives had been designed to be fun and engaging, promoting a culture of regular physical activity.

Specific projects and resources were being directed towards schools in areas of deprivation to address higher levels of excess weight. This included tailored interventions and support services to meet the unique needs of these communities.

Cllr Champken-Woods joined online at this point

Members raised concerns regarding the quality of support provided to community food banks and larders in their efforts to offer healthier food options. They also emphasised the importance of promoting healthy cooking skills and habits among both younger and older residents. It was explained to the Committee that there was a focus on supporting families in using fresh fruits and vegetables, which were often available but not taken due to lack of knowledge or preference. Initiatives like the school cooking project aimed to extend into the community, helping both younger and older residents develop healthy cooking skills and habits. Good Food Oxfordshire was involved in projects like Oxfam to Fork, which looked at the food supply chain to ensure excess fruits and vegetables reached community food services. This initiative aimed to increase the availability of healthy food options in food banks and larders.

A community food map coordinated by Good Food Oxfordshire captured information about various food-related initiatives, including food banks and larders. This map helped identify areas where healthier food options could be promoted and supported. There was an emphasis on celebrating the role of the voluntary sector in providing healthy food options. This included recognising and promoting the efforts of food banks and larders in supporting healthy eating habits within the community.

The challenges of cooking and the cost of cooking healthy meals were acknowledged. Efforts were being made to address these issues, ensuring that families had the resources and knowledge to prepare healthy meals at home.

Members asked about the County, City, and District Councils' advertising policies for healthier food options and if they had strategies to promote such choices. It was explained that there were aims to implement high fat, salt, and sugar (HFSS) policies in council-owned advertising spaces by replacing ads for unhealthy foods with those for healthier options like fresh produce. Evidence showed this could positively influence buying behaviour without affecting council revenue.

Members also inquired about Oxfordshire's role in national obesity efforts, particularly regarding advertising. The OCC Director of Public Health noted ongoing national work to restrict unhealthy food ads, a key factor in fighting obesity. The Association of Directors of Public Health (ADPH), including Oxfordshire, advised the government on these issues.

Local initiatives in Oxfordshire, like HFSS policies in council-owned ads, served as examples influencing national policies. Successful local measures supported broader regulations. Ongoing discussions addressed ultra-processed foods and the need for stricter food content and advertising regulations, considering the link between diet and rising cancer rates.

Members questioned what restrictions on hot food takeaways had been considered, and whether it was necessary or possible for the Council to seek new powers to deal with the rise and influence of hot food takeaways.

Officers referenced that the levers to restrict new hot food takeaways already existed. Many areas had successfully implemented policies to restrict the opening of new hot food takeaways, particularly around schools or in areas with high levels of excess

weight. Examples included Newcastle, which had implemented such restrictions across the geography. The process involved incorporating restrictions into local plans or adding supplementary policies to existing plans. This approach had been shown to be effective and straightforward to implement. The issue was in misunderstanding or hesitation among some local authorities about the feasibility of implementing these restrictions. The public health team had provided detailed information and examples to help clarify and support the implementation of these policies.

There was a discussion about the possibility of seeking new powers from the government to make it easier for local authorities to implement these restrictions. This could involve additional support or changes to national planning frameworks to facilitate the process. The idea of requesting new powers was seen as a way to strengthen the ability of local authorities to manage the proliferation of hot food takeaways and create a healthier food environment.

The public health team was actively working to support local authorities in implementing these restrictions and was advocating for stronger national policies. This included providing bespoke information for each district and city to help them understand and apply the available levers effectively.

Members questioned what progress had been made in relation to any KPIs and what data was available to demonstrate how successful or unsuccessful initiatives had been. Additionally, Members were curious as to whether there were sufficient and sustainable funding avenues for the work to promote healthy weight across the tier system.

Officers stated that many of the projects were new, and their outcomes were being evaluated rather than measured against specific KPIs. This was because the nature of the projects made it difficult to set traditional KPIs. For example, the food price marketing project aimed to change purchasing behaviour, which would take time to measure. Some initiatives did have KPIs, such as breastfeeding rates, but overall, the focus was on evaluating the impact of the projects rather than setting rigid KPIs. The overarching KPI remained the reduction in overweight and obesity rates.

It was explained to the Committee that the Health and Wellbeing Board provided overall governance for these initiatives, with specific updates and reports being presented to the Health Improvement Board. An update was expected in February, which was intended to deliver more detailed information on the progress and outcomes of the initiatives. The 10 priorities in the Health and Wellbeing Strategy served as the framework for governance and assurance of the initiatives to promote healthy weights. Progress was measured through proxy indicators, and the Health and Wellbeing Board oversaw and monitored the progress through regular updates and reports.

There was an acknowledgement that there was a need for more funding and resources to expand the initiatives and support the work across the system. The current funding was not sufficient to cover all the needs, and there was a continuous effort to secure additional resources. The funding issue was particularly critical for new initiatives and expanding existing programs to reach more people and have a broader impact.

The discussion highlighted the importance of sustainable funding avenues to ensure the long-term success of the initiatives. This included exploring various funding sources and advocating for more support at both the local and national levels.

Members concluded by debating the benefits and risks of obesity medication. The Committee questioned whether there had been clear communication with residents regarding the benefits and risks of such medication. Furthermore, Members thought it was important to ascertain whether the ICBs were each developing their own pathways for supporting healthy weight or if there was a standardised national pathway in place.

It was responded that clear communication regarding the benefits and risks of obesity medications was paramount. It was mentioned that the new digital provider would be able to provide medication as part of the Tier 3 service, but it was crucial to ensure that this was not seen as a direct pathway for medication. Instead, it should be considered a treatment option within a broader weight management strategy. The focus was on making sure that the right people received medication and that it was used as a tool rather than a standalone solution. This approach aimed to avoid widening inequalities and ensure that those who could not access medication in other ways were supported.

Officers clarified that each ICB was developing its own pathways for healthy weight support. There was no national pathway in place, which meant that each ICB was responsible for creating and implementing its own strategy based on local needs and resources. This allowed for tailored solutions that addressed the specific challenges and opportunities within each ICB's area. However, it also meant that there was a need for coordination and sharing of best practice to ensure consistency and effectiveness across different regions.

The Committee **AGREED** to finalise a list of recommendations to be issued to system partners outside the meeting.

81/24 HEALTHWATCH OXFORDSHIRE UPDATE - PROJECT ON PEOPLE'S EXPERIENCES OF LEAVING HOSPITAL IN OXFORDSHIRE

(Agenda No. 9)

Veronica Barry (Executive Director: Healthwatch Oxfordshire) and Katharine Howell (Senior Research and Projects officer: Healthwatch Oxfordshire) were invited to present a report on a Healthwatch Oxfordshire project on 'People's Experiences of Leaving Hospital in Oxfordshire'. Karen Fuller (OCC Director of Adult Social Care) and Victoria Baran (OCC Deputy Director of Adult Social Care), were also present to answer the Committee’s questions.

The Senior Research and Projects Officer introduced the Healthwatch update on people’s experiences of leaving hospital in Oxfordshire. The project involved collaboration with various system partners, including OUH, Oxford Health NHS Foundation Trust (OH), Age UK Oxfordshire, Carers Oxfordshire, and patient groups. The focus was on understanding people's concerns about the new model of moving

people out of hospitals and bringing support closer to home. The aim was to incorporate patient voices into the development and response to these changes.

The Committee had made six recommendations in January 2024 around ensuring adequate support for people leaving hospital, which were acknowledged as having a mixed picture of progress. One of the key recommendations was the creation of a discharge leaflet, which was now in the final stages of production and expected to be available soon. The Director of Adult Social Care mentioned that the recommendations from January were in progress, with a focus on improving communication and engagement with the community. The leaflet had been co-produced with residents and patients to ensure it was accessible and meaningful.

The Committee was assured they would receive a written update in January 2025 on the progress of the previous recommendations.

Officers noted the improvements in reablement. The rate of full independence after reablement was 57% in 2021, below the national average of 77%. It rose to 76% in 2023-2024 and was now about 72.5%. Overall, 85.3% of people benefited from reablement, including those with reduced care needs. This improvement showed the effectiveness of the discharge to assess process.

Members requested an update of recruitment and retention, and whether the service was on target in this area. Officers acknowledged that there was currently good availability of care providers in the market, with very few people waiting over 48 hours for a discharge to assess package. The main challenges were not related to care availability but to other factors such as organising equipment for home or coordinating with informal carers.

Concerns were raised about the potential impact of national insurance changes on care providers, but it was noted that the Council had given above-inflation increases to care providers and pays above the national living wage.

Members were curious as to the working relationship between the Council and Healthwatch, and whether there was good communication between the two bodies with regular meetings.

Officers highlighted that there was a good working relationship with Healthwatch, with ongoing engagement and collaboration throughout the process. Officers from Healthwatch had been actively involved in meetings and discussions, providing feedback and insights as they progressed. The report and recommendations from Healthwatch were based on continuous communication and collaboration with the Council and other system partners.

It was proposed to bring back a written response in January 2025, updating the Committee on the recommendations made in January 2024 and the new recommendations from Healthwatch. The Director of Adult Social care suggested working with the Health Scrutiny Officer to simplify and format the update, focusing on quick wins and significant impacts. The update would include progress on the January recommendations and incorporate some of the new recommendations from Healthwatch.

82/24 MATERNITY SERVICES IN OXFORDSHIRE

(Agenda No. 10)

Oxford University Hospitals NHS Foundation Trust were invited to present a report on the current state of Maternity Services in Oxfordshire. Yvonne Chrisley (OUH Chief Nurse), Rachel Corser (Chief Nursing Officer for BOB ICB), Dan Leveson (Place Director for Oxfordshire: BOB ICB), and Veronica Barry (Executive Director: Healthwatch Oxfordshire) attended to answer questions form the Committee on the report.

Members requested that Officers provide further details on the new training programmes and staff participation, as mentioned in section 1.1 of the report. It was responded that the Trust had implemented new training initiatives for obstetricians and midwives, including the Peaches programme and PROMPT training. The Peaches programme aimed to recognise and prevent third and fourth-degree tears, while PROMPT focused on enhancing teamwork and coordination between medical professionals and midwives. Staff participation in these training programmes was regularly monitored and reported to the Trust board, with approximately 90% of staff having completed the training at any given time. These programmes had proven effective, as evidenced by lower-than-national-average birth injury rates.

Oxfordshire's birth injuries were generally below national rates, which was positive. Efforts continued to minimise these injuries further. Notably, therapeutic cooling rates for infants over 37 weeks had reduced to 0.07, beating the national target of 0.1 to 0.3, thanks to significant interventions. OUH maternity services handled complex cases, and maintaining low injury rates demonstrated the high quality and safety of care.

The Committee questioned why the number of patients accessing the birth reflection service was projected to be significantly higher in 2025. The higher projection was attributed to increased awareness of birth trauma among women and the service itself. The growth was seen as a positive indicator of timely interventions and greater awareness among women and families. Although there was not a direct link to COVID, the pandemic created an environment of isolation for women and families, possibly raising awareness and intervention needs as restrictions eased. The pandemic was further noted to have had a wide-ranging impact on health services, including potential interruptions in training.

The process of identifying and addressing risk was questioned, with members curious as to whether there was a standardised and consistent approach. Officers highlighted that the Trust had implemented a digitalised system through an electronic patient record (EPR) called Badger Net. This system ensured that risk assessments were both available and accessible to staff and mothers. A monthly audit program monitored compliance, and gaps were addressed with timely interventions. The digital system enabled quick audits and interventions, ensuring a standardised and consistent approach to addressing identified risks.

Members inquired about the mental health support provided for both pregnant mothers and fathers affected by mental health challenges. Officers discussed several aspects of mental health support.

The Trust had bereavement suites and specially trained staff to assist families experiencing stillbirth. These suites provided a family environment where families could spend time with their baby and access counselling services. There was a dedicated trauma midwife and a service ensuring timely interventions for those who had experienced birth trauma.

Mental health was assessed throughout the entire maternity care pathway, from antenatal to postnatal stages. The Trust had invested in mental health services, with Oxford Health NHS Foundation Trust developing clinical teams to support these pathways. The support also extended to fathers, acknowledging their need for mental health assistance during and after traumatic birth experiences.

Members raised concerns about the higher likelihood of women of ethnic minorities dying in pregnancy and childbirth, than other demographics. Members wanted to know what was being done to address this discrepancy in differing ethnic groups.

The Trust monitored birth injuries and patient experiences by ethnicity monthly to identify disproportionate impacts. Equality, diversity, and inclusion midwives worked with specific groups to ensure effective access to services and address health concerns. Community outreach was conducted to address health issues and improve service access for ethnic minorities. These measures aimed to provide equitable care and address disparities in maternal mortality rates.

Members raised the potential to work with partners on maximising what could be achieved with health checks, for both physical and mental health purposes.

The significance of collaborating with public health was noted to monitor weight management and address equity and prevention of ill health within the community, especially focusing on areas with greater deprivation and higher numbers of ethnic minorities. Oxford Health NHS Foundation Trust provided health visiting and school nursing services, working with midwives to support those most at risk and ensure a smooth transition of care. The importance of postnatal care was highlighted for the well-being of both the infant and the mother, emphasising ongoing efforts to improve and strengthen postnatal care services.

The Chief Nursing Officer highlighted the focus on improving postnatal care. An analysis of the 50 birth experiences from the Keep the Horton campaign identified postnatal care as ‘needing improvement’. The Trust invested in the Neonatal Voices Partnership to gather feedback and guide improvements in postnatal care. Efforts aimed to enhance postnatal care for both infants and mothers, addressing isolation and separation issues. Improvements included emergency parking at John Radcliffe Hospital and reducing antenatal travel by strengthening services at the Horton. Adjustments were also made on the postnatal ward to accommodate birth partners and provide spaces for those preferring privacy.

Members questioned, in a time where nationally there was a high level of dissatisfaction within the midwifery industry, what had been done to support staff and keep them in work. It was explained to the Committee that Professional Midwife Advocates (PMAs) provided structured guidance, reflection, and support to individual staff members, assisting them in managing their roles and developing their careers. The Care Assure Program involved weekly visits by leaders to engage with both patients and staff about their experiences, addressing any issues and offering support.

Efforts had been made to address workplace bullying and ensure that all individuals understood their responsibilities in maintaining a positive work environment. Training was available to prevent bystander behaviour and promote conducive values. Experienced leaders were described as essential for supporting staff and developing the service, focusing on building a cohesive team and fostering interpersonal relationships. A dedicated psychologist was also available to support staff, acknowledging that maternity work could be challenging at times.

Members inquired about the frequency of routine antenatal scans for babies and the actions taken when scans showed unexpected results such as poor growth or death. Officers explained that all women routinely had three scans during their maternity care. If any scan indicated an issue, an individual care plan was created for both the mother and baby. This plan included specific interventions to monitor and ensure their safety and well-being. For conditions like poor intrauterine growth, there were dedicated pathways with specific interventions based on evidence-based guidelines to ensure the safety and well-being of the infant and mother.

Members inquired about the implementation of co-production within the service, future plans for its development, and the anticipated benefits for maternity services with a focus on co-production. It was responded that the Oxfordshire Maternity and Neonatal Voices Partnership (OMVP) played a pivotal role in co-production efforts. The Partnership consistently engaged with the maternity services team, offering valuable feedback from patients and families' perspectives. OMVP conducted site visits to maternity and neonatal services to assess and report on the patient and family experience. Additionally, the Chief Nurse held monthly meetings with the OMVP chairs to review their findings and discuss strategies for enhancing service delivery to be more person-centred.

Using the example of birthing pools, members questioned what precautions were in place to ensure staff adhered to established policy, procedures and guidelines to ensure that equipment was used correctly and safely. Members were informed about the installation of a new birthing pool at the Horton. Maintaining the cleanliness and safety of birthing pools was crucial, and the cleaning and decontamination processes are rigorously monitored. The Trust had implemented a digital system called 'MyKitCheck' to oversee the cleaning and decontamination of birthing pools and other equipment. This system provided immediate visibility into compliance rates and ensures that procedures are followed accurately. The digital system enabled real-time monitoring and had demonstrated compliance rates exceeding 90% in all areas. This transparency helped promptly address any issues and ensures that the equipment was maintained according to established guidelines.

Members requested further details on the overall evaluation process of the CQC concerns, including the parties involved in assessing the improvements related to maternity services. The Trust formed an evidence group to monitor and evaluate the CQC actions' progress and effectiveness. This group assessed the assurance level for each action, categorising them as limited, medium, or fully assured, and met monthly to review data and address challenges. Chaired by the Chief Nurse, it included the assurance and maternity teams. Reports were given to the delivery Committee, chaired by the Chief Executive, ensuring sustained improvements. External review support came from the Maternity and Newborn Safety Investigations department for specific cases, adding further scrutiny.

The Committee asked whether within this there was a clear process of learning from errors which were made in the quality of maternity care, and what the learning journey was from mistakes made. It was explained that the trust had a strong reporting culture, classifying incidents like third or fourth-degree tears as moderate harm from the start. This proactive approach helped identify safety risks early. Each incident was thoroughly analysed to understand the context and find learning opportunities. Clinicians had open conversations with patients and families, following duty of candour by informing them of any issues and investigation processes. Complaints were taken seriously, broken down for detailed analysis, and responded to comprehensively, highlighting learning points and planned improvements. These responses, approved by the Chief Nurse, could involve follow-up meetings with patients and their families.

The Committee sought clarity over the plans to implement a sharing platform between OUH and London hospitals, and whether it would be a maternity service platform or if wider records would be shared with London hospitals. It was clarified that this platform was specifically for maternity services and involved sharing relevant records and information pertinent to the maternity care pathway or the individual patients themselves.

An update was requested regarding the introduction of the telephone triage phone service. This service was highlighted as a significant development in maternity services. Planned to be operated by the South Central Ambulance Service (SCAS), it would feature dedicated and trained advisors for maternity triage. The service aimed to direct patients efficiently and included the capability to record and audit the triage process using specific algorithms. A business case was being developed to implement this service.

The Committee inquired about local improvements for maternity services in Oxfordshire. The ICB decided to invest transformation funds directly into supporting the Trust rather than simply adding more resources at the BOB system level. They were collaborating with NHS England on the Trust's improvement and aiming to increase capacity within each trust. Additionally, the ICB was focusing on system-wide shared learning, like enhancing translation services.

The Committee **AGREED** to finalise a list of recommendations to be issued outside the meeting.

83/24 FORWARD WORK PLAN
(Agenda No. 11)

The work programme until January was discussed, with a planned meeting to discuss future items, including member suggestions and input from My Life My Choice.

The Committee **AGREED** that the Health Scrutiny Officer will work with the Director of Adult Social Care to commission an update in the January 2025 meeting on the previously issued HOSC recommendations for supporting people leaving hospital.

It was **NOTED** that the timing for the Director of Public Health's annual report was uncertain and could be moved to April.

Future items suggested included social prescribing and school nurses, focusing on effective provision and data sharing across the county.

The Committee **AGREED** to the forward work plan subject to the amendments outlined above.

84/24 ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 12)

The Committee **NOTED** the action and recommendation tracker.

..... in the Chair

Date of signing .....

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Issue: Winter Planning

Lead Cabinet Member(s) or Responsible Person:

- Dan Leveson (BOB ICB Place Director for Oxfordshire)
- Lily O'Connor (Programme Director Urgent and Emergency Care for Oxfordshire)
- Ed Capo-Bianco (Urgent Care, Palliative and End of Life Care, Cardiovascular Disease Clinical Lead for Oxfordshire Place)in BOB ICB)
- Ben Riley (Executive Managing Director for Community, Primary and Dental Care, Oxford Health NHS Foundation Trust)
- Sally Steele (Service Manager Hospitals, Adult Social Services)
- Tamsin Cater (Head of Transfer of Care Hub, OUH)
- Karen Fuller (Director of Adult Social Care OCC)
- Ansaf Azhar (Director of Public Health OCC)

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Friday 22nd November 2024

Response to report:

Enter text here.

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. To continue to ensure that clear plans and processes are in place to help reduce time spent in emergency departments by patients during the winter months when pressures are likely to be higher.	Accepted	In Oxfordshire where appropriate, with the Hospital @ Home service we prioritise on assessing and providing hospital treatment for people in their own home. This cohort of people are normally those who spend a prolonged time in ED. The John Radcliffe and Horton General Hospital Emergency Departments focus on assessing and treating people within 4hrs. The OUHFT continuously monitor people approaching a prolonged LOS in ED, this is through safety huddles and regular Trust multi-site meetings where both the Emergency Departments are reviewed. People with a prolonged length of time in the Emergency Department are reviewed as to whether the person can have the remaining of their treatment at home with Hospital @ home or require admission to an inpatient ward. This monitoring is carried out 24/7.
2. To continue to ensure a careful balance between providing patient flow on the one hand (including through reducing lengths of stay across step down beds), whilst continuing to provide the personalised care that each patient needs.	Accepted	This is a quality priority across all inpatient beds across OUHFT and OHFT. The holistic management of each person remains paramount in discharge planning especially in relation to what is important to the individual person. In October 2024, 465 people were supported to return home, compared to 245 for October 2023. We have seen month on month

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		increase of those being supported to return directly home with an increase in the number reaching independence. We monitor the length of stay for all of those delayed in hospital and have a more detailed review of those waiting over 7 days and how we can work with the person and family to resolve any concerns they have. Named Social Care and Health colleagues are assigned to work with the person and their family to ensure continuity of information. In certain circumstances, the clinical teams will hold a family meeting until there is agreement with everyone concerned. There are times when some issues cannot be resolved until the person has returned home, these people are followed up post discharge. This affects approximately two people each week.
3. To maximise capacity within primary care (particularly with GP services) to cater for any increased pressure during the winter.	Accepted	We are continuing to successfully roll out additional support, through integrated neighbourhood teams. The areas of significant deprivation within Banbury and Oxford city remain a priority, however, we have expanded Integrated Neighbourhood Teams to Wantage, Witney, Bicester and Faringdon. We are in early discussions with Primary Care in other areas of Oxfordshire.
4. To ensure that adequate preparations are in place for a potential surge in infection rates, and to secure the availability of vaccinations. It Is recommended that relevant system partners clearly communicate with the public in relation to both viral infection patterns as well as how residents can reduce the likelihood of spreading/contracting diseases.	Accepted	All providers and Primary Care have robust arrangements in place to deal with the expected increase in infection rates across adults and children. In addition, we have a locally agreed communications plan to support people of all ages and the healthier together app for parents of young children.

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Issue: Epilepsy Services

Lead Cabinet Member(s) or Responsible Person:

- Sarah Fishburn- Senior Clinical Quality Improvement Manager, NHS England South East Region.
- Dan Leveson -BOB ICB Place Director for Oxfordshire.
- Professor Arjune Sen- Consultant Neurologist, OUH.
- Jackie Roberts- Lead Learning Disability Epilepsy Specialist Nurse, OUH.
- Rohini Rattihalli- Consultant Paediatric Medicine, OUH.
- Marcus Neale- Epilepsy Specialist Nurse, OUH.
- Rustam Rea- Deputy Chief Medical Officer, Director of Safety and Effectiveness, Consultant in Diabetes & Acute General Medicine, OUH.
- Jane Adcock- Consultant Neurologist, OUH.
- Janice Craig- Medicines Optimisation Lead Pharmacist, NICE Medicines and Prescribing Associate, BOB ICB.

It is requested that a response is provided by BOB ICB and OUH to recommendations 1 and 2, and that a response is provided by NHSE South East to recommendation 3 (all 3 recommendations are outlined below).

Deadline for response: Tuesday 3rd December 2024

Response to report:

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. **BOB ICB & OUH-** Give priority to patient safety for people with epilepsy and their families in Oxfordshire, and to the welfare of the Oxfordshire epilepsy team, and to set out how that priority will be addressed through their governance and management at a board level. The governance and management of these priorities should also be inclusive of people with lived experience and their charity representatives, as well as their concerns regarding tailored and balanced communications and the use of existing empowerment tools.	Accept	Oxford University Hospitals NHS Foundation Trust (OUH) welcomes the support of the HOSC in its attention to Oxfordshire residents who have epilepsy, their families and their care teams. OUH prioritises the safety of all patients, including those with epilepsy. The OUH People Plan guides the Trust in how best to support the welfare of all our staff including the epilepsy team. An update of the plan and work resulting from this was shared at HOSC April 2024 meeting. The challenges around capacity within OUH of the Epilepsy service has been escalated. They have also been shared with BOB ICB and NHS South East Region who work with NHS England. There are concerns regarding the challenge of the pre-existing workload, which have now significantly increased by Medicines Regulatory Authority mandated additional reviews. OUH has a robust governance process to raise and prioritise patient safety risks. These risks are reviewed regularly at Departmental, Divisional and Executive level and where appropriate at Board level through the Board Assurance Framework. Aspects of the service are

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		already on the Neurosciences Divisional Risk register and are reviewed regularly. OUH is committed to including people with lived experience and their charity representatives. People with epilepsy and their charities support OUH in understanding the specific needs of patients and families. The epilepsy team at OUH will work with them to co design services. The Epilepsy team always prioritises involvement of those with lived experience in their care, for example using the co designed SUDEP check list SUDEP and Seizure Safety Checklist - SUDEP Action with patients and families.
2. **BOB ICB & OUH-** To secure further funding and resource for epilepsy services.	Accept	BOB ICB, OUH, and NHS South East Region are working together to secure additional clinical staff including additional nursing capacity. At OUH, a business case has been submitted for an additional neurology consultant post, with administrative and pharmacy support. The OUH Epilepsy team is also working to secure clinical research funding to support an Epilepsy Clinical Research Fellow.
3. **NHS England South East Region-** Give support to the ICB and Oxford University Hospitals NHS Foundation Trust to help achieve the above prioritisations.	Accept	Regional support initiated to follow up Cumberlege 'First Do No Harm' and MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) reports (both 2020) to improve patient safety and person-centred care. Support offered through: • Regional webinar June 2023 to share national approaches and understand clinicians' concerns, including capacity issues and the need for a digital solution for annual reviews. • Development of a logic model with national support to assist ICBs and providers with developing a business case to support new approaches to prescribing review including a digital tool. This included two webinars supported by a national lead.

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		Development of ICB business case template with support from BOB ICB. • Digital pilot project to include OUH, production of easy-read and translated patient information leaflets, and inclusion in regional approach to valproate prescribing. • Liaison with MHRA and Patient Safety Specialist & Clinical Improvement Lead, and colleagues to share concerns raised by clinicians and ICBs in the SE region. • Attendance at national Valproate Integrated Quality Improvement community of practice calls (VIQI). Opportunity to understand approaches nationally and share SE approach. • Attendance at launch of Patient Safety Commissioner's launch of Redress Report into valproate and mesh (February 2024). • Attendance at ICB valproate meetings in BOB and liaison with ICB patient safety lead. • Meeting with experts by experience from Oxfordshire and across the region. These included charity and care provider leads, parents of people with epilepsy, people with learning disability, and carers of people with learning disability. • Oversight of regional neurology and mental health appointment delays to understand regional variation and issues arising from additional workload potentially increased by MHRA requirements. • Governance of regional valproate programme continues through Regional Quality Group. Progress is also reported in the internal regional weekly status and monthly quality reports. • Updates are shared across the region in a regular valproate newsletter.

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Issue: Epilepsy Services

Lead Cabinet Member(s) or Responsible Person:

- Cllr Nathan Ley- Cabinet Member for Public Health
- Cllr Tim Bearder- Cabinet Member for Adult Social Care

Deadline for response: Tuesday 17th December 2024

Response to report:

This response is on behalf of Karen Fuller, Director of Adult Social Services, particularly in relation to her oversight of the joint commissioning service (Health Education and Social Care Commissioning – HESC).

While the commissioning of epilepsy services is outside the scope of the joint commissioning arrangements and is the responsibility of the of the Integrated Care Board, there are opportunities for aspects of this informative report to be taken forward in our work.

We note the impact of epilepsy and its treatment on the lives of children and young people with the condition, particularly those with SEND needs. HESC commissions SEND services through its Start Well joint commissioning team and will therefore have ongoing opportunities to consider the impact of epilepsy and relevant service pressures on the outcomes for children and young people in special education provision. Part of the joint commissioning role is to bring partners together and to identify unmet need and alternative or creative approaches to support the sustainability of services.

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We note the evidence of the impact of epilepsy being greater in deprived areas. HESC has led the development of the Oxfordshire Prevention Strategy (in the context of the Health and Wellbeing Strategy and our joint work at system level on Preventing Health Inequalities). This strategy offers an opportunity to ensure epilepsy is highlighted as a disability and included in our partnership action plans on health inequalities.

We note the increased prevalence of epilepsy among people with learning disabilities and autism. It is timely that we are currently developing and consulting on All Age Strategies for Oxfordshire on both Learning Disabilities and Autism. The importance of living healthy lives is a central theme in this work, therefore providing an excellent opportunity to ensure epilepsy and its impact on these communities or populations is well understood. Our action plans will reflect the system commitment to improving outcomes through good practice, accessible information, regular health checks and access to services.

Our commissioning of residential care placements takes account of good practice as well as the standards of care and accommodation required. We will ensure the information on changes to the policy regarding epilepsy is known and reflected in our arrangements. We are not in a position to alter the policy.

Response to recommendation:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. For Oxfordshire County Council Cabinet members and senior officers responsible for education and residential care for children and adults with Learning Disabilities and/or autism (who are affected by patient safety concerns), and those responsible for public health; to consider the likely impacts of the valproate policy for the local authority	Partially accepted	HESC is not the commissioner of epilepsy services, therefore cannot fully respond to the recommendation. We will: • Consider the impact of the valproate policy on the services we commission for special education and residential care for children and adults with learning disabilities and / or autism (who are affected by patient safety concerns).

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commissioning arrangements and the provision of safe residential care and out of county placements. It is also recommended that the Cabinet member for Public Health and Director of Public Health to consider the epilepsy population as part of the Council's programme to tackle public health inequalities.		

Pippa Corner,
Deputy Director, Joint Commissioning OCC and ICB.

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Issue: Medicine Shortages

Lead Cabinet Member(s) or Responsible Person:

- Dan Leveson (BOB ICB Place Director for Oxfordshire)
- Julie Dandridge- Head of Primary Care Infrastructure, Head of Pharmacy, Optometry and Dentistry, Lead for Primary Care across Oxfordshire, BOB ICB.
- Claire Critchley- Medicines Optimisation Lead Pharmacist.
- David Dean- Chief Executive Officer, Community Pharmacy Thames Valley.
- Bhulesh Vadher- Clinical Director of Pharmacy and Medicines Management, Oxford University NHS Hospital Trust.

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Tuesday 26th November 2024

Response to report:

The recommendations made in the report have been noted and partially accepted; most of the recommendations are either already in place or are better met at a national level.

Response to recommendations:

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Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. To ensure that policies are in place to recognise and identify patients with cliff-edge conditions, and to ensure that mitigations are in place to reduce the risk of harm to these patients in the event of supply disruptions.	Accepted	The Department of Health and Social Care (DHSC) Medicines Supply Team is responsible for supporting management of supply issues nationally. They publish regular updates for primary and secondary care which can be found on the Specialist Pharmacy Service (SPS) website which includes some of the known supply issues, potential impact and recommended actions. MIMS also has an on-line drug shortages tracker which clinicians can access to find out information on current shortages and recently resolved issues. The tracker also suggests possible alternatives where appropriate. The Commercial Medicines Unit (CMU), on behalf of NHS England, is responsible for negotiating the regional contracts of thousands of medicines each year. Manufacturers are required to inform them if they anticipate any potential supply issues with their contracted products. CMU are informed of anticipated shortages, timeframes and reasons for delay and this information is shared with the NHS Trusts monthly. Following an impact assessment, shortages deemed higher risk or those that are expected to have the most impact are communicated specifically, in the form of a Medicine Supply Notification (MSN) or National Patient Safety Alert (NatPSA). Serious Shortage Protocols (SSPs) are sometimes put in place to enable community pharmacists to supply patients with specific alternative medicines; these are available to view on the NHS

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		Business Service Authority's dedicated SSP web page, along with supporting guidance.
2. To ensure effective communication, coordination, and transparency within and between the local and national levels to help mitigate risks associated with medicine shortages. It is recommended that there is escalation to national levels as to the importance of national transparency with community pharmacy and patient stakeholders.	Accepted	The ICB Medicines Optimisation Team provides advice to local practices and community pharmacies on medicine shortage and communicates current shortages and suitable alternatives via its regular newsletter and website, both of which are available to all primary care clinicians. The team is also able to add certain information to ScriptSwitch which is a software tool used by prescribers to provide real-time information and recommendations at the point of prescribing. Community Pharmacies often have links with other pharmacies and are able to share stock information enabling individuals to be redirected where a medicine is out of stock. However, it should be noted that most pharmacies use similar wholesalers meaning a medicines in short supply would impact a number of pharmacies. Since 2023, the OUH Pharmacy Department has had a dedicated medicines supply shortages practitioner to identify and manage potential supply issues in the Trust by working with clinical areas and procurement teams and implementing various strategies to mitigate the impact of the supply shortage. The successful management of these shortages has been aided by having a supply shortages database on the Trust intranet where everyone can be kept up to date.
3. To work on reducing any prospect of additional excessive workloads on both clinical and administrative staff in the event of medicine shortages, and to	Partially accepted	The ICB and OUHFT is committed to ensuring that the impact on staff workloads is minimised as a result of medicines shortages. The use of national resources will help to support this aim as

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provide meaningful support for staff as well as additional resource if need be for the purposes of tackling any additional demand/burdens. It is recommended that there is escalation to the national level as to the extent of workload across all health settings in the management of shortages and to seek national enablers.		does the dedicated Medicines Supply Shortages practitioner at the OUHFT. We continue to work with both national and regional teams to reduce impact. However, the ongoing unpredictability of medicines shortages will, inevitably, continue to have an impact on staff resources.
4. To continue to improve sharing of information and transparency, engaging across all health settings, including through a potential digital local database, for helping professionals to easily identify where supply issues exist. It is recommended that there is escalation to the national level on the need for; leadership on transparency with all stakeholders and the public; attracting the pharmaceutical industry to the UK market; and ensuring the sustainability of community pharmacy through improvements to the community pharmacy contract.	Partially accepted	Local teams will continue to share information using the intelligence available via the various national routes including the Department of Health and Social Care (DHSC), Specialist Pharmacy Service (SPS) and MIMS drug shortages tracker. As these information sources are regularly updated, a local digital database would be a duplication and would be resource heavy. Following an impact assessment, shortages deemed higher risk or those that are expected to have the most impact are communicated specifically, in the form of a Medicine Supply Notification (MSN) or National Patient Safety Alert (NatPSA). Serious shortage protocols (SSPs) | NHSBSA are sometimes put in place to enable community pharmacists to supply patients with specific alternative medicines; these are available to view on the NHS Business Service Authority's dedicated SSP web page, along with supporting guidance. The ICB is unable to influence the national pharmacy contract.
5. To work on improving communication and coproduction with patients, and involving the third-sector for those with cliff-edge or long-term conditions, regarding pharmacy	Partially accepted	Current processes and mitigations will continue to be reviewed and adapted as necessary in order ensure communication with all parties is optimal. Advice will continue to be provided to both primary and secondary care prescribers as well as local

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services and the availability of medicines (including through the use of frequently asked questions). It is also recommended that patients are signposted to any support that could be available from pharmacy services and the wider voluntary sector.		community pharmacies on medicine shortages and suitable alternatives via newsletters and websites.

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OXFORDSHIRE COUNTY COUNCIL

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Maternity Services in Oxfordshire:

REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY COUNCIL, DR OMID NOURI

INTRODUCTION AND OVERVIEW

1. At its meeting on 22 November 2024, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on maternity services in Oxfordshire.

2. The Committee felt it crucial to receive an update on the current state of maternity services in light of the maternity dossier released by Keep the Horton General (KTHG) as well as a recent Care Quality Commission (CQC) inspection of maternity services. The Committee was keen to understand the measures being taken by system partners to seek to address the challenges with maternity services in Oxfordshire, and to explore how the experience of mothers and babies could be improved in light of some of the challenging experiences of service users.

3. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes the efficacy of maternity services during pregnancy, childbirth, and postnatal care. Upon commissioning this item, some of the points the Committee sought to investigate involved the following:

   - Information around the data on local trends with regard to injuries, deaths, and birth trauma.
   - What steps have been taken to improve maternity services in light of concerns raised by the CQC and the birth dossier produced by KTHG?
   - Details of any partners, stakeholders or patients that have been engaged with for the purposes of coproducing and improving maternity services?
   - Details on any improvements in processes around safety checks as well as the safe storage of medications in correct temperature ranges?
   - Whether there are any plans to improve the processes of assessment of risks to women and babies?
   - Details on improvements that have been made with regard to tackling inequalities in maternity care amongst ethnic minority groups most at risk and women with particular health conditions.

- How staff are being supported to improve maternity services and create a positive workforce culture; and how Oxfordshire maternity services compare with other areas on addressing undermining workforce behaviours?

- Whether there is a sufficiency of resources and maternity workforce to support improvements in maternity services (and how Oxfordshire maternity services compare with other similar services across England with respect to resources, workforce capacity and outcomes)?

- Details on any plans to improve digital integration to enhance communication across primary and secondary care pathways.

SUMMARY

4. The Committee would like to express thanks to Yvonne Christley (Oxford University Hospitals NHS Foundation Trust Chief Nurse); Rachel Corser (Chief Nursing Officer, Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board); and Dan Leveson (former Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board Place Director for Oxfordshire) for attending this item and for answering questions from the Committee on maternity services.

5. A key aspect of the discussion revolved around new training programmes and staff participation in these, as was highlighted in the report submitted to the Committee. It was explained that the Trust had implemented new training initiatives for obstetricians and midwives, including the Peaches programme and PROMPT training. The Peaches programme aimed to recognise and prevent third and fourth-degree tears, while PROMPT focused on enhancing teamwork and coordination between medical professionals and midwives. Staff participation in these training programmes was regularly monitored and reported to the Trust board, with approximately 90% of staff having completed the training at any given time.

6. The issue of birth injuries in Oxfordshire was also discussed, and the Committee were informed that these were generally below national rates, which was positive. Efforts continued to minimise these injuries further. Notably, therapeutic cooling rates for infants over 37 weeks had reduced to 0.07, beating the national target of 0.1 to 0.3, thanks to significant interventions. Oxford University Hospitals NHS Foundation Trust (OUH) maternity services handled complex cases, and maintaining low injury rates was an important indicator of the level of quality and safety of care.

7. The Committee questioned why the number of patients accessing the birth reflection service was projected to be significantly higher in 2025. It was confirmed that the higher projection was attributed to increased awareness of birth trauma among women and the service itself. The growth was seen as a positive indicator of timely interventions and greater awareness among women and families. Although there was not a direct link to COVID, the pandemic created an environment of isolation for women and families, possibly raising

awareness and intervention needs as restrictions eased. The pandemic was further noted to have had a wide-ranging impact on health services, including potential interruptions in training.

8. The issue of the mental health support provided for both pregnant mothers and fathers affected by mental health challenges was raised by the Committee. The Trust confirmed that they had bereavement suites and specially trained staff to assist families experiencing stillbirth or maternal and baby death. These suites provided a family environment where families could spend time with their baby and access counselling services. There was a dedicated trauma midwife and a service ensuring timely interventions for those who had experienced birth trauma. Mental health was assessed throughout the entire maternity care pathway, from antenatal to postnatal stages. The Trust had invested in mental health services, with Oxford Health NHS Foundation Trust developing clinical teams to support these pathways. The support also extended to fathers, acknowledging their need for mental health assistance during and after traumatic birth experiences.

9. Another aspect of the discussion was around the Committee's concerns regarding the higher likelihood of women of ethnic minorities dying in pregnancy and childbirth, when compared with other demographics. Members wanted to know what was being done to address this discrepancy in differing ethnic groups. It was highlighted that the Trust monitored birth injuries and patient experiences by ethnicity monthly to identify disproportionate impacts. Equality, diversity, and inclusion midwives worked with specific groups to ensure effective access to services and address health concerns. Community outreach was conducted to address health issues and improve service access for ethnic minorities. These measures aimed to provide equitable care and address disparities in maternal mortality rates.

10. The potential to work with partners on maximising what could be achieved with health checks for both physical and mental health purposes was also raised during the session. The significance of collaborating with public health was noted to monitor weight management and address equity and prevention of ill health within the community, especially focusing on areas with greater deprivation and higher numbers of ethnic minorities and other identified populations at high risk. Oxford Health NHS Foundation Trust provided health visiting and school nursing services, working with midwives to support those most at risk and ensure a smooth transition of care. The importance of postnatal care was highlighted for the well-being of both the infant and the mother, emphasising ongoing efforts to improve and strengthen postnatal care services.

11. The Committee requested further details on the overall evaluation process of the CQC concerns, including the parties involved in assessing the improvements related to maternity services. The Trust formed an evidence group to monitor and evaluate the CQC actions' progress and effectiveness. This group assessed the assurance level for each action, categorising them as limited, medium, or fully assured, and met monthly to review data and address challenges. Chaired by the Chief Nurse, it included the assurance and maternity teams. Reports were given to the delivery Committee, chaired by the Chief

Executive, ensuring sustained improvements. External review support came from the Maternity and Newborn Safety Investigations department for specific cases, adding further scrutiny.

12. The Committee asked whether within this there was a clear process of learning from errors which were made in the quality of maternity care, and what the learning journey was from mistakes made. It was explained that the Trust had a strong reporting culture, classifying incidents like third or fourth-degree tears as moderate harm from the start. This proactive approach helped identify safety risks early. Each incident was thoroughly analysed to understand the context and find learning opportunities. Clinicians had open conversations with patients and families, following duty of candour by informing them of any issues and investigation processes. Complaints were taken seriously, broken down for detailed analysis, and responded to comprehensively, highlighting learning points and planned improvements. These responses, approved by the Chief Nurse, could involve follow-up meetings with patients and their families.

13. The Committee inquired about local improvements for maternity services in Oxfordshire. The ICB decided to invest transformation funds directly into supporting the Trust rather than simply adding more resources at the BOB system level. They were collaborating with NHS England on the Trust's improvement and aiming to increase capacity within each trust. Additionally, the ICB was focusing on system-wide shared learning, like enhancing translation services.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS

14. Below are some key points/themes of observation that the Committee has in relation to the current state of maternity services in Oxfordshire, as well as around the efforts to improve these services. These observations have also informed the specific recommendations being made by the Committee for the improvement of maternity services for Oxfordshire residents.

Training for maternity staff: The provision of high-quality maternity services is crucial to ensure the health and well-being of both mothers and their newborn babies. Continuous professional development and training for maternity staff plays a key role in maintaining and improving the standards of care provided. The field of obstetrics and gynaecology is constantly evolving with new medical research, technologies, and procedures emerging regularly. Regular training will help to ensure that maternity staff can remain up to date with the latest advancements and principles around best practices. This knowledge is crucial for the provision of safe and effective care, addressing complications promptly, and improving overall patient outcomes. In one 2009 study published in the *Midwifery Journal*, it was found and highlighted that maternity staff not only had more knowledge of best practice if they were receiving

regular training, but that such exposure to regular training provided them with the confidence in being able to provide professional maternity care[1]. Healthcare policies and guidelines are constantly evolving in line with new evidence as well as public health priorities. Engaging in regular training programs can help maternity staff to remain compliant with current regulations and standards. This could in effect minimise risks and enhance the overall quality of care being provided to patients. Regular updates on policies can help to ensure that staff are thoroughly informed regarding any legal or ethical considerations, which could help to safeguard both patients as well as healthcare staff and providers. An exemplar of this would be epilepsy which the Committee had found as a particular patient group that was both high risk (with a near doubling of maternal and baby deaths nationally) and facing serious ethical considerations concerning how local providers would maintain assurance of shared decision-making and access to treatment.

Good and coordinated maternity care can often relies on multidisciplinary teams involving obstetricians, midwives, nurses, anesthetists, and pediatricians. In one 2024 study published in the *Journal of Multidisciplinary Healthcare*, it was emphasised that training for maternity staff should emphasise teamwork and communication in order to create better collaboration among the various professionals providing maternity care[2]. Interdisciplinary training enhances understanding of each team member's role, leading to coordinated and smooth care for patients.

Furthermore, the Committee is also recommending that staff are also trained in patient-centred care. In the context of maternity services, this would involve respect for the choices of expectant mothers, the provision of individualised care plans, and ensuring that they are actively participating in any decisions being made as part of their care and treatment. This would help to create trust and empathetic relationships between healthcare providers and patients. Involving experts by lived experience including birth trauma, birth injury, still birth and bereavement could support this.

Recommendation 1: *To ensure that maternity staff receive ongoing training around improving maternity services. It is recommended that staff are also trained in patient-centred care.*

Support for maternity staff: In order to provide the best possible care for mothers and their newborns, and as part of the efforts to improve maternity services overall, the welfare and wellbeing of maternity staff should be given the utmost consideration. The Committee places significant emphasis on the overall wellbeing of all maternity staff, and urges the Trust to continue to seek improvement in pursuing this both in principle and in practice. It is also crucial that staff are protected from and

[1] Health-care professionals' views about safety in maternity services: a qualitative study - ScienceDirect
[2] Full article: The Impact of a Multidisciplinary Experiential Training Model on Knowledge, Attitude and Practice of Healthcare Workers in Maternity Health Management: A Preliminary Study

fully supported in respect of what might properly be considered any undue negative pressures (e.g. abuse or threats), as their health and job satisfaction are crucial elements in delivering high-quality care. In the context of a national workforce shortage in healthcare, it is imperative that maternity staff are sufficiently looked after by the Trust so as to reduce the likelihood of staff feeling put off from continuing to work for the Trust.

Maternity staff, including midwives, nurses, obstetricians, and support workers, play a pivotal role in the delivery of maternity services. Their physical and mental wellbeing would directly affect their capacity to perform their duties effectively. When staff are well-supported, they are more likely to provide compassionate and competent care, fostering a positive birth experience for mothers and families. The workforce environment in which maternity staff operate is crucial. It was found in one 2021 study in the *British Journal of Midwifery* that a supportive work environment is fundamental to the welfare of maternity staff[3]. This includes manageable workloads, adequate staffing levels, safe working conditions, and access to necessary resources. Indeed, the Committee feels that in the absence of any of these, it would be difficult to create a positive workforce environment in which maternity staff feel supported enough to be able to execute their roles passionately and empathetically.

In addition, particular attention needs to be placed on the emotional and mental health of maternity staff. Regular access to counselling services, peer support groups, or mental health resources can help staff cope with the emotional demands of their work. Creating a culture that encourages openness about mental health and provides support for those in need is essential. The imperative for adequate mental health support for maternity staff was also reflected in a 2021 review published in the *Health Services Research Journal,* where it was emphasised that maternity staff are often having to deal with stressful medical scenarios as well as emotional circumstances involving pregnancy and childbirth[4].

Furthermore, the Committee understands the importance of the Trust and its relevant partners in being able to improve maternity services in light of the findings of the CQC inspection as well as the KTHG dossier. However, if any such improvements are to be sustainable, it is crucial that a balance is sought between training, supporting, and encouraging staff to drive improvements on the one hand, without subjecting staff to any undue negative pressure as part of these efforts. This point was also emphasised in a summer 2024 briefing that the Committee held with the Trust in relation to the CQC improvement journey around maternity services.

[3] How do power and hierarchy influence staff safety in maternity services? | British Journal of Midwifery

[4] Effects of the Covid-19 pandemic on maternity staff in 2020 – a scoping review | BMC Health Services Research

Recommendation 2: *To continue to improve the support for the welfare and wellbeing of maternity staff in the context of improving maternity services. It is especially crucial that staff are not subjected to undue negative pressure due to their working in maternal services or as part of efforts to improve maternity services.*

Mental health support for mothers and partners: The birth of a child is often anticipated to be a joyful and exciting moment for mothers as well as their partners and loved ones. However, for some families, there can be unforeseen complications, difficult births, stillbirths, or even the birth of a premature baby. These situations can have profound emotional and psychological impacts on mothers as well as their partners. It is crucial that the Trust and its relevant partners provide comprehensive mental health support to help these families to cope with any challenges they might be facing.

The process of giving birth can prove to be unpredictable, and complications could emerge which lead to difficult births. These complications can include prolonged labor, emergency cesarean sections, or other medical interventions. Such experiences can be traumatic for mothers, resulting in feeling fear, anxiety and helplessness. A 2021 study published in the *Journal of Women and Birth* found that complications arising during childbirth can have a long-term psychological impact for some families which leads to anxiety as well as a sense of powerlessness for women who have faced such challenges, sometimes necessitating long-term mental health support post-birth[5]. Those who often witness these events, may also experience significant distress and feel powerless to seek help.

It is crucial to identify the signs of mental trauma in both mothers and their partners post-birth. Some of the symptoms could involve flashbacks of the birthing experience, panic attacks or severe anxiety, disturbed sleep, moody and irritable behaviour, avoiding being reminded of the birthing experience, and even feeling a sense of sadness or guilt. The Committee strongly urges that it is vital that these symptoms are identified early so parents can experience self-validation births and to provide timely support.

One way in which mothers and their partners could be supported is via counselling and support groups. Access to therapy can help such residents to process their emotions and to form coping strategies, and work through any feelings of trauma. Support groups provide a sense of community and understanding, allowing parents to share their experiences and gain support from others who have been through similar situations.

Furthermore, the birth of a premature baby can be a highly stressful and anxiety-inducing experience. Parents could experience a range of challenges including prolonged hospital stays, medical complications,

[5] Women's experiences of birth trauma: A scoping review - ScienceDirect

and uncertainty about their baby's health and future. Providing mental health support is vital to help parents cope with the demands of caring for a premature baby.

Recommendation 3: *To develop a maternity trauma care pathway for ongoing support for mothers (and their partners) to include those who have experienced difficult births, complications, premature babies, and still births and bereavement. It is recommended that this is undertaken in co-production with voluntary organisations that work with families experiencing trauma and who include experts with lived experience. It is crucial to be proactive in reaching out to such patients and their partners in this regard.*

Evaluating efficacy of improvements: The Committee recognises the steps that have been taken by the Trust as well as the ICB to work toward improving maternity services, and is pleased to see the commitment toward resolving some of the challenges in maternity provision. To achieve improvements in maternity services, it is crucial to establish robust processes to monitor and evaluate the effectiveness of various measures implemented. Monitoring and evaluation are a key part of any healthcare improvement initiative. They provide data and insights into the performance of implemented measures. This then allows for more informed decision-making and continuous improvement. In the context of maternity services, effective monitoring and evaluation processes help to ensure that any measures being taken by the Trust or the ICB are resulting in better health outcomes for mothers and infants, and that resources are being utilised as effectively and efficiently as possible.

In one study conducted by the *University of Southampton*, it was concluded that being able to define clear and specified objectives is a crucial stepping stone toward improving and evaluating the quality of maternity care[6]. The Committee is of the view that some key potential objectives that could be monitored include:

- Assessing the effectiveness of interventions aimed at reducing maternal and neonatal mortality and morbidity.
- Evaluating the quality of care provided during antenatal, intrapartum, and postnatal periods.
- Identifying gaps and areas for improvement in maternity services.
- Ensuring adherence to clinical guidelines and best practices.
- Measuring patient satisfaction and experiences.

The Committee is pleased to see that the Trust had formed an evidence group to monitor and evaluate the progress of effectively implementing CQC actions in maternity care. However, it is also crucial, as the following

[6] 12757_Matthews.qxd

section outlines, for there to be adequate coproduction and transparency around the improvement journey.

Recommendation 4: *To establish robust processes through which to monitor and evaluate the effectiveness of measures aimed at improving maternity services.*

Importance of coproduction and transparency: The Committee firmly believes in the importance of engaging all stakeholders, including patients, throughout the process of monitoring and evaluating the improvement journey for maternity services in Oxfordshire. There is also a point about transparency which links into the point about engaging all stakeholders and patients. In one 2017 study published in the *Health Research Policy and Systems Journal*, it was emphasised that maternity is an often sensitive area of healthcare, and that any objectives to improve maternity should be sought through a process of coproduction as giving birth can be a highly personal experience[7]. Coproduction should involve placing the experiences and insights of mothers at the heart of the design and delivery of maternity care. It should ensure that their voices are heard and their needs are met. This approach will not only enhance the quality of maternity care, but would also foster trust and empowerment among service users. By involving women in the decision-making process, maternity services can become more person-centred, equitable, and effective. In essence, there are three key overarching benefits that could be achieved through coproducing maternity services:

- Improving service quality: Engaging mothers and families in the coproduction process helps to identify gaps and areas for improvement, leading to more tailored and effective services.

- Increased patient satisfaction: When women feel that their opinions and experiences are valued, their satisfaction with maternity services can increase.

- Enhanced trust: Collaborative efforts build trust between service providers and users, fostering a supportive and respectful care environment.

The issue of trust is a crucial one, as there have been indications of increased dissatisfaction and an increased lack of faith in maternity care amongst some patients and their families locally as well as nationally. Coproduction will constitute a key avenue through which to restore the trust and confidence in maternity services in Oxfordshire. There are various ways in which to involve service users in coproducing maternity services including through conducting regular stakeholder meetings and consultations, ensuring transparency and open communication about findings and actions in the realm of maternity care, and generally eliciting a culture of patient and community involvement.

[7] Engaging stakeholders: lessons from the use of participatory tools for improving maternal and child care health services | Health Research Policy and Systems

The Committee also recommends that the Trust reaches out to patients who have had poor experiences in maternity care and childbirth, and to then utilise these insights as a means to prevent such poor experiences from occurring again. Therefore, coproduction should strongly inform the process of learning and evaluation that the Trust would employ as part of the efforts to improve maternity care.

The Committee was mindful of the MBRRACE report 2024 that national maternal death rates have increased to levels not seen since 2003-05. Suicide is a leading cause of maternal death in the first postnatal year, with a concerning increasing trend and significant numbers with a history of trauma.

Recommendation 5: *To ensure that coproduction remains at the heart of the design as well as the improvements of maternity services. It is also recommended for collaboration amongst relevant system partners, to explore the opportunity for coproduction work to maximise the potential of health checks for supporting women who have given birth, with a view to improve their physical and mental wellbeing and that of their families in the long run.*

Clear communication with patients: The Committee firmly believes that in the realm of healthcare, clear communication between medical professionals and patients is paramount. It is not only a case of providing accurate information but is also a cornerstone of building trust, ensuring compliance with treatment regimens, and ultimately improving health outcomes. This becomes even more critical when dealing with patients who may not be fluent in the English language.

It is vital that maternity patients are thoroughly communicated with through every stage of their care. In a 2019 study published in the *British Journal of Midwifery*, it was found that thorough and regular communication with maternity outpatients and inpatients was crucial to help reduce the stresses and anxieties that mothers and their partners can face when going through pregnancy and childbirth[8]. Being a subject of regular communication can help a maternity patient feel empowered and listened to at a time when they might feel a heightened sense of vulnerability.

The issue of managing and dealing with language barriers is especially crucial. Language barriers in maternity care can lead to misunderstandings, and potentially misdiagnoses and inadequate treatment. Patients who cannot fully comprehend medical instructions are at a higher risk of non-compliance with prescribed treatments or options, which can result in further deteriorating their condition. Additionally, and as highlighted by the aforementioned study in the *British Journal of Midwifery*, language barriers can cause significant emotional stress for patients, who may already be in a vulnerable state due to their health issues.

[8] The importance of language in maternity services | British Journal of Midwifery

One of the most effective and basic ways to overcome language barriers is to hire healthcare professionals who are fluent in the languages spoken by the patient population. This includes doctors, nurses, administrative staff, and interpreters who can provide accurate as well as culturally sensitive communication. However, the Committee understands that it may not always be feasible to hire (or to have readily available) multilingual staff. It is in this context that professional interpreters can play a crucial role. Trained interpreters, either in-person or via digital platforms, can help to ensure that patients receive accurate information and feel understood. In some cases, it may even be more ideal to utilise professional interpreters as opposed to relying on family members. In one particular 2008 study published in the *Patient Education & Counselling Journal,* it was found that professional interpreters can be more ideal to utilise in the context of healthcare services and decisions when compared to family interpreters given that the latter may lack the necessary medical vocabulary and objectivity[9].

Additionally, it is also crucial that translated written materials such as consent forms, educational brochures, and medication instructions are provided to patients from minority backgrounds who may not be fluent in English. Materials should therefore be available in the languages prevalent among the patient population. This will not only help patients to better understand their journey through maternity care, but can also empower patients to take an active role in their healthcare decisions.

Recommendation 5: *For there to be clear communication with patients, including in indigenous languages for those who may not be fluent in English.*

Legal Implications

15. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 Power to scrutinise health bodies and authorities in the local area
 Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.

16. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.

17. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide

[9] Through interpreters' eyes: Comparing roles of professional and family interpreters - ScienceDirect

that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

Annex 1 – Scrutiny Response Pro Forma

Contact Officer: Dr Omid Nouri
Health Scrutiny Officer
omid.nouri@oxfordshire.gov.uk
Tel: 07729081160

January 2025

Divisions Affected – All

CABINET

21 January 2025

Oxfordshire Healthy Weight

Report of the Oxfordshire Joint Health Overview and Scrutiny Committee

RECOMMENDATION

1. The Cabinet is **RECOMMENDED** to **—**

   a) Agree to respond to the recommendations contained within this report.

   b) Agree to coordinate with relevant officers from the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board to provide a response on behalf of Oxfordshire County as well as its key NHS partners.

REQUIREMENT TO RESPOND

2. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the Committee may require a response from the responsible person to whom it has made the report or recommendation and that person must **respond in writing within 28 days of the request.**

INTRODUCTION AND OVERVIEW

3. At its meeting on 21 November 2024, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on Oxfordshire Healthy Weight. The report that was received included input from Oxfordshire County Council's Public Health Directorate, as well as from the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB). The Committee initially held this item in its public meeting in September 2023, and the purpose of the item held in November was to receive a progress update on the work undertaken by the Council and its partners to promote healthy weight, as well as on the recommendations issued by the Committee last year.

4. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes initiatives by the Council and its key NHS partners to tackle excess weight amongst residents and to cultivate

a healthy living environment that promotes healthier living habits. Upon commissioning this item, some of the points the Committee sought to investigate involved the following:

- How the work to promote Healthy Weight continues to sit and operate in the broader context of a preventative public health agenda, including in relation to Oxfordshire's Health and Wellbeing Strategy.

- Details of any new data relating to excess weight in Oxfordshire, and if there are any new identifiable patterns of excess weight and life expectancy that are Oxfordshire specific.

- Details of any ongoing co-production that has been adopted as part of the work to tackle excess weight.

- An update on the relationship between deprivation and excess weight, and how this relationship can be more thoroughly understood so as to create measures to address this.

- Details of any ongoing potential challenges to tackling excess weight, including the degree to which residents are being receptive to the promotion of healthy living habits.

- The degree to which there is sufficient resource (including funding and workforce) to continue the work on healthy weight.

- Details of any support being provided to the parents, carers, or families of those living with excess weight, and how they are being helped with being given the tools to help manage children's weight.

- An update on the licensing around the presence of fast-food outlets in certain areas around the County and advertising of HFSS (High in Fat, Salt and Sugar) products.

5. Below is a summary of the 21 November scrutiny session. This report also contains key observations and considerations that the Committee urges the Cabinet and senior officers (including from the Integrated Care Board) to give consideration to in respect of the work being undertaken to improve healthy weight and healthier living habits amongst Oxfordshire residents.

SUMMARY

6. The Committee would like to express thanks to Derys Pragnell (Consultant in Public Health), Ansaf Azhar (OCC Director of Public Health), Claire Gray (Public Health Practitioner), Angela Jessop (Personalised Care Lead BOB ICB), and Alicia Siraj (Head of Health Promotion, Health Prevention, and Personalised Care BOB ICB) for attending the meeting on 21 November and answering questions from the Committee.

7. It was highlighted by the Director of Public Health that post-COVID-19, addressing excess weight was crucial owing to its links with long-term conditions such as type 2 diabetes. A whole system approach involving all organisations across the County Council was needed. Rising obesity rates both nationally and locally necessitated changes in the food environment and sedentary lifestyles. A four-pillar approach to tackling excess weight was introduced, emphasising that no single intervention would suffice. Local data showed robust information on children but less information on adults, highlighting higher weights among children in some areas compared to the national average.

8. Angela Jessop, the Tier 3 weight management lead at the ICB, explained the weight management tier system. Tier 2 services were for individuals with lower BMIs and included programs such as Slimming World and online support. Tier 3 services were for those who had not successfully lost weight in Tier 2 and targeted people with higher BMIs and those considering surgery. This tier adopted a multidisciplinary approach including dietetics, psychological support, and physical activity, with programs typically lasting around 12 months. Oxfordshire residents could access face-to-face services at Luton and Dunstable Hospital and a remote service available across the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) geography, which supported non-English speakers and those with learning disabilities or low health literacy. Tier 4 services were for patients who may opt for surgery after Tier 3. At the time, Oxford University Hospitals NHS Foundation Trust (OUH) was not accepting new referrals, so patients were directed to Luton and Dunstable Hospital or the Royal Berkshire Hospital. In 2023-24, approximately 25 patients from Oxfordshire underwent Tier 4 surgery.

9. Members expressed concerns about the link between arthritis and obesity. They wanted to know what support was provided for individuals with both conditions. Officers explained that General Practitioners (GPs) were proactive in recognising the link between excess weight and arthritis. They often recommended lifestyle changes and referred patients to Tier 2 and Tier 3 weight management services to help manage weight and improve arthritis symptoms.

10. Concerns over the mental health and support for those suffering from and living with obesity were raised by Members who wanted to know about the pathways and services available to support individuals. It was responded that specific pathways were established to support individuals with mental health conditions who were also dealing with obesity. This included both serious mental health conditions and lower-level mental health issues.

11. Members noted the importance of self-worth and self-confidence, when dealing with obesity, and questioned the proportion of patients, for either physical obesity or mental health, who were socially prescribed physical activity. It was explained to the Committee that social prescribers in GP practices played a crucial role in discussing healthy lifestyle changes with patients, including those with obesity and mental health issues. They worked

alongside health coaches to support patients in adopting physical activity as part of their treatment plan.

12. Concerns were raised by the Committee about the support offered to women, following a pregnancy, in relation to obesity. Concerns were raised about potentially distressing health checks after pregnancy where BMI had been raised. Members questioned what support was being offered to promote health lifestyles and practices post pregnancy, especially in relation to breastfeeding. It was explained that breastfeeding was highlighted as a key component in promoting weight loss post-pregnancy. It was noted that the energy demands of breastfeeding were greater than those of gestation, making it an effective practice for weight management. There was a comprehensive breastfeeding support provision through the recently commissioned 0-19 service, which integrated with maternity services to support mothers, especially those struggling with breastfeeding.

13. There was an emphasis on co-production with women, partners, and the wider community to understand the reality of maintaining a healthy weight post-pregnancy. This included working with voluntary sector organisations like Homestart to provide support beyond clinical settings. Training for clinicians, such as the This Mums Moves training, also focused on delivering effective messages about physical activity and healthy weight management during and after pregnancy.

14. The issue of obesity within school settings was also discussed. The Committee highlighted the statistics of obesity in schools with one in three students leaving year 6 obese. Members questioned what was being done to support and encourage healthy eating and lifestyles in schools, as well as at home. It was responded that a new role had been created to focus on schools, particularly in areas of deprivation. This advisor works within school improvement to influence school policies and practices around healthy eating and physical activity. Efforts were being made to address the contents of children's lunch boxes, promoting healthier options. A school cooking project was also being developed to support children and young people in learning to cook from scratch.

15. The importance of involving parents and the wider community was highlighted. Initiatives like the Move Together program and partnerships with organisations like Homestart aimed to provide support beyond the school environment, ensuring that healthy practices were reinforced at home. Programs like the Daily Mile and walk-to-school projects were encouraged to increase physical activity among students. These initiatives had been designed to be fun and engaging, promoting a culture of regular physical activity. Specific projects and resources were being directed towards schools in areas of deprivation to address higher levels of excess weight. This included tailored interventions and support services to meet the unique needs of these communities.

16. Members raised concerns regarding the quality of support provided to community food banks and larders in their efforts to offer healthier food options. They also emphasised the importance of promoting healthy cooking

skills and habits among both younger and older residents. It was explained to the Committee that there was a focus on supporting families in using fresh fruits and vegetables, which were often available but not taken due to lack of knowledge or preference. Initiatives like the school cooking project aimed to extend into the community, helping both younger and older residents develop healthy cooking skills and habits. Good Food Oxfordshire was involved in projects like Oxfam to Fork, which looked at the food supply chain to ensure excess fruits and vegetables reached community food services. This initiative aimed to increase the availability of healthy food options in food banks and larders.

17. Members asked about the County, City, and District Councils' advertising policies for healthier food options and if they had strategies to promote such choices. It was explained that there were aims to implement high fat, salt, and sugar (HFSS) policies in council-owned advertising spaces by replacing ads for unhealthy foods with those for healthier options like fresh produce. Evidence showed this could positively influence buying behaviour without affecting council revenue.

18. Members questioned what restrictions on hot food takeaways had been considered, and whether it was necessary or possible for the Council to seek new powers to deal with the rise and influence of hot food takeaways. Officers referenced that the levers to restrict new hot food takeaways already existed. Many areas had successfully implemented policies to restrict the opening of new hot food takeaways, particularly around schools or in areas with high levels of excess weight. Examples included Newcastle, which had implemented such restrictions across the geography. The process involved incorporating restrictions into local plans or adding supplementary policies to existing plans.

19. There was a discussion about the possibility of seeking new powers from the government to make it easier for local authorities to implement these restrictions. This could involve additional support or changes to national planning frameworks to facilitate the process. The idea of requesting new powers was seen as a way to strengthen the ability of local authorities to manage the proliferation of hot food takeaways and create a healthier food environment. The public health team was actively working to support local authorities in implementing these restrictions and was advocating for stronger national policies. This included providing bespoke information for each district and city to help them understand and apply the available levers effectively.

20. Members questioned what progress had been made in relation to any Key Performance Indicators (KPIs) and what data was available to demonstrate how successful or unsuccessful initiatives had been. Additionally, Members were curious as to whether there were sufficient and sustainable funding avenues for the work to promote healthy weight across the tier system. Officers stated that many of the projects were new, and their outcomes were being evaluated rather than measured against specific KPIs. This was because the nature of the projects made it difficult to set traditional KPIs. For example, the food price marketing project aimed to change purchasing behaviour, which

would take time to measure. Some initiatives did have KPIs, such as breastfeeding rates, but overall, the focus was on evaluating the impact of the projects rather than setting rigid KPIs. The overarching KPI remained the reduction in overweight and obesity rates. It was explained to the Committee that the Health and Wellbeing Board provided overall governance for these initiatives, with specific updates and reports being presented to the Health Improvement Board.

21. There was an acknowledgement that there was a need for more funding and resources to expand the initiatives and support the work across the system. The current funding was not sufficient to cover all the needs, and there was a continuous effort to secure additional resources. The funding issue was particularly critical for new initiatives and expanding existing programs to reach more people and have a broader impact.

22. The discussion also highlighted the importance of sustainable funding avenues to ensure the long-term success of the initiatives. This included exploring various funding sources and advocating for more support at both the local and national levels.

23. Members concluded by debating the benefits and risks of obesity medication. The Committee questioned whether there had been clear communication with residents regarding the benefits and risks of such medication. Furthermore, Members thought it was important to ascertain whether the ICBs were each developing their own pathways for supporting healthy weight or if there was a standardised national pathway in place.

24. It was responded that clear communication regarding the benefits and risks of obesity medications was paramount. It was mentioned that the new digital provider would be able to provide medication as part of the Tier 3 service, but it was crucial to ensure that this was not seen as a direct pathway for medication. Instead, it should be considered a treatment option within a broader weight management strategy. The focus was on making sure that the right people received medication and that it was used as a tool rather than a standalone solution. This approach aimed to avoid widening inequalities and ensure that those who could not access medication in other ways were supported.

25. Officers clarified that each ICB was developing its own pathways for healthy weight support. There was no national pathway in place, which meant that each ICB was responsible for creating and implementing its own strategy based on local needs and resources. This allowed for tailored solutions that addressed the specific challenges and opportunities within each ICB's area. However, it also meant that there was a need for coordination and sharing of best practice to ensure consistency and effectiveness across different regions.

KEY POINTS OF OBSERVATION:

26. Below are some key points/themes of observation that the Committee has in relation to Healthy Weight and associated services. These points of observation relate to some of the themes of discussion during the meeting on 21 November, and have also been used to shape the recommendations being made by the Committee to Cabinet.

Supporting local business to provide healthier options: The modern takeaway market is an integral part of urban life, offering convenience and a variety of food choices to consumers and residents. However, the proliferation of unhealthy food options has raised significant concerns regarding public health. There is a pressing need for local takeaway businesses to provide healthier food options that not only meet consumer health needs but also ensure the sustainability and profitability of the businesses.

The Committee understands the increasing prevalence of diet-related health issues such as obesity, diabetes, and cardiovascular diseases, and how this has put a spotlight on the role of diet in public health. Takeaway foods, often high in fats, sugars, and salts, contribute significantly to these health problems. By providing healthier food options, local takeaway businesses can play a pivotal role in improving public health outcomes.

Nonetheless, there are a number of challenges that local takeaway business could face in switching to healthier food options including:

- Cost Implications: Healthier ingredients can be more expensive, impacting the cost structure and pricing strategies of takeaway businesses.
- Consumer Preferences: There is a perception that healthier food options may not be as appealing to consumers who are accustomed to traditional takeaway offerings.
- Operational Adjustments: Preparing healthier meals may require changes in kitchen operations, staff training, and supply chain management.
- Marketing and Communication: Effectively communicating the benefits of healthier options to consumers and convincing them to make the switch can be challenging.

The Committee is therefore strongly supportive of the approach to promote healthier food options being sold amongst local takeaway businesses. However, it is recommending that consideration is given to adopting measures to address the potential concerns of local takeaway businesses about losing business in the event of switching to healthier food products. The Committee recognises that local authorities may be limited in the powers that they have to influence local businesses and the general takeaway market. However, the system should ideally work together to develop potential solutions to achieve the balance of healthy

food products and local business needs/concerns; including through potential liaison with national players. The Committee is also willing to provide support around such initiatives.

Recommendation 1: *To explore support to local businesses supplying food in the takeaway market to provide healthier offers that meets both business and health needs. It is recommended that effective measures are adopted to address the concerns of local takeaway businesses about losing business in the event of switching to healthier food products.*

Supporting foodbanks in providing healthier food options: The provision of healthier food options in food banks is a crucial initiative that can significantly impact the well-being of the community. Food banks play a vital role in supporting individuals and families facing food insecurity. However, the nutritional quality of the food provided can have a long-term impact on the health outcomes of the beneficiaries. Access to healthier food options can help prevent chronic diseases such as obesity, diabetes, and heart disease, thereby improving overall public health.

In a 2020 study published in the *European Journal of Nutrition*, it was found that food banks in European societies tend to provide food products that not only have little benefit for recipient's health, but that may also be bad for recipient's health[1]. Indeed, healthier food options, such as fresh fruits and vegetables, whole grains, and lean proteins, provide essential nutrients that are necessary for maintaining good health. These foods can help improve immune function, support growth and development, and reduce the risk of various chronic illnesses. Ensuring that food banks offer a balanced variety of nutritious foods can prevent malnutrition, which can have severe consequences, particularly for children and the elderly. A diverse diet that includes all food groups is necessary for physical and cognitive development.

Given that the County Councils' Public Health Team has a pivotal role in promoting public health and preventing disease within the community, Public Health expertise and resources can potentially be invaluable in supporting food banks to provide healthier food options. For instance, the Council could consider meeting with food banks to fully appreciate their challenges as well as offering education and training to food bank staff and volunteers on the importance of nutrition and how to incorporate healthier food options into their offerings. This could include workshops on meal planning, food preparation, and understanding nutritional labels that could support the work of food banks that are in a position to work collaboratively on this. Food Banks and larders would likely need support with funding and health regulations or finding partners that can help overcome these and other barriers.

[1] Improving the dietary quality of food parcels leads to improved dietary intake in Dutch food bank recipients—effects of a randomized controlled trial | European Journal of Nutrition

Effective cooperation and liaison between the County Council's Public Health Team and food larders and banks could be essential for the successful implementation of healthier food initiatives. This could be through establishing regular meetings and open lines of communication, which can facilitate the exchange of ideas, address any challenges, and ensure that all partners/local actors are aligned in their goals. This collaboration can lead to more coordinated efforts and better outcomes for disadvantaged communities who rely on foodbanks/larders. In addition, developing joint programs and initiatives that focus on improving the nutritional quality of food provided by food banks can create a more systematic approach to addressing food insecurity. These programs could include community gardens, cooking classes, and nutrition education campaigns.

The Committee would also like to emphasise the role and importance of volunteers as well as wider voluntary sector organisations on the tremendous roles they play in contributing to food banks and food larders. Volunteer work forms the backbone of many of the charitable initiatives to provide food for vulnerable or disadvantaged groups. Volunteering is not merely about giving time and effort; it is a profound expression of a strong community spirit and compassion. Volunteers work tirelessly behind the scenes, including with food banks and larders, to ensure that people in their communities do not remain without essential food. Volunteers and voluntary sector organisations fulfil this vital role through sorting donations, distributing food, or even offering a listening ear. It is for this reason that the Committee is recommending that there is further celebration of the role of volunteers and voluntary sector organisations in this regard.

Recommendation 2: *To support food banks and larders in providing healthier food options; and for there to be further liaison and cooperation between the County Councils' Public Health Team and food larders and banks. It is recommended that there is further celebration of the role of volunteers and voluntary sector organisations in this regard.*

Development of Key Performance Indicators: Promoting healthy weight should indeed constitute a critical public health objective, particularly given the rising prevalence of obesity and related health issues globally. The Committee is therefore very supportive of the initiatives and activities of the Public Health Team in working toward this. However, to ensure that initiatives aimed at promoting healthy weight are effective, it is essential for system partners to develop clear and measurable Key Performance Indicators (KPIs). These KPIs will help in evaluating the impacts and progress of the initiatives, ensuring that they are meeting their goals and making necessary adjustments for continuous improvement. The KPIs that are developed should clearly define what is to be measured specifically. The Committee therefore urges that KPIs are developed which also adhere to the SMART (Specific, Measurable, Achievable, Relevant, Timebound) criteria.

One particular KPI that could be adopted could potentially assess the proportion of takeaway businesses actually switching to healthier food options, and the number of local food stores also doing this. This would essentially allow the Council (as well as its partners) to track the progress of initiatives aimed at creating a healthier environment which can contribute to tackling excess weight. Another KPI could be on the number of Oxfordshire organisations engaging with and adopting any actions to support the strategy. The use of qualitative measures would therefore be helpful in understanding key themes that drive or hinder organisational engagement and action to support the strategy.

Furthermore, the establishment of KPIs as well as having transparency around these can help to reassure the wider public and increase their confidence in the measures adopted by their Council and partners to tackle excess weight.

Recommendation 3: *For the development of clear and measurable KPIs so as to evaluate the impacts and progress of the work to promote healthy weight.*

Communicating benefits & risks of obesity medications: The Committee understands that one of the strategies employed to combat obesity is the use of obesity medications. While these medications can offer significant benefits, they also come with potential risks. It is essential to have clear and transparent communications with residents regarding these medications to ensure they are well-informed and can make educated decisions about their health. According to a 2014 study published in the *Journal of Obesity*, communication with patients as to the potential risks of obesity medications is crucial as patients may use these medications in pursuit of what may appear to be a healthy objective of losing weight, and may at times not be sufficiently aware of their risks [2]. There have also been disturbing inquests into the deaths of young women who have accessed online medications for weight loss privately with no appreciation of the dangers of these drugs[3].

The Committee recognises that when utilised as part of a comprehensive weight management plan, obesity medications can provide several benefits including:

- For individuals who have struggled to lose weight through diet and exercise alone, these medications can provide the necessary support to achieve their weight loss goals.

- These medications can lead to improved health outcomes, including reduced risk of chronic diseases such as type 2 diabetes,

[2] Time series analyses of the effect of FDA communications on use of prescription weight loss medications - Block - 2014 - Obesity - Wiley Online Library

[3] https://www.forbes.com/sites/katherinehignett/2024/11/09/woman-dies-after-using-weight-loss-drug-in-uks-first-case/; https://www.itv.com/news/2024-12-10/grieving-family-fears-illegal-weight-loss-drops-led-to-young-mums-death

hypertension, cardiovascular disease, and certain cancers. Additionally, weight loss can alleviate the symptoms of conditions like osteoarthritis.

- These medications can have an indirect positive impact on an individual's quality of life; as through creating weight loss they can improve mobility, increase energy levels, and boost self-esteem and mental well-being. These positive changes can contribute to a more active and fulfilling lifestyle also.

However, it is important that patients are clearly communicated with, and that there is adequate transparency around, not only the benefits of but also the risks associated with these medications. This can help to avert the prospect of patients feeling strongly inclined to take these medications due to their knowledge of the aforementioned benefits without having a balanced understanding of the potential side effects and risks. It would also help avert people who are not patients but who are accessing weight loss medications online who are of a healthy weight and who are unknowingly seeking medication that is unsafe for them.

Recommendation 4: *For there to be clear communications as soon as possible with residents as to the benefits and risks associated with obesity medications, especially for anyone who has not been encouraged to lose weight by their GP and is considering buying weight loss drugs privately or online without medical supervision.*

Identifying and engaging residents with comorbidities: The prevalence of comorbidities amongst Oxfordshire's residents poses significant challenges. Comorbidities, where individuals suffer from multiple health conditions simultaneously, complicate treatment plans and necessitate a comprehensive approach to healthcare. In a 2015 study in the *Journal of Diabetics, Obesity and Metabolism*, it was found that identifying individuals with comorbidities was crucial so as to determine treatments and overall policies to improve healthier weight[4]. The Committee believes that one of the fundamental steps in addressing the needs of these individuals is clear mapping and identification. This process is crucial not only for effective treatment but also for the coproduction of healthy weight services, ensuring that input from those with comorbidities and vulnerable population groups is incorporated into how healthy weight services are designed as well as delivered.

In one 2021 review published in the *Future Healthcare Journal*, Comorbidities are defined as often interrelated conditions that affect an individual's overall health and quality of life[5]. Examples include diabetes and cardiovascular disease, obesity and hypertension, or mental health disorders and substance abuse. These conditions can exacerbate one another, making management more complex and necessitating a multifaceted approach to one's overall care and health.

[4] Current and emerging medications for overweight or obesity in people with comorbidities - Fujioka - 2015 - Diabetes, Obesity and Metabolism - Wiley Online Library

[5] Clustering of comorbidities - ScienceDirect

The presence of comorbidities often complicates diagnosis and treatment for patients. System partners must consider the interplay between different conditions and how treatments for one condition might affect another. For instance, medication for one illness might worsen another condition or interact adversely with medication prescribed for a different health issue. This complexity underscores the need for precise mapping and identification of individuals with comorbidities to tailor treatment plans effectively, including plans for patients/residents with excess weight.

The Committee urges that coproduction of healthy weight services should involve collaborative efforts between healthcare providers, patients, and communities to design and implement programs that promote healthy weight management. Incorporating input from individuals with comorbidities and vulnerable population groups is essential for the efficacy of these services and is important for three key reasons:

- Inclusivity: Involving individuals with comorbidities in designing healthy weight services ensures that these programs address the unique challenges faced by such residents. For instance, weight management programs must consider the limitations and needs of individuals with mobility issues or chronic pain.

- Engaging and empowering: Engaging individuals with comorbidities in the coproduction process empowers them to take an active role in their health management. This collaborative approach fosters a sense of ownership and commitment to the program, leading to higher participation rates and better outcomes.

- Cultural Relevance: Vulnerable population groups often have distinct cultural and social factors that influence their health behaviours. Including these groups in the coproduction of healthy weight services ensures that programs are culturally relevant and accessible. This can further promote inclusivity in initiatives and policies that promote healthier weight.

Recommendation 5: *For there to be clear mapping and identification of individuals with comorbidities. It is crucial that there is ongoing coproduction of healthy weight services that would include input from those with comorbidities or from vulnerable population groups.*

Promoting and celebrating physical activity: The Committee is pleased to hear that efforts are being made to promote greater physical activity amongst Oxfordshire's residents through various avenues. Indeed, in the pursuit of a healthier future for Oxfordshire's residents, it is imperative that system partners work collaboratively to promote greater physical activity amongst residents of all ages. This collective

effort can significantly contribute to the well-being of individuals and communities, fostering a culture that values health and wellbeing overall.

Physical activity is a cornerstone of a healthy lifestyle. In a 2010 study published in the *International Journal of Behavioural Nutrition and Physical Activity*, it was found that physical activity plays a crucial role in maintaining a healthy weight, enhancing mental well-being, and preventing chronic diseases such as diabetes, heart disease, and certain cancers[6]. For children and adolescents, regular physical activity can contribute to the development of strong bones and muscles, improves cardiovascular fitness, and supports cognitive functions. Among adults and the elderly, it helps maintain mobility, balance, and functional independence.

Achieving widespread physical activity within Oxfordshire would require a concerted and collective effort from various organisations and stakeholders, including schools, healthcare providers, local governments, community organisations, and businesses. Each of these entities can play a pivotal role in creating environments that encourage and facilitate active lifestyles as indicated below:

- Schools: Schools can inculcate the values of physical activity and healthy eating from a young age. By integrating physical education into the curriculum and promoting active play, schools can lay the foundation for lifelong healthy habits. Additionally, initiatives such as after-school sports activities and nutrition education can reinforce these values.

- Healthcare Providers: Healthcare providers can advocate for physical activity by educating patients about its benefits and providing personalised advice. Routine check-ups can include assessments of physical activity levels and discussions about incorporating more movement into daily routines.

- Local Authorities and Community Organizations: Local Authorities (including Oxfordshire County Council as well as the City/District Councils) and community organisations can support physical activity by developing and maintaining parks, recreational facilities, and walking and biking paths. Community-wide events such as fun runs, fitness classes, and sports tournaments can also encourage residents to engage in physical activity.

Furthermore, the Committee recognises and is pleased that physical activity is being encouraged within schools in Oxfordshire, and recommends that consideration is given to launching a public event to celebrate good practice in schools around promoting eating well and moving well. This could indeed also contribute toward raising awareness

[6] Systematic review of the health benefits of physical activity and fitness in school-aged children and youth | International Journal of Behavioral Nutrition and Physical Activity

of the importance of healthy eating and physical activity throughout the County.

Recommendation 6: *For system partners to work collaboratively to promote greater physical activity amongst residents of all ages. It is recommended that consideration is given to launching a public event to celebrate good practice in schools around promoting eating well and moving well. This could help to raise awareness of the importance of healthy eating and physical activity for all children.*

LEGAL IMPLICATIONS

27. Under Part 6.2 (13) (a) of the Constitution Scrutiny has the following power: 'Once a Scrutiny Committee has completed its deliberations on any matter a formal report may be prepared on behalf of the Committee and when agreed by them the Proper Officer will normally refer it to the Cabinet for consideration.

28. Under Part 4.2 of the Constitution, the Cabinet Procedure Rules, s 2 (3) iv) the Cabinet will consider any reports from Scrutiny Committees.

29. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the Committee may require a response from the responsible person to whom it has made the report or recommendation and that person must **respond in writing within 28 days of the request.**

FINANCIAL IMPLICATIONS

Anita Bradley
Director of Law and Governance and Monitoring Officer

Annex: 1 Scrutiny Response Pro Forma

Background papers: None

Other Documents: None

Contact Officer: Dr Omid Nouri
Scrutiny Officer (Health)
omid.nouri@oxfordshire.gov.uk
Tel: 07729081160

December 2024

OXFORDSHIRE COUNTY COUNCIL

Cllr J Hanna OBE

Chair, Oxfordshire Health Overview and Scrutiny Committee

20 January 2025

Dear Secretary of State for Health and Social Care,

Impacts of increasing National Insurance and Living Wage contributions on General Practice in Buckinghamshire, Oxfordshire, and Berkshire West:

We are writing on behalf of the Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview Scrutiny Committee to bring to your attention the impacts of the government's increases of national insurance and living wage contributions on General Practice in the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) geography. The government will be aware of the fact that the healthcare sector, and in particular General Practice, has been under increased strain due to the increases in demand for primary care services. In parts of BOB, this increased demand has been occurring as a result of rising residential developments and influxes of population.

It is anticipated that there will be significant financial and operational challenges faced by GP surgeries in BOB due to increases in the living wage and national insurance contributions. These changes, while aimed at improving the overall economic welfare of workers, will have profound implications for the functioning and sustainability of GP practices.

The Committee received evidence in the context of its public meeting on 22 November 2024, regarding the potential impacts of these increases as well as on how GP practices across the BOB geography felt about the increases. This included the outcome of a survey conducted by the Berkshire, Buckinghamshire, and Oxfordshire Local Medical Committee sent to GP practices in the BOB area. There were three aspects of the government's budget that practices across the BOB geography were concerned about including:

1. The increase in Employer National Insurance Contributions (NICs) from 13.8% to 15%.
2. The salary threshold at which employers begin to be liable for NICs has been decreased from £9,100 to £5,000.
3. In addition, the national minimum wage is to increase from £11.44 to £12.2

The above survey found that of the practices that did partake, the average annual recurring loss per practice was £47,000. This increased financial loss could add to the already existing challenges experienced by General Practice locally. The survey also found that the proportion of practices who will have to make redundancies or staff layoffs in order to remain viable was 67.6%.

Additionally, what is of even greater concern to the Committee is that of those practices who partook in the aforementioned survey, the proportion of practices who are considering

handing back their contract and closing due to no longer being financially sustainable is 1 in 6.

Whilst government is pledging that the public sector will have these tax increases funded, the Treasury has stated that GP practices will not be included in this promise. The Committee therefore urges government to take into account aspects of legislation which define GP practices as “public authorities.”

We understand that the Secretary of State is committed to increasing the proportion of resources to primary care and has written to the British Medical Association that he understands the potential implications of the budget for GPs, and the Committee therefore urges government to take the need to provide adequate and sustainable support to GPs into account and to work toward achieving this.

We hope this letter will be helpful and would urge that assurance can be given as soon as possible to support the sustainability of GP services in our geography.

Yours sincerely,

Cllr Jane Hanna OBE

Acting Chair, Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview Scrutiny Committee.

Chair, Oxfordshire Joint Health Overview Scrutiny Committee.

Jane.hanna@oxfordshire.gov.uk

Department of Health & Social Care

From the Ministerial Correspondence and Public Enquiries Unit

39 Victoria Street
London
SW1H 0EU

Our ref: DE-1560010

20 January 2025

Dear Dr Nouri,

Thank you for your correspondence of 6 January to the Secretary of State for Health and Social Care about the effect on GP practices of the increase in employers' National Insurance (NI) contributions. I have been asked to reply.

I appreciate your concerns.

The Government have made the decisions to fix the foundations of the public finances in the Autumn Budget. Resource spending for the Department will be £22.6billion more in 2025/26 than in 2023/24, as part of the Spending Review settlement. The employers' NI rise will be implemented in April 2025. The Government will set out further details on allocation of funding for next year in due course.

The Government recently announced a proposed funding increase for general practice for 2025/26 of £889million, an increase of 7.2 per cent in cash terms.

Primary care providers – including general practices – are valued independent contractors that provide NHS services with a value of nearly £20billion. Every year the Government consults with each contracted sector about the services it provides, and the money providers will be entitled to in return. The Government recently begun discussions on the annual GP contract, and the matter of the employers' NI increase will be dealt with as part of that process.

I am sorry I cannot be more directly helpful.

Yours sincerely,
Correspondence Officer
Ministerial Correspondence and Public Enquiries
Department of Health and Social Care

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OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

30 JANUARY 2025

Update report on the work of the Oxfordshire Joint Health Overview Scrutiny Committee Substantial Change Working Group

Report by Director of Law and Governance and Monitoring Officer

RECOMMENDATIONS

The Committee is **RECOMMENDED** to

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

CONTEXT

1. Inpatient services at Wantage Community Hospital were temporarily closed in July 2016, and they have not reopened since (with the exception of maternity). The Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) has been involved with scrutiny of the inpatient bed closures ever since, and members have sought to work with NHS and local stakeholders to find a resolution. A fuller history of the events surrounding the closure of the inpatient beds at Wantage Community Hospital has been included in the agenda papers for the Committee's 30 June 2023 meeting: Wantage Community Hospital Timeline.pdf (oxfordshire.gov.uk)

2. The previous OX12 project involved the NHS working with the community as well as a HOSC working group between 2018 and 2020 following a public protest in Wantage Town square and request for HOSC support. The final report recommended the likelihood of the closure of the beds being permanent. Nonetheless, there was no explicit outcome for planned alternative provision leading to a loss of confidence in the NHS. In 2020 all services at the hospital closed including maternity. Following public petition and scrutiny from HOSC, there was a refurbishment and bringing back of maternity services with live births during 2022 by Oxford University Hospitals NHS Foundation Trust. This was facilitated by funding contributions by the Wantage Hospital League of Friends. Several temporary pilot hospital services were also launched and reported to HOSC by Oxford Health NHS Foundation Trust. Nick Broughton, Chief Executive Officer of Oxford Health NHS Foundation Trust in 2021, gave his personal assurance then that if the Wantage Community trusted in working again with the NHS that there

would be a solution. The Place Director for the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) apologised to the population for their previous experience of working with the NHS and gave assurance that this would not be repeated. A proposal to develop a solution with Wantage Town Council and local stakeholders came to HOSC in June 2023 following a local stakeholder event, and a proposal to work in coproduction was accepted. Intensive work followed with stakeholder and public engagement involving coproduction with Wantage Town Council health representatives and HOSC working group scrutiny, leading to a public meeting on a plan, a report, and clear proposal to HOSC in January 2024. This was against the backdrop of scrutiny consideration of whether to refer the closure of the community hospital beds to the Secretary of State for Health and Social Care.

3. The working group last reported to HOSC a year ago in the 16 January 2024 public meeting, during which the following recommendation was made to HOSC:

   *"That the matter of the closure of inpatient beds at Wantage Community Hospital is **NOT** referred to the Secretary of State for Health and Social Care."*

4. This recommendation was agreed to by the Committee, and in agreeing to this, the Committee took into consideration the report before it which was submitted by the NHS and which outlined the NHS's offer, in addition to the assurances given by local organisations and letters of support from all partners. Annex 1 below outlines the full list of recommendations as to the future of Wantage Community Hospital that the NHS's coproduced report outlined (these recommendations emerged subsequent to the public engagement exercise which took place in 2023):

5. Additionally, a Wantage Town Council Motion supported the recommendations of the coproduced report in light of urgent improvement needed for the local patient population (having increased by nearly 10,000 since 2014) projected at 41,000 by 2030. Namely the permanent retention of existing outpatient pilot clinics and additional outpatient services which could only be facilitated by accessing approximately £600,000 of (Community Infrastructure Levy) CIL funding from housing developments to carry out necessary refurbishments and other capital expenditure https://wantagetowncouncil.gov.uk/wp-content/uploads/2024/01/Health-Committee-motion-from-Wantage-Town-Council-corrected-15Jan2024-1.pdf. It also welcomed the statements made about palliative and urgent care. No member of the public petitioned the Committee to refer the matter to the Secretary of the State.

6. The Committee also issued the following recommendations to Oxford Health NHS Foundation Trust and the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB):

   1. That there is no undue delay in securing the CIL funding available in full for the purposes of providing the additional proposed clinical services on the ground floor of Wantage Community Hospital given the removal of the in-patient beds since 2016. It is recommended that there is a maximisation of the ground floor of the hospital for the purposes of expanding these specialist services.

2. That the Project Delivery Plan for the future of the hospital's ground floor services is delivered on schedule as much as possible, and that there is ongoing scrutiny over the process of delivering the plan and its outcomes for the local population.

3. For a meeting to be convened as early as possible between identified leads within BOB ICB, Wantage PCN, Oxford University Hospitals, Oxford Health, Oxfordshire County Council, Wantage Town Council, and HOSC; with a view to plan for continued momentum on co-production and agreed scrutiny moving forward.

7. All three recommendations set out in paragraph 6 above were agreed to by Oxford Health NHS Foundation Trust and the Integrated Care Board, and commitments were expressed to implement these.

8. The purpose of recommendation 3 was to create the mechanism through which management, oversight, and scrutiny of the project delivery plan as to the future of hospital-like services at Wantage Community Hospital would be agreed. The agreement was made for there to be two mechanisms through which governance and oversight of the project would take place:

   a) The Wantage Community Hospital Governance and Oversight Group, which comprises key representatives of system organisations responsible for contributing to the implementation of the project delivery plan for the future of services to be delivered at the hospital. This group meets regularly. The Chair of Wantage Town Council Health Committee and the HOSC Chair and Health Scrutiny Officer also sit on this group. There would be updates made available to the Wantage Town Council Health Committee.

   b) The HOSC Substantial Change Working Group (comprising Cllr Hanna, Cllr Champken-Woods, District Cllr Paul Barrow, and Cllr Haywood), which meets with and received quarterly check-ins with representatives from Oxford Health and the BOB Integrated Care Board.

KEY SUMMARY OF WORKING GROUP ACTIVITY AND POINTS OF OBSERVATION

9. Since the working group last reported to the Committee in January 2024, it has held 3 meetings with representatives of Oxford Health NHS Foundation Trust and the ICB on 23 May 2024, 22 October 2024, and on 16 December 2024.

10. Below is a summary of some key themes/areas of discussion that the working group has had in its interactions with the NHS since January 2024. The below themes also include some points of observation that the working group has in relation to the ongoing project to expand hospital-like services on the ground floor of Wantage Community Hospital.

Securing initial £600,000 CIL funding: It is the working group's understanding that CIL funds will need to be accessed for the purposes of refurbishing the ground floor of the hospital in order to initiate the delivery of the clinical services that were specified in the recommendations of the report initially co-produced at the conclusion of the NHS's Public Engagement Exercise in Wantage. Given that there are strict and procedural avenues through which sources of funding can be accessed for NHS projects, as well as the fact that the NHS had initially informed stakeholders that CIL funding from the Vale of the White Horse is the one capital source of funding that has been identified over the last six months, the working group has routinely and strongly recommended that the £600,000 available is fully utilised for the purposes of renovating the ground floor of the hospital to expand clinical provision and to maximise space for hospital-like services. The working group notes that the Vale of White Horse District Council had confirmed that with support of the ICB, the CIL amount of £600,000 is indeed ringfenced for the purposes of delivering this project. The working group has also been informed that the amount of £600,000 is sufficient to cover the original specifications of the project.

Securing total amount of £950,000 CIL fund: The working group also understands that as of the summer of 2024, the ICB and the District Council have had further discussions around potentially increasing the CIL funding to provide £950,000 toward the project in total. The working group welcomes this development and believes this would enable the project to be delivered in one full segment, without the need to phase the delivery of the project, and to enable inclusion of an increased specification that was requested by hospital consultants. This is a crucial development as reliance on the amount of £600,000 would have meant the project would have to be delivered in phases. This increased CIL amount would hence negate the need to phase the project's delivery. Phasing the delivery of the project will also likely produce further delays and increase costs.

Securing £100,000 charitable legacy: The working group welcomes the additional fund of £100,000 that will be released by the Oxford Health NHS Foundation Trust charitable fund from a legacy intended for Wantage Community Hospital. The use of this fund has been possible because of partnership working on the refurbishment and is to be used to provide an enhanced digital facility at the hospital for residents using the hospital and for staff.

Palliative Care Provision in Wantage: The working group understands that palliative care services are to be expanded in Wantage, and has urged that all relevant system partners, including Oxfordshire County Council, are clear about the role of palliative care services and the resources available for this. This is particularly important given the increased prioritisation of care in the community as per the government's plans as well as the Oxfordshire Way. If there is to be palliative care provision in Wantage, sustainable levels of resourcing for this will be crucial. The working group has also urged system partners to provide clarity around the nature of the palliative care provision that the NHS have expressed a willingness to deliver in Wantage. The overall work that the Committee has invested in extensively scrutinising palliative care provision in Oxfordshire has

added further momentum toward the impetus and emphasis on expanding palliative care services for Wantage.

Importance of transparency on barriers/enablers: The working group has maintained a consistent emphasis on the need for adequate transparency around the delivery of the project. Thus far, communication with the working group as to the operational aspects of the project and its timescales have been promising. However, it is also crucial that clarity around the barriers and enablers surrounding the project's timely delivery are shared whenever any such barriers or enablers arise. The working group was pleased to hear of the prospect of the available CIL funds being increased to £950,000, as this constitutes a potentially key enabler for the project which negates the need for a phased delivery. This would have essentially overcome the barrier of the £600,000 only being sufficient as to deliver a phased delivery.

Impact of ICB restructure: The working group (as does the wider Committee) understands that the ICB is currently in the process of undergoing a restructure of its staffing, with one aspect being the removal of the post of place director for Oxfordshire. The working group has expressed concern regarding the impact that the Oxfordshire place director removal could have on the delivery of the project and the immense progress that has been made so far in reaching the current point. It was partly through the presence and contributions of a place director which enabled the coproduction exercise to be completed in 2023 and which established a clear channel and avenue of communication between the local Wantage community and the ICB. Nick Broughton, the chief executive officer of BOB ICB, gave verbal assurance at the meeting of BOB HOSC in November that the Wantage project would not be negatively impacted and that the NHS offer would be delivered.

The working group has therefore urged for reassurances to be provided over:

- The impacts of the removal of the place director on the project.
- How the project will continue to be delivered in full and on schedule under the new structure of the ICB.

Importance of ongoing coproduction: Coproduction has been at the heart of determining the future services to be delivered at Wantage Community Hospital, particularly in the context of the public engagement exercise which concluded last year. The working group has continually stressed the need for system partners to continue to engage in coproduction with local residents in Wantage so as to not only determine the future hospital-like services to be delivered, but also in the event of any potential future barriers that arise that could result in considerations by the NHS to amend any of the initially coproduced plans for future services.

Bringing new services to the hospital is only possible alongside the proposed major refurbishment. This has only been possible due to the community-based model of working that has developed strong relationships across the NHS, as well as with the local health committee and especially with the Vale of the White

Horse District Council which hold funding for health on behalf of the NHS. The working group is aware of the intensive work that has been necessary through collaboration that has enabled organisations to help each other with barriers they face at an individual organisation level. The importance of the ICB having the capacity to focus on supporting this community-based model has been fundamental, as well as the presence of highly motivated managers working to a shared purpose across all organisations.

Intensive collaboration has also been taken forward against this backdrop on the list of new services that will be provided at the hospital from 2025. With the good news on the increased financial investment on the building, the working group has been assured that progress already made will intensify ahead of a planned public meeting in late spring. The work on new services has taken place exploring what will be provided against the list of services that was shared with the public in January 2024 after the public engagement exercise and again in July 2024. It is therefore vital that any plans to amend the initially agreed and coproduced plans should take into account the views and experiences of local residents. A public meeting is planned for March/April 2025.

Timelines: The general election delayed the July 2024 meeting with the public where the proposed designs and services were discussed by a month. The exploration of additional funding which would substantially benefit the project has meant that market engagement with contractors was deferred until December from the original October timeline. The working group has been assured that the works on the community hospital will take place to the timeline with new services starting in 2025 as outlined in paragraph 14 of this report below. Any disruption from works to patients will be communicated and kept to a minimum.

NEXT STEPS

11. Below is a brief outline of the next steps involved as part of the project delivery plan, and the ongoing role of the working group in this regard.

12. The proposed designs for the ground floor of Wantage Community Hospital have been discussed with local stakeholders, and a quantity surveyor has supported the establishment of an outline cost.

13. The original agreement in Winter 2024 with the local community was to refurbish the ground floor of the hospital, and this included:

    - Converting historical ward spaces into specialist clinic spaces with the prospect of clinical flexibility.

    - Refurbishing some of the existing clinic rooms to maximise the space available for increasing the number of specialist clinics.

    - Developing one central reception/patient waiting zone.

14. The below timeline was shared with the working group to provide an indication as to the key milestones on the journey toward the provision and expansion of hospital-like services from the ground floor at Wantage Community Hospital:

    - November 2024 – Architect drawings and design
    - December 2024 – Market engagement followed by procurement of contractor
    - January/February 2025 – Design sign-off
    - March 2025 – Contractor appointed
    - March/April 2025 – Estates improvement works commence and any temporary relocation of services whilst works undertaken
    - June to August 2025 – Service configurations confirmed and transfers planned to take place
    - July to September 2025 – Works complete and CIL project work concludes
    - September 2025 (TBC) – Services start to work out of refurbished ground floor

15. The HOSC substantial change working group seeks, with the Committee's support, to continue to engage in scrutiny of the ongoing delivery of the project initially outlined to the Committee in January 2024. This will include holding quarterly check-ins with key representatives of Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, and the BOB Integrated Care Board (with a view to scheduling these for the months of March, June, September, and December 2025).

16. The working group will also report any key milestones or developments relating to the project to the wider Committee as required.

LEGAL IMPLICATIONS

There are no legal implications arising from this report (its intent being to provide an overview of the working group's activities and observations around the future of the Hospital and the project delivery plan).

Comments checked by: Anita Bradley, Director of Law and Governance & Monitoring Officer.

FINANCE IMPLICATIONS

There are no direct financial implications arising from this report.

Comments checked by: Drew Hodgson, Strategic finance business partner.

Contact Officer: Dr Omid Nouri
Health Scrutiny Officer
omid.nouri@oxfordshire.gov.uk
Tel: 07729081160

ANNEX 1:

Below is the full list of recommendations as to the future of Wantage Community Hospital that the NHS's coproduced report outlined (these recommendations emerged subsequent to the public engagement exercise which took place in 2023):

1. ***In relation to inpatient beds and the alternatives:***
   • Based on coproduction and considering evidence and findings from engagement we recommend the community inpatient beds at Wantage Community Hospital are permanently closed.
   • In line with wider work the BOB ICB is taking forward work to improve the local end of life care pathway, to see how we can strengthen the local offer for patients requiring palliative care.

2. ***In relation to planned care services:***
   • ICB, OHFT and OUHFT work to confirm the outpatient services currently being delivered in Wantage Community Hospital.
   • ICB to work with providers (including OHFT, OUHFT and other service providers) to identify sustainable community clinic-based services from Wantage Community Hospital. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.

3. ***In relation to urgent care:***
   • Due to the high capital cost of providing a large x-ray within the hospital against the significant demands and constraints of the limited available capital funding in the system alongside the concerns over the workforce implications, it is not recommended to take forward a walk-in service at the community hospital at this time. However, consideration should be given to what diagnostic services could be included as part of the same day services and this should be kept under consideration in the future.
   • Based on the noted increased complexity of needs within the local population, it is recommended to focus on developing a specialist local response service for those with long term conditions. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.

Healthwatch Oxfordshire
Your voice on health and care services

Report to the Oxfordshire Joint Health Overview Scrutiny Committee

30 January 2025

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1. Healthwatch Oxfordshire reports to external bodies

For all external bodies we attend our reports can be found online at:
https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/

We attend Oxfordshire's Health and Wellbeing Board, Health Improvement Board and Children's Trust. We attend **Oxfordshire Place Based Partnership** meetings under Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). We work together with the five Healthwatch groups at place across BOB ICB to give insight into committees at BOB ICB wide level.

2. Update since the last Health Overview Scrutiny Committee (HOSC) Meeting - 21 Nov 2024:

Healthwatch Oxfordshire reports published to date:

All the following reports published since the last meeting can be seen here: https://healthwatchoxfordshire.co.uk/reports All reports are available in **easy read**, and word format.

- Follow on from our report on **Discharge from Hospitals**, actions taken forward by health and care partners include new patient leaflet and pilot of proactive follow-up in a PCN in South Oxfordshire.

Enter and View Visits

Since the last meeting we made Enter and View visits to:

- Hand and Plastic Injury Unit (HAPI) at the John Radcliffe (Dec 2024)
- Freeland House Nursing Home, Freeland (Jan 2025).

We published the following reports: on Enter and View visits to the following services:

- White Horse Medical Practice, Faringdon (Nov 2024)
- Emergency Multidisciplinary Unit (EMU) Abingdon Hospital

All published Enter and View reports are available here:
https://healthwatchoxfordshire.co.uk/our-work/enter-and-view
and information about why and how we make visits here:
https://healthwatchoxfordshire.co.uk/wp-content/uploads/2024/01/Enter-and-View-easy-read-information.pdf

Webinars: We held two public webinars:

- 19 November - **'Designing Services with Men in Mind'** with speakers from Oxford Community Champions and chaired by Matt Williams (Oxfordshire Men's Health Partnership).
- 21 January – **'GP Surgeries - It's all about teamwork'** with speakers from BOB ICB, health and care professionals and video on navigating GP reception created by Oxford Community Champions.

Forthcoming webinars:

- Wednesday 5 February **'Have your say on the future of the NHS' 1 pm Zoom link:** https://us06web.zoom.us/j/89291767099?pwd=9NfJgq5dGkUsPpNwHJxWP7TTreF8Aa.1#success To enable people to feed into the NHS 10 year plan – we will be focusing on how technology could be better used in health and care.
- Tuesday 18 March 1-2 pm **'Mental wellbeing support for our children and young people' – details and speakers to be confirmed**

To see our programme, Zoom links and recordings of all webinars: https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/ All welcome.

Our ongoing work:

- We launched a survey on **navigating urgent and emergency care** services https://www.smartsurvey.co.uk/s/UECservices/ (live until 17 February)
- We continue ongoing face to face **outreach** to groups and events across the county, including hospital stands (to Witney Community and Warneford Hospitals), focusing on general and topical listening. Outreach since the last meeting includes Refugee Resource Women's Group, Cherwell refugee support group, Rose Hill Health Promotion Day, Banbury shopping centre, and My Life My Choice Health Voices Group. Between Oct-Dec we spoke to approximately 437 people.
- Forthcoming reports include findings on women's health, and listening to men on the street during November in Didcot in support of Oxfordshire Men's Health Partnership's '30 Chats in 30 Days' initiative.

- **Wood Farm and Town Furze** community insight profile we undertook for Oxfordshire Public Health (part commissioned) will be presented at the Health and Wellbeing Board meeting in March.
- Our comment on Warneford Hospital redevelopment consultation https://healthwatchoxfordshire.co.uk/news-and-events/correspondence/
- Our priorities and work plan for 2025-6 will be published in March.
- Healthwatch Oxfordshire **Board Open Forum** (see here https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/) – to which **all are welcome** to come and hear from Board members and about our work: **Wednesday 19 February 7-8 pm** on Zoom https://us06web.zoom.us/j/89667597358?pwd=OefpY2bxBpLV7RjSEU3tT8HQmN4Dst.1#success
- We supported Mill Stream PPG in Benson with a 'Change NHS' workshop on 18 January, to contribute to NHS 10 Year Plan.
- We attended the launch of the Marmot County launch on health inequalities and are supporting ways to bring community voices into this process, including rural communities.

3. Key issues we are hearing from the public:

We hear from members of the public via phone, email, online feedback on services (see here for reviews and to leave a review https://healthwatchoxfordshire.co.uk/services), and when out and about. This enables us to pick up issues and raise with health and care providers and commissioners. Below are some of the themes we are hearing public on different issues.

- Appreciation for kind, caring staff in primary and secondary care, good communication, and being seen promptly:
  "*listened to me and was kind and caring. She understood my needs and concerns and has taken steps to improve my care and wellbeing*" (GP)

  "really attentive, didn't rush anything and made the whole experience as pleasant as possible (usually not pleasant for me). Really appreciated it" (GP)

  "The care for my mother has been fantastic. Caring and can make no fault - she enjoys the company of all the nurses and care staff and is recovering well food good too". (Witney Community Hospital)

- Positive feedback on care from GP Practices as well as frustrations with booking and getting appointments.

Public feedback issues include waiting to get GP appointments, understanding access systems, challenges completing e-consult forms and navigating multiple phone options for people with a learning disability or people whose first language is not English, long waits for non-urgent appointments (we will be producing a summary of this shortly).

> *"Doctors are very helpful and fast to recommend other services when needed"*
>
> *"Appointment booking is very easy and staff are lovely".*
>
> *"I had to wait over 4 weeks to get a face to face appointment"*
>
> *"It takes a while before you can get appointment. I had a very bad skin problem for which the GP did try and refer me. A year later my skin is in worse condition and I still have not got an appointment to see a skin specialist".*
>
> *"It is very hard to book an appointment when you cannot speak English and people just do not understand you at the practice".*

- Difficulty contacting and accessing adult mental health services, including long waits to hear back following referral
- Continued comments about lack of access to consistent interpreting and translation services across all services
- Problems accessing children and adult ADHD and autism services, including long waiting lists and lack of shared care arrangements for medication and clear communication about how to find support
- Mixed experiences of coverage, booking and receiving seasonal Covid and flu vaccinations – with some areas seen by patients as less served than others
- Patient groups continue to ask for clearer and more direct pathways to engagement, communication, information with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). This includes on new operating models, decision making, and clear pathways for patient voice in service development in timely way.

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

30 JANUARY 2025

Update report on the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board Restructure.

Report by Director of Law and Governance and Monitoring Officer

RECOMMENDATIONS:

The Committee is **RECOMMENDED** to

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

2. **AGREE** to the 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 are 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.

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

CONTEXT:

1. The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board initiated a consultation in July 2024, describing the consultation as being an 'ICB consultation on Revised Operating Model'. The ICB referred to the consultation as being a staff restructuring and, as a result, limited the engagement of key partners on that basis.

2. Specifically, the proposed changes related to prevention and early intervention, urgent care services, infection control resources and the role of Director of Place for Oxfordshire. These proposed changes effected a centralisation of functions and activities that were previously managed effectively at Place level.

3. The timing of the ICB's announced consultation period was deeply problematic for HOSC from a scrutiny point of view given that:

    - The timeframe of the consultation was very brief for a proposal of great significance to Oxfordshire.

    - The consultation was launched in July, shortly after the June HOSC meeting, and ending prior to the Council's summer break in August. This necessitated an urgent HOSC response at a time of year when Councillors and Officers were more likely to be on leave.

KEY SUMMARY OF HOSC ACTIVITY AND SCRUTINY OF ICB RESTRUCTURE THUS FAR:

4. Upon hearing of these proposed changes to the ICB operating model, HOSC convened an extra meeting on 2 August 2024. The Committee invited the ICB to send representatives to attend the meeting to have an open, thorough, and transparent discussion on the nature of these proposals; which elicited concerns amongst elected members, many key partners and stakeholders within the Oxfordshire system. The decision to convene this public meeting was also partly made due to the Committee not being content with the explanations provided by the ICB during a private meeting with senior officers from Oxfordshire County Council and the ICB.

5. Representatives from most of Oxfordshire's key stakeholder organisations attended the meeting on 2 August. All HOSC members (as well as others present) unanimously agreed that the originally proposed changes to the ICB operating model would not be in the interests of Oxfordshire's residents and could undermine the effective partnership working and progress that had thus far taken place under the existing operating model, which included the two dedicated place-based posts of the Oxfordshire Director of Place and the

Oxfordshire Urgent and Emergency Care Director. There was a unanimous opinion that the ICB should have reached out at an earlier stage to engage the local authority or any other key stakeholders, and that the proposals, in their original form, were against the public interest of Oxfordshire residents. The Committee, alongside Oxfordshire County Council senior leadership officers present at the meeting, urged the ICB to reconsider the originally proposed changes to its operating model.

6. The Committee agreed at the HOSC meeting on 2 August to defer a request for a call-in from the secretary of state to provide an opportunity for negotiations between Oxfordshire County Council and the ICB. The HOSC Chair and Health Scrutiny Officer held several discussions with the Deputy Chief Executive and Executive Director of People and Transformation, and were informed of the ongoing negotiations taking place between the County Council and the ICB. It was also agreed that a written statement from the ICB would be necessary to give assurance to the Committee which was to convene a public meeting on 12 September 2024. Given that the Committee had requested but not received a written statement of assurance from the ICB, and that the ICB Board would be making its decision to implement its proposals in a private meeting with minimal transparency, the Committee unanimously agreed during the 12 September public meeting to request a call-in from the Secretary of State in relation to the ICB proposals.

OUTCOME AND NEXT STEPS:

7. The Committee received a response from the Secretary of State on 21 November 2024. The response from the Department indicated a reluctance to utilise ministerial powers in this instance on the basis that the request did not represent a specific change to a particular NHS service, but the Department encouraged the Council and the ICB to continue to work together.

8. It is worth noting that subsequent to the call-in request and the feedback that the ICB had received from the Oxfordshire Place Based Partnership and other stakeholders, the ICB amended its original proposals and expressed a commitment to the following (**please note: these proposed changes have also formed the basis of the recommendations being made to the Committee in this report above**):

    - *Executive Sponsor for Oxfordshire Place* – A named member of the ICB executive team will assume responsibility for strengthening relationships and collaboration between the ICB and all Place Partnerships (including Oxfordshire), with the expressed aim of creating a link between the ICB board and Oxfordshire place.

- *Retention of Oxfordshire Urgent Emergency Care Director Post*- Given that the ICB had received significant feedback from staff and relevant partners on the extent to which local teams value the place based Urgent Emergency Care (UEC) Director post, the ICB will no longer be removing this post (as it originally planned). The ICB now acknowledges that the Urgent Emergency Care Director post is crucial in helping to support effective system collaborative work to respond to any Urgent Emergency Care pressures.

- *Place Convenor* – The ICB has expressed its support for any initiatives taken by any of the Place partnerships (including Oxfordshire) to establish the role of a Place Convenor of their own if they wish to do so. (This may represent a positive development, however, further clarity is required over the degree to which a potential Oxfordshire Place Convenor role will be supported by the ICB, particularly given that the ICB will not be hosting this role).

- *Consistent Place leadership from Director of Place and Communities*- The ICB has repeatedly confirmed, including in the context of the recent BOB HOSC meeting on 22 November, that any work/projects being previously undertaken and supported by the former Directors of Place will continue to be supported by the ICB's new Director of Place and Communities. Dan Leveson, the previous Place Director for Oxfordshire, has now assumed the ICB role of Director of Place and Communities.

- *Delegated Budgets*- The ICB has expressed a commitment toward delegated budgets being retained at Place Level as much as possible for a number of key services for Oxfordshire's residents. The commitment to joint commissioning teams will also be retained.

9. Considering the above commitments by the ICB, which emerged subsequent to the call-in request being issued to the Secretary of State by the Committee, the ICB has made some important improvements to its initial proposals.

10. The Committee is encouraged to agree its view on the progress made and actions it wishes to take in response. The recommendations outlined at the onset of this report revolve around these adjustments as well as how the ICB commits to these in ways that optimise health and care services for Oxfordshire residents.

LEGAL IMPLICATIONS

11. There are no legal implications associated with the recommendations contained in this report that are being made to HOSC. These are recommendations for the purposes of steering the Committee toward supporting effective scrutiny of the next stages in the changes to the ICB's operating model so as to ensure a positive outcome for future commissioning and delivery of health and care services in Oxfordshire.

Comments checked by: Anita Bradley, Director of Law and Governance & Monitoring Officer.

FINANCIAL IMPLICATIONS

12. There are no direct financial implications associated with this report.

Comments checked by: Drew Hodgson, Strategic Finance Business Partner

Contact Officer: Dr Omid Nouri
Health Scrutiny Officer
omid.nouri@oxfordshire.gov.uk
Tel: 07729081160

January 2025

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NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

BOB Integrated Care Board Operating Model Update

30th January 2025 – Oxfordshire JHOSC

Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

Section 1: An Introduction to the BOB system and the Integrated Care Board.

1. Buckinghamshire, Oxfordshire and Berkshire West (BOB) has a population of approximately 1.8 million people. The demographic characteristics (e.g. age, ethnicity) of the combined BOB population are similar to the national profile and in some cases compare positively with the England average. BOB is often perceived to be a healthier and more affluent area of England than other similar sized areas.

2. However, this perception masks significant variation and inequality between different BOB areas, populations and communities, and risks hiding serious long term health challenges facing our population, including:
   - A life expectancy gap of more than 10 years between our least and most deprived areas
   - c.60,000 people in BOB live in areas that are defined nationally as being in the most deprived (lowest 20%) areas of the country.
   - People in our more deprived areas develop poor health 10-15 years earlier than those in less deprived areas.
   - There is a disproportionate reliance on acute services (e.g. A&E services) from those living in areas of higher deprivation
   - Around 1 in 5 children in Reception and 1 in 3 children in Year 6 are overweight or obese
   - Around 12% of adults have a recorded diagnosis of depression and 0.8% have a severe mental illness.

3. In contrast to this position, BOB shares its boundaries with many nationally, and sometimes globally, recognised organisations and partnerships. Within the BOB Integrated Care System (ICS) footprint we have a diverse group of partners collaborating to deliver common aims:

4. We recognise the value of these organisations individually and understand the added value collaboration and partnerships can bring across our organisations' boundaries, particularly on improving the health and wellbeing of people who live and work in the BOB area.

5. Our system is made up of three places (Buckinghamshire, Oxfordshire and Berkshire West), which are smaller geographies that align closely to local authority footprints and provide the foundation for much of our work on a larger scale. Each of our places has an established place-based partnership that collaborates across different organisational boundaries to integrate services based on people's needs.

The Integrated Care Board

6. NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) is a statutory NHS organisation, responsible for providing leadership of the NHS in our area. We do this by planning, funding and overseeing services for our population and making decisions about the best use of the NHS budget to meet the needs of people who live and work in BOB. The ICB is directly accountable to NHS England for NHS spend and operational performance within the system.

7. Since the formation of the ICB, we have worked with local partners to successfully deliver services across our different sites and environments, providing services, treatment and support for people when it is needed. We have:

    - With partners, established the Integrated Care Partnership bringing all our system partners together.
    - Developed the Integrated Care Strategy, linking closely with local ambitions of our Health and Wellbeing Boards.
    - Published the NHS Joint forward Plan, setting out a delivery plan for NHS services in line with the priorities of the BOB integrated care strategy.
    - Introduced Pharmacy First, allowing community pharmacies to treat minor illnesses, without a prior prescription
    - Established Local Maternity and Neonatal Systems (LMNS) which have continued to support the enhancement of our maternity services in our local areas.
    - Addressed identified local health inequalities, through local place-based organisations working closely together on known local needs.
    - Embedded the system quality group (SQG), building on local arrangements to share and deliver improvements, jointly publishing a Quality Assurance Framework with partners.

Section 2: The ICB's revised operating model

8. Over the last few years the ICB has been through a lot of change. This has created uncertainty and sometimes a lack of clarity as to our purpose and how we work. In April 2024, BOB ICB launched a staff consultation on a proposed new structure and operating model to meet the 30% running cost reduction target set by NHS England. It was proposed that this would be achieved through a reduction in the scale of the ICB functions and capabilities but with limited changes to ways of working.

9. During the consultation period with staff, we received significant feedback that the ICB's proposed ways of working were not clear and did not comprehensively explain

the roles, function and value of the ICB. It also became apparent that some aspects of the merger to bring the three Clinical Commissioning Groups together had not been fully implemented. This created risks of duplication, inefficiency, and at times, inequality in the provision of services.

10. Additionally, the financial challenge facing the ICB and other NHS partners has become clearer and the ICB took the decision in March 2024 to mobilise a financial recovery programme. The ambition of the programme is to stabilise the ICB (governance, controls, operational and financial management, and stronger business processes) and then lead the NHS organisations across BOB to a position of operational and financial sustainability. NHS England have been strongly supportive of the move into 'turnaround' and has further encouraged the ICB to focus on creating an organisation with the necessary capacity and capability to better respond to system priorities and support sustainability.

11. In July, the ICB committed to review its core ways of working (our 'operating model') and ensure the alignment of our teams to the delivery of our core functions. We have aimed to ensure that we have the right capacity and capabilities to fulfil our statutory role of allocating the NHS budget and commissioning services for our population, paying due regard to our duties to reduce inequalities

12. Following a period of formal staff consultation and helpful engagement with partners across BOB in July and August, the ICB Board agreed a revised operating model (Appendix A) and the underpinning operational structures at a Board meeting in September.

13. The revised operating model describes the ICB's purpose as "*Leading the NHS in Buckinghamshire, Oxfordshire and Berkshire West so that it is fairer, more sustainable and improves people's lives".* It proposes that the purpose will be delivered through three strategic roles:
    - the ICB as a system leader
    - the ICB as a delivery organisation
    - the ICB as a system partner

14. The changes in our revised operating model link closely with the need to ensure we have the right capacity and capabilities aligned to each of these roles. These proposals strengthen our focus on how best to commission and transform the system to improve outcomes for the 1.8 million people who live and work across our geography.

15. **As a system leader** - The Operating Model sets out that one of the key purposes of the ICB is to arrange health services for our population by setting direction and allocating the NHS budget. This function will be led by the *Strategic Commissioning team* with the following responsibilities and characteristics:

    - Being responsible for developing a long-term framework for service areas that will inform the planning and transformation activities and the delivery of more effective and sustainable pathways of care, reduced inequity and the shift of investment into areas such as prevention and primary and community services.

- Ensuring our commissioning decisions are evidence-based, intelligence led and provide the best means for the delivery of our strategic aims within the resources available.
- Being made up of subject matter experts, including clinicians, from across service areas to ensure the ICB is equipped with the right skills and experience.
- Being expected to collaborate with external and internal system partners, including NHS trusts, place partnerships, local service leaders, and other ICB functional teams.

The scope of our NHS commissioning is summarised in the table below:

BOB OVERALL	**Indicative Budgets £'m**
Acute (incl. NHS and non NHS Providers)	1,833
Community Health Services	411
Continuing Care	224
Mental Health	367
Primary Care (incl. out of hour contracts, Local Enhanced Services, GP IT and primary care transformation)	53
Primary Care prescribing	282
Pharmacy, Optometry and Dentistry (POD)	140
GP contracted services	350
Other Programmes (e.g. 111 service, Thames Valley Cancer Alliance, property services, digital transformation and Service Development funds)	71
Total Programme Commissioned Costs	**3,732**

16. **As a delivery Organisation** – The ICB has responsibility to arrange and manage certain services on behalf of the wider system, including All Age Continuing Care; Delegated commissioning of Primary Care; GP IT; Prescribing, and other statutory services (e.g. safeguarding). The key changes in the operating model include:

    - *All Age Continuing Care (AACCC)* – We have reprofiled the structures of the AACCC team and provided further investment to increase the overall resource. This allows for a more robust management for the AACCC team including a director-level appointment to ensure the service is better planned and managed to reduce variation and inequities, demand and cost pressures. In addition, a full resourcing plan has been developed to ensure less expensive temporary staffing and more attractive roles with associated development plans. We believe by increasing investment in the team we will improve services and reduce the costs of the overall services for the communities and partners the team supports.

17. **As a System Partner** – We recognise the value of working with local organisations including the Integrated Care Partnership (ICP), the provider collaboratives, and place partnerships to enable coordinated service delivery. Place partnerships remain critical to the success of the ICB and our wider integrated care system. The ICB, in line with national policy, is completely committed to Place development, Place partnerships and over time, the delegation of responsibilities to Place for service delivery, allocating and managing resource, as the local partnerships (and the ICB) mature. The key changes in the operating model include:

    - *ICB Executive Sponsor for each Place* – A named member of the ICB executive team will have responsibility for strengthening relationships and collaboration between the ICB and each Place Partnership, by creating a direct connection between each place and the ICB Board, raising the profile of place and helping ensure effective oversight and management of interdependencies between the three places. This model aligns with many other ICBs.

    - *Consistent Leadership from the Place and Communities Director* - The Director of Place and Communities will be responsible for overseeing and leading the ICB's activity at place including budgets and resourcing. They will be supported by three place focussed Associate Directors and the relevant joint commissioning leads. This aims to provide consistent and balanced support across our place partnerships.

    - *Place focused ICB teams* – Many of the ICB's functional teams have designated place focused roles and responsibilities. This aims to ensure local teams are appropriately supported and the ICB is active in shaping, delivering and improving local services with partners. Teams include SEND, prevention and health inequalities, All Age Complex Continuing Care and women's services.

    - *Place Convenor* – Place partnerships are responsible for establishing their different leadership models which may include a place convenor. The ICB is supportive of a Place Convenor role, and we recognise that there are different models as to how this role might be developed and used. It is for the place partnership to collectively decide if the role of Convenor is required and how it will be resourced.

18. Over the next 3 months we will transition to the new working arrangements of our operating model. We are seeking a consistent approach to transition enabling clear working practices. We will work closely with our partners to ensure updates are communicated and shared.

Section 3: Our approach to system planning

19. As described above, at BOB ICB we are responsible for planning and arranging health and care services to meet the needs of our population: working to improve their health and lives. One of the ways we do this is by working with our partners to agree

joint strategies and plans, identifying how we will prioritise the use of our system resources to deliver the greatest impact on our population's health.

20. Our high-level approach towards strategic planning considers activity across three-time horizons: the next financial year, detailing the work we are undertaking as a system to ensure a successful, collaborative and aligned annual planning round over 2025/2026; the medium term (3-5 years), where we are working to develop our medium term strategy for sustainability, transformation and improvement and refreshed our Joint Forward Plan; and the longer term, setting our ambition to start working now to invest in our future population's health (10 year+).

21. **National Context** - These system planning activities take place within a changing national context, following the change in government, publication of Lord Ara Darzi's recent Independent Investigation of the NHS and upcoming NHS 10-year plan. The BOB planning activity will be dynamic to consider national priorities, where they are known or as they emerge. We will also be active in the engagement planned as part of the 10-year plan, in the three main ways described on the national Change NHS website – *through national level discussions with health and care system and local government leaders; regional events with clinical, operational, local authority and public health leaders; local engagement through patient groups and wider system partners*[1].

22. **Local Context** – The local planning context mirrors much of the national position, including the challenging financial environment. NHS England agreed a deficit control total for the BOB system of £60m for the 2024/25 financial year. A financial recovery programme has been worked up and agreed with all NHS providers, with input and support from NHS England. Each of our NHS providers has a programme of cost improvements that will move us towards operational and financial sustainability.

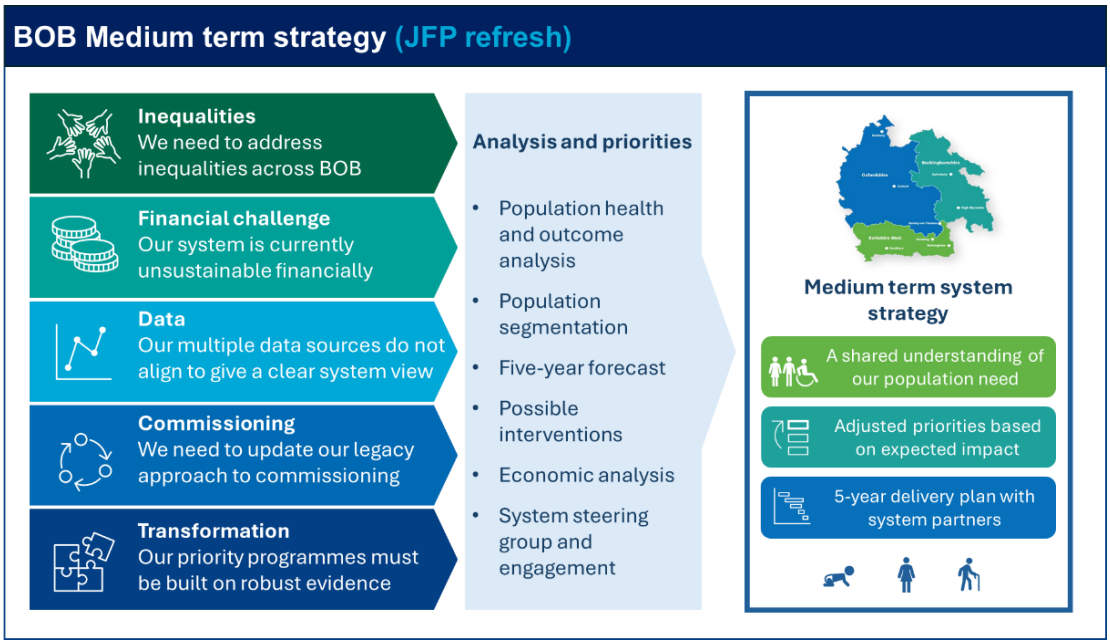
23. The annual operational and financial planning process for 2025/26 is underway with NHS partners across BOB. This process is being led by the BOB System Planning Leadership Group (SPLG) which was established to provide unified leadership and ensure the development of a coordinated, achievable system plan within the required timeline. This membership of this group includes the executive lead from each of our NHS Provider organisations, representation from Primary Care and General Practice. Directors of Public Health have been invited to attend where possible. The SPLG reports to the BOB system transformation and recovery board, which includes all NHS Trust Chief Executive Officers (CEOs) and BOB ICB.

24. Our approach towards developing a medium-term strategy aligns with the statutory requirement to develop a joint five year plan across NHS Partners in BOB (our "Joint Forward Plan"). We recognise the need for our system to have a clearer shared strategy to ensure we have a collective plan towards system sustainability, transformation and improvement. This is supported by the findings of recent system reviews, which have identified the need for a unified strategic framework to align financial and clinical priorities across BOB, address commissioning variation and support alignment about how we use our collective resources.

[1] Integrated Care Systems | Change NHS

25. Our approach towards refreshing our Joint Forward Plan, as a medium-term strategy is set out below. It focusses on how we will:

    - **Respond to our key system challenges** – The key challenges we are focusing on responding to in this work.
    - **Build our evidence base** – The analytical baseline we are building of our population health needs and our services to inform prioritisation of focus and resource.
    - **Agree a clear medium term system strategy** – The output, in the form of a clear medium term strategy for sustainability, transformation and improvement, based on a shared understanding of our population.



26. **Our initial JFP** – Our initial Joint Forward Plan published in 2023 was shaped through high levels of engagement with partners as the response to the Integrated Care Strategy. It identified core areas of collective ambition, organised across the life course – *Start well, Live well and Age well*.

27. **Updating through a data driven approach** – In refreshing our Joint Forward Plan as our new medium term system strategy, we will build on the vision and priorities within the initial plan, adopting a more data-driven approach to identify to allow us to target the most significant areas of opportunity.

28. **System analytical baseline** – Since the inception of the ICB, there has been a challenge in pulling together a comprehensive evidence base to support decision making about population health and service transformation priorities across the system, whilst still being meaningful at place and organisational level. In light of this, the ICB is leading a project (*the Pathway to Sustainable Healthcare*) to develop a new analytical baseline for system, which will seek to align partners around a common understanding of the most significant health challenges affecting our population and the key opportunities we have to work together to make improvements. Through this work, we are keen to understand variation in outcomes, access and experience, across our different geographies, communities, and service providers. The baseline

will seek to provide the evidence-base we need to improve decision making, address inequalities and ultimately enable the system to become more sustainable.

29. **Governance** – The Pathway to Sustainable Healthcare project is overseen by the SPLG as the system steering group, which given the focus of this work, includes representation from the BOB Directors of Public Health where possible.

30. **Analytical Key Lines of Enquiry** – We have established a set of analytical lines of enquiry to ensure they deliver a nuanced understanding of our population, the use of resource and outcomes at place and system level. This comprises the following themes:
    - *What are the demographics of the population and how are they expected to change?*
    - *How do social determinants of health vary by place?*
    - *How are our different populations using acute, community, mental health and primary care services?*
    - *Are there comparable access and outcomes for people in BOB? Where are health inequalities having a significant impact?*
    - *Does our current resource distribution reflect the health needs of our population?*
    - *What are the greatest opportunities for improvement?*

31. **Outputs** – The outputs from this analysis will help to focus on areas of commonality across BOB, where working at scale can drive change in priority areas to improve the health of our population. We will also be able to identify priorities that are unique to our different Places, where the ICB will work as a partner with place-based and neighbourhood teams.

32. **Engagement** – Following the analysis, the strategic plan will be developed with partners across the system including:
    - Integrated Care Partnership, which will also ensure input from the perspective of social care providers
    - Primary care providers – Linking with the ambitions of the Primary Care Strategy, and working through the SPLG
    - Local authorities and each relevant Health and Wellbeing Board.
    - Provider collaboratives, clinical networks and other alliances
    - The voluntary, community and social enterprise (VCSE) sector, working through our VCSE Alliance
    - People and communities, as part of developing our new system wide public engagement approach.

33. **Longer term – Building in the health service of the future:** Alongside our focus on annual planning and medium-term opportunities, it is important that we are also intentional about developing a longer-term view. Traditionally, the NHS has adopted a relatively limited timeframe for strategic planning, which limits our ability to invest in prevention, pilot innovation and think about longer term trends. We recognise this challenge and are keen to develop a longer-term outlook, which focuses on how the needs of our population are likely to change over time and what we might need to do

now to respond to that. This may involve taking key challenges like children's mental health; dementia or obesity and investing early to impact the future health of our BOB population over the next 10 years.

34. To do this, we will need to be proactive about strengthening and developing strategic partnerships with the voluntary sector, public sector partners, such as local authorities, public health teams and schools, and across our communities. In BOB we also have a rich landscape of world leading research & innovation capabilities including five universities, the Oxford and Thames Valley Applied Research Collaboration, two Biomedical Research Centres, Oxford and Thames Valley Health Innovation Network and multiple other partnerships, collaboration, departments covering the academic organisations, the statutory sector and private and commercial innovators. We want to work better with these organisations across our partnerships to ensure we maximise the potential they can bring to improving our population's health and help us establish a more efficient and effective use of our resources.

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Our Operating Model

Transforming how we work

Leading the NHS locally, for fairness, sustainability & improvement

Updated version: September 2024

Contents

Introduction

At Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) we are a statutory organisation, responsible for providing leadership of the NHS in our area. We do this by planning, funding and overseeing services for our population of 1.8 million people and making decisions about the best use of our £3.6bn budget to meet our residents' needs. Our Integrated Care Strategy and Joint Forward Plan set out our high-level ambition of how we want to do this.

Over the last few years, as our organisation has been established, we have been through a lot of change. This has created uncertainty and sometimes a lack of clarity as to our purpose, how we work and how we can best add value. We have therefore reviewed and refreshed our operating model so that we are able to:

- Focus on what we are **uniquely placed** to do as a system leadership organisation
- Deliver our core functions **effectively** and **efficiently**
- Build the right **culture and behaviours** to work well across our teams and in collaboration with our partners.

What is an Operating Model?

An operating model defines how an organisation structures its teams, functions, activities and processes to achieve its objectives and deliver value.

This document defines our purpose, the roles and responsibilities within our organisation, and how we will work collaboratively with our partners across the health and care system.

How was our Operating Model developed?

Our operating model was developed through extensive consultation, collaboration and engagement with both our staff and partner organisations. Feedback helped shape the final Operating Model and refined our approach to service delivery.

Our context: our population

Nearly 2 million people live and work across BOB. The health and care needs of our residents vary considerably, depending on circumstances, ability to access support when required and experience of using NHS services:

Inequalities

- **Life expectancy gap** of over **10 years** between least and most deprived areas
- 58,000 people live in areas in the **20% most deprived areas** nationally
- People in deprived areas within BOB develop poor health **10-15 years earlier**

Health conditions

- 12% of adults have **depression**
- 6 out of 10 people are **obese or overweight**
- It is estimated that **3 in 5** people over 60 years have a **long-term condition**

Demographics

- The number of people aged 65 and over will **increase by 1/3** in 10 years
- Nearly **1 in 5 people** are **over 65** years old and 1 in 4 people are under 19
- People from **ethnic minority groups** are more likely to live in deprived areas

Our context: our ICS partners

We are part of BOB Integrated Care System (BOB ICS) working together with partners to deliver our 4 shared aims:

- 8000+ voluntary organisations
- 150+ GP practices
- 5 Healthwatch organisations
- 5 universities
- 68,000 health and care staff
- 250 care homes
- 800+ schools
- 200+ dental practices
- 250+ pharmacies
- 3 acute/integrated hospital trusts
- 5 unitary/upper tier local authorities
- 2 mental health trusts
- 1 ambulance trust
- 5 district councils

1. **Improve outcomes** for our population health and healthcare
2. **Tackle inequalities** in outcomes, experience and access
3. Enhance **productivity** and **value for money**
4. Support broader **social and economic development**

Our context: our places

The majority of the health, care and other public and voluntary services people use are delivered within the community or 'places' where they live or work

We believe that place partnerships are critical to the success of the ICB and our wider integrated care system.

- Our system is made up of three places, which are smaller geographies that align closely to **local authority** footprints and provide the foundation for much of our work on a larger scale.
- Each of our places has an established **place-based partnership** that collaborates across different organisational boundaries to integrate services based on people's needs.
- In addition to our teams who work at system level, we have **ICB place-facing teams** who work closely with our place partners (see page 18).
- The ICB, in line with national policy, fully supports the **delegation of service and budget responsibility** to place based partnerships and we continue to work with local partners to achieve this.

Buckinghamshire

Oxfordshire

Berkshire West

Our context: provider collaboratives

Within our system, we have two provider collaboratives, focused on driving collaboration across our acute and mental health NHS trusts to deliver greater impact together:

Provider collaboratives are partnership arrangements between NHS Trusts focused on:

- Reducing **unwarranted variation** and **inequality**
- Ensuring **efficiencies** and **economies of scale**
- Improving the **resilience of services**, for example, through mutual aid

Acute Provider Collaborative

- Royal Berkshire NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust

Mental Health Provider Collaborative*

- Oxford Health NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust

Provider collaboratives are a critical part of how we will continue to work together across our system to help us achieve the best outcomes for our patients and communities.

*Our mental health trusts are also members of other provider collaboratives that operate beyond the BOB ICB geography focused on the coordinated delivery of specialised services.

Our purpose and role

"Leading the NHS in Buckinghamshire, Oxfordshire and Berkshire West so that it is fairer, more sustainable & improves people's lives"

ICB as a system leader

We have a statutory responsibility to arrange health services for our population by setting direction, allocating the NHS budget, overseeing delivery and driving transformation, integration and improvement.

ICB as delivery organisation

We arrange and manage certain services on behalf of the wider system, including All Age Complex Continuing Care; Primary Care Operations; GP IT; Prescribing and High-Cost Drugs.

ICB as a system partner

We work in partnership with local organisations including the Integrated Care Partnership (ICP), the provider collaboratives, and place partnerships amongst others.

How we work to deliver our purpose

Our purpose

We exist to:

"Lead the NHS in Buckinghamshire, Oxfordshire and Berkshire West so that it is **fairer, more sustainable** and **improves people's lives**"

Our role and functions

We deliver our purpose through:

Our **system leadership** role

Our **delivery** role

Our **system partnership** role

Our teams

We are organised into:

Six directorates, each led by a Chief Officer, reporting to the Chief Executive Officer (CEO).

Each team contributes to delivering our roles and enabling us to achieve our purpose.

- Delivery, Performance & Oversight
- Finance
- Medical
- Nursing
- People
- Strategy, Digital & Transformation

Delivery, Performance & Oversight

The Delivery, Performance & Oversight directorate is responsible for:

- **Oversight of provider operational performance** including delivery of constitutional standards.
- Partnership working with our three places through a dedicated **place-facing team.**
- ICB and **system resilience and emergency planning** to ensure robust and resilient responses to incidents or disruptive events.

Core Functions

- Performance, delivery and oversight of:
  - Community NHS and integrated services
  - Urgent and Emergency Care
  - Planned Care
  - Mental Health, Community, Learning Disability & Autism and Special Education Needs and Disabilities
- Place partnerships and joint commissioning
- Emergency planning, resilience and response (EPRR) and System Co-Coordination Centre (SCC)
- Thames Valley Cancer Alliance (hosting)

Delivery, Performance & Oversight
Finance
Medical
Nursing
People
Strategy, Digital & Transformation

Finance

The Finance directorate is responsible for:

- Developing and reporting on **annual and long-term system financial plans** to support delivery of high-quality NHS services
- **Oversight, control and management** of system and ICB finances
- **Contract management and procurement** to ensure alignment with finance controls and value for money.
- System and ICB **capital planning**

Core Functions

- System financial strategy and planning, including long term planning, transformation and efficiencies
- Financial management for the ICB
- Finance business partnering – empowering budget holders and managers
- Management accounting and reporting for the ICB and reporting for the system
- Capital and estates planning and reporting
- Contracting and contract management
- Procurement

Delivery, Performance & Oversight

Finance

Medical

Nursing

People

Strategy, Digital & Transformation

Medical

The Medical directorate is responsible for:

- Providing **medical clinical leadership** across the ICB.
- Delegated **commissioning of primary care** – GP services, community pharmacy, optometry and dentistry.
- **Clinical effectiveness** and Individual Funding Requests.
- **System-wide programmes** which include Medicines optimisation; health inequalities and Long-Term Conditions.

Core Functions

- Primary Care Operations
- Primary Care Transformation
- Primary Care Infrastructure & Pharmacy, Optometry & Dentistry (POD)
- Medicines Optimisation
- Clinical Effectiveness
- Health Inequalities & Prevention
- Long-Term Conditions (LTC) including LTC networks
- Medical Clinical Leadership

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Nursing

The Nursing directorate is responsible for:

- Providing **strategic and clinical leadership** to nursing and Allied Health Professional staff, ensuring that nursing practices are evidence-based and aligned with national standards.
- Overseeing the **quality and safety of care** across the system, ensuring implementation of the ICB Quality Assurance Framework and delivering the statutory quality functions.
- Leadership and oversight of **All-Age Complex & Continuing Care (AACCC).**
- Delivering ICB statutory duties on **children and adult safeguarding.**

Core Functions

- Safeguarding
- Maternity, Women's and Young People services
- Quality – including Infection Prevention Control (IPC), Clinical Standards and Vaccinations
- Allied Health Professions and Clinical Leadership
- All-Age Complex Continuing Care (AACCC)
- Clinical Placements

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People

The People directorate is responsible for:

- **Our people's experience** - relationships with staff, including engagement, wellbeing, and addressing any employment issues.
- Developing and implementing **HR policies** that align with NHS standards and regulations and support our culture and behaviours
- Providing **strategic workforce leadership** across the BOB system and support to shape the workforce to adapt to changing healthcare demands.

Core Functions

- ICB HR services and staff wellbeing
- ICB organisational development
- ICS workforce strategy and leadership
- Workforce Planning, Training and Education
- Equality , Diversity and Inclusion

Delivery, Performance & Oversight

Finance

Medical

Nursing

People

Strategy, Digital & Transformation

Strategy, Digital and Transformation

The Strategy, Digital and Transformation directorate is responsible for:

- **Strategic commissioning and system planning** to inform the allocation of resources.
- System **development and transformation** to create a more resilient and sustainable system harnessing local **research and innovation** capabilities and expertise.
- Leading delivery of system **digital, data and technology** strategy, managing digital / data services and providing digital support.
- Ensuring organisational and statutory functions are supported by effective **governance** to enable the smooth running of the ICB.
- **Public involvement, communications and engagement** activities, working with system partners to inform and engage with our local population.

Core Functions

- Strategic commissioning and coordination of system planning (including specialised commissioning)
- System development, transformation and improvement, research & innovation
- ICS digital and data strategy, transformation and service delivery
- Governance
- Communications, engagement and public involvement

- Delivery, Performance & Oversight
- Finance
- Medical
- Nursing
- People
- Strategy, Digital & Transformation

How we work: aligning to deliver our purpose

- **Our purpose –** "Leading the NHS in BOB so that it is fairer, more sustainable and improves people's lives"
- **Our teams –** Organising our teams to deliver our core roles – system leader; delivery organisation & system partner
- **Our processes –** Developing effective and efficient processes to enable us to execute our roles and have an impact

- **Our culture –** Embedding our values in all we do: Respectful, Integrity, Collaborative, Leadership, Impactful
- **Working with our places –** Working in partnership with our three places, alongside our system work at scale across BOB
- **Learning and improving –** Working with our people, communities & partners to understand how we can improve to strengthen our impact

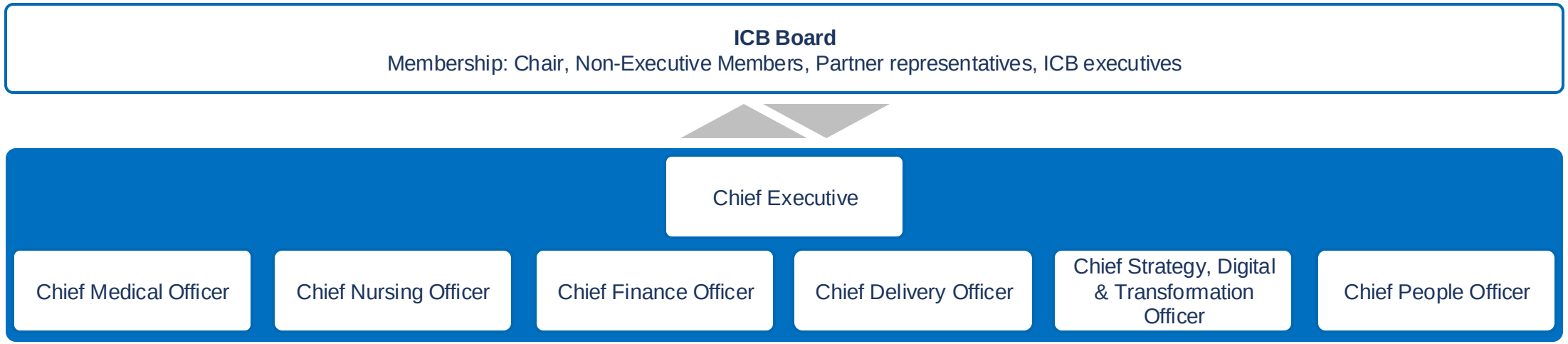
16 – **BOB ICB: our operating model**

How we work: our Board and executive team

The ICB Chair is accountable for the ICBs strategic direction and ensuring the organisation remains continuously able to discharge its duties and responsibilities as set out in the ICB constitution. The ICB Board is responsible for agreeing the ICB's plan and holding the organisation to account for delivery. The Board is supported by a number of assurance sub-committees, chaired by non-executive members and attended by the relevant directorate leads and functional experts from the ICB and the BOB system.

The Chief Executive is responsible for running and overseeing the ICB organisation and is accountable to the ICB Board.

The ICB Chief Executive is supported to deliver the commitments of the ICB through the leadership of the six ICB Chief Officers (executives), who each lead a directorate team to deliver their agreed set of responsibilities.



17 – BOB ICB: our operating model

How we work: system & place

The ICB, in line with national policy, is completely committed to Place development, Place partnerships and over time, the delegation of responsibilities to Place for service delivery, allocating and managing resource, as the local partnerships mature.

Place partnerships and Integrated Care Boards have defined and complementary roles, as set out in law & national guidance.

ICB [1]	Place partnerships[2]
• **Set direction** – agree a plan to meet population health needs. • **Allocate the NHS budget** – arrange the provision of healthcare services to secure improvements in population health, prevention, diagnosis and treatment of illness. • **Oversight and assurance** – first line oversight of provider performance. • **Drive transformation and improvement** – duty to secure continuous improvements in effectiveness, safety and quality of services.	• **Shared plan** – Work together to agree shared plans to address needs of local population. • **Coordinate delivery** – collaborate to improve health outcomes, prevent ill-health and reduce inequalities. • **Build partnerships** – bring together partners to meet the needs of local people and communities. • **Influence improvements** – in the wider determinants of health and social and economic development.

Buckinghamshire Oxfordshire Berkshire West

- Place partnerships are critical to the success of the ICB and our wider integrated care system.
- We want to continue the connection between our place teams and the wider ICB, so are retaining a Director level post to oversee and coordinate our place-based activities and place focussed teams through the ICB structures
- This shift will support our teams to be both part of driving improvement at local neighbourhood and community level, whilst also supporting and better informing our ambition to tackle inequality at scale and improve outcomes across the system.

1. Health and Care Act 2022 & NHS England Operating Framework

2. Thriving Places Guidance

How we work: ICB Place Leadership

The Integrated Care Board is committed to seeing each of our places and place partnerships thrive and is committed to working collaboratively with local teams to support ongoing development. This will be achieved through:

ICB resource

Consistent Leadership across our three Places

- The Director of Place and Communities will be responsible for overseeing and leading the ICB's activity at place including budgets and resourcing.
- They will be supported by three place focussed Associate Directors and the relevant joint commissioning leads.
- This approach aims to provide consistent and balanced support across our place partnerships.

ICB Executive Sponsor for each Place

- A named member of the ICB executive team will have responsibility for strengthening relationships and collaboration between the ICB and each Place Partnership.
- This will create a direct connection between each place and the ICB Board.
- It will ensure the place voice, patient experience and work is more widely represented and integrated with the ICB Board, Executive and wider teams.

Place focused ICB teams

- Many of the ICB's functional teams have dedicated place focused roles and responsibilities.
- These aim to ensure local teams are appropriately supported and the ICB is active in shaping, delivering and improving local services with partners.
- Services with a consistent local presence include SEND, Health inequalities, AACCC, and others.

Place Convenor - Place partnerships are responsible for establishing their leadership model which may include a place convenor. The ICB is supportive of this approach. The place partnership will agree if the Place Convenor role is required and define and appoint to the role where necessary.

The Place Convenor role will promote and develop place-based partnerships, facilitate priority-setting and strategic alignment and support decision-making between organisations across sectors.

How we work: Strategic commissioning

A critical function of the ICB is to arrange the provision of services, through the efficient allocation of resources to meet the needs of our population.

The Strategic Commissioning team will lead and coordinate this activity, working with teams across the ICB. The team will:

- **Set direction** - Develop long-term frameworks for service areas that will inform the planning, delivery and transformation activities, promote sustainable pathways of care, reduce inequity and shift of investment into areas such as prevention and primary and community services.
- **Evidence based** - Ensure commissioning decisions are evidence-based, intelligence led and provide the best means for the delivery of our purpose and strategic aims within the resources available.
- **Clinically led** - Be led by subject matter experts, including clinicians, from across service areas to ensure the ICB is equipped with the right skills, knowledge and experience.
- **Collaborative** - work closely with external and internal system partners, including NHS trusts, place partnerships, local service leaders, and other ICB functional teams who remain critical to delivering the activities of the commissioning cycle.

[1]NHS England commissioning cycle

How we work: commissioning cycle

All our teams play an important role in helping us fulfil our statutory role of arranging healthcare services for our population:

Directorate	Strategic Planning	Procuring services	Monitoring & evaluation
Strategy, Digital & Transformation	• Gathers data, evidence and analysis to ensure insight-based commissioning • Sets overall direction and runs prioritisation and allocation process as part of annual and in-year planning	• Collaboratively designs the service including the outcomes and transformation required, working with partners and ICB colleagues • Defines the service specification	• Seeks public and patient views to inform service improvements • Uses business intelligence and analytics to support better decision making
Delivery, Performance & Oversight	• Provides subject matter expertise on operational performance and delivery • Understands pathway specific challenges, provider capabilities and capacity	• Inputs to specification development and performance requirements • Feeds back on delivery opportunities and potential risks/constraints	• Coordinates provider interactions, oversight and assurance • Monitors, reports and assures delivery of planning guidance and other related commitments
Finance	• Financial framework and analysis incl. impact of local controls • Support prioritisation process	• Lead on putting service design and specification in the relevant contract. • Technical liaison with providers	• Support delivery and integrated performance reporting (finance, performance and quality)
Nursing	• Oversight of service quality and safety; ensuring clinical standards are maintained and included in the commissioning detail where required; advising on service improvements; patient experience.		
Medical	• Subject matter expertise for the end-to-end planning and management of primary care service provision as per delegated commissioning arrangements (general medical, pharmacy, optometry and dental services)		
People	• Coordinating workforce planning for NHS service provision to support delivery of the strategic priorities. Plan developed collaboratively in the context of wider ICS workforce strategy.		

21 – BOB ICB: our operating model

How we work: our people and communities

As we implement our operating model, we will be strengthening our approach to working with our local people and communities, putting more dedicated resource and focus to support this aim:

We will be guided by the principles in our engagement strategy:

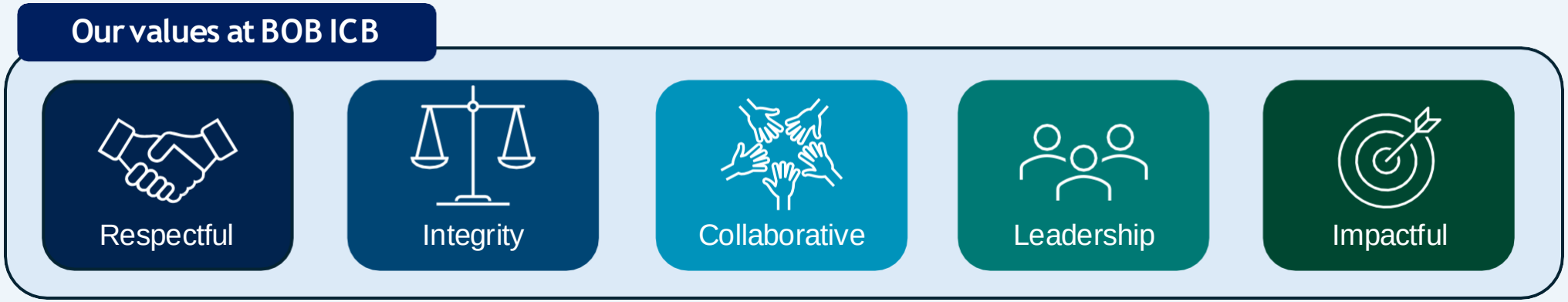
- **Listen** – active listening to learn from the knowledge and experience of others.
- **Understanding** – continually build our understanding by reaching out to communities, inviting input and showing how that input contributes to our work.
- **Engaging** – ensure our engagement activity is always meaningful and tailored to the people and organisations we are engaging with.
- **Informing** – meaningful engagement can only take place when people are adequately informed.
- **Enabling & co-producing** – build and foster effective relationships to allow for genuine co-production wherever possible.
- **Embracing diversity, equality, and inclusion** - BOB ICB will champion diversity, equality, and inclusion and we will ensure that representation is visible. We will constructively challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.

1. Communications & Engagement Strategy

2. NHS England guidance on working with people and communities

How we work: our culture, values and behaviours

Our values were developed by our teams when the ICB was formed in 2022. As we implement our operating model, we will continue to develop our culture and behaviours, being clear about what our values look like in practice across all our teams and interactions.



Working with all our teams and staff networks, we will also continue to implement the **NHS People Promise** ensuring we are compassionate and inclusive, everyone feels they have a voice, we work as a team and are always learning and improving together.

Thank you for reading our Operating Model

More information can be found at: bobicb.nhs.uk

Department of Health & Social Care

Our ref: DE-1539862

Dear Dr Nouri,

Thank you for your recent correspondence about NHS Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB). I have been asked to reply. I appreciate the council's concerns about how the proposed changes to the ICB's operating model may affect how it carries out its functions, which include the commissioning of NHS services.

ICBs are responsible for setting out their governance structure in accordance with the NHS Act 2006. The legislation also requires ICBs to publish its constitution, along with other supporting documents outlining the ICBs governance arrangements. While ICBs have flexibility over its own governance arrangements, any changes to its constitution or governance arrangements must be approved by NHS England.

The issues you have raised seem to be focused on the internal operations of the ICB as an organisation and, therefore, do not appear to be proposals for changing the arrangements for providing NHS services. Based on the documents you have provided, the issues raised are not in scope of the intervention powers set out in Schedule 10A of the National Health Service Act 2006.

The powers depend on there being a proposal by an NHS commissioner, in this case BOB ICB, for a reconfiguration of NHS services. This means a change in the arrangements made by an NHS commissioning body for the provision of NHS services where that change has an impact on the manner in which an NHS service is delivered to individuals, at the point when the service is received by users, or the range of NHS services available to individuals.

It would not be appropriate for ministers to intervene in these arrangements using the call-in powers as set out in the statutory guidance, which can be found at www.gov.uk/government/publications/reconfiguring-nhs-services-ministerial-intervention-powers.

We would, therefore, encourage the council to continue to work with the ICB. We understand that David Radbourne, NHS England Regional Director of Strategy and Transformation for the South East, has offered meetings to discuss this issue locally, including with the ICB and MPs, and I hope the council can continue to engage, as appropriate.

I appreciate this may not be the reply you and the council were hoping for, but I hope it is helpful in setting out the Department's position.

Yours sincerely,

Correspondence Officer
Ministerial Correspondence and Public Enquiries
Department of Health and Social Care

Joint Health Overview and Scrutiny Committee

Report by Corporate Director for Adult Social Care on Support for People Leaving Hospital

1. This report provides an update to the Committee on the JHOSC recommendations made in January 2024, and the recommendations from Healthwatch Oxfordshire's report on people's experiences of leaving hospital, which was presented to the Committee in November 2025.

Background

2. Over the last few years, the national health policy ambition has been to adopt community and home-based care models outside of acute hospital settings. This involves services such as hospital at home and Integrated Neighbourhood Teams (INTs), which prevent admission to hospital, and, where people are admitted to hospital, helping them to leave hospital quickly, safely and with support tailored to their needs.

3. While patients in hospitals previously required a care needs assessment before returning home, Discharge to Assess (D2A) enables people to return home once they are medically fit. An assessment is completed within 72 hours, which informs a tailored package of care. This model reduces length of stay in hospital and can support a quicker recovery and return to independence. The model is considered best practice by NHS England (2016) and aligns closely with the Oxfordshire Way strategic vision to support people to live independently at home for as long as possible.

Oxfordshire performance update – D2A and supporting people at home

4. Following a successful pilot in July 2023, the D2A service was formally rolled out across Oxfordshire from January 2024. Over the last year, the service has developed significantly:

We are supporting more people to go home from hospital quicker

4.1 Although previously among the worst performing Local Authority areas in the country for hospital discharges in 2017, Oxfordshire is now in the top quartile for discharge performance nationally.

4.2 Oxfordshire's improved performance for discharge has meant we have been better prepared for the winter period. Oxfordshire completed 150 discharges in the week of New Year's Eve and the system declared OPEL 1 – Operational Planning Escalation Level the lowest level of concern – on Boxing Day.

4.3 We are supporting 23% more people to move safely out of hospital compared to last year, completing over 7000 discharges throughout 2024.

4.4 The average length of stay in hospital for people once they are "medically optimised for discharge" and ready to leave has reduced from 8 days to 5, meaning people are spending less time in hospital and more time at home. Where people can go home earlier, the risks of staying in hospital relating to deconditioning and future independence are well-attested.

We are achieving positive outcomes for people following a hospital stay and working to prevent future admissions

4.5 Following discharge, many people receive short-term reablement support to help them re-gain their independence and continue living in their own home. In January 2025, 71% of people on our reablement pathways reached full independence following discharge from hospital. A further 12% of these people experienced a reduction in care needs compared to their assessment. This illustrates that we are providing high quality support in the face of increasing demand.

4.6 An increase in care market capacity to deliver reablement and long-term home care means that fewer people are being discharged to short stay hub beds and directly to permanent care home placements. This has meant Oxfordshire is able safely to reduce the number of short stay hub beds and the Council is now the 16th lowest Local Authority in the country for permanent care home admissions.

4.7 There has also been a 128% increase in referrals from community settings into reablement compared to 2023, meaning we are supporting more people to remain in their own homes, and preventing future hospital admissions.

4.8 Data shows that typically fewer than 10 of the 450-500 people who go home under discharge to assess each month are readmitted to hospital within the 72-hour initial assessment period. In Oxfordshire 86.3% of people in 2023/24 supported through reablement remained at home 91 days after discharge from hospital. This data has been collected annually as part of the Better Care Fund. Generally, national data suggests that where people over the age of 75 have an admission to hospital in the last year of life, 33% have a single admission and 16% have 5 or more admissions. We are reviewing readmission rates from all discharge pathways (D2A, via short stay hub bed or via community hospital bed) as part of Better Care Fund planning for 2025/26. There will be opportunities to increase the resilience of arrangements to support people once they get home e.g. via Integrated Neighbourhood teams.

5. The service has made significant progress in one year. However, this does present several challenges.

a. The amount of activity through the D2A service is now frequently achieving double what had originally been planned per week. This puts financial pressure on the Oxfordshire system in relation to the Additional Discharge Funding, which is used to fund D2A, and particularly the County Council which currently funds the majority of reablement activity.

b. In recognition of the positive impact of D2A detailed already, the Oxfordshire system, via the Joint Commissioning Executive, has committed to continue supporting the current delivery model. However, further discussion on how the system will fund the activity increase is needed.

c. A key focus for this year's Better Care Fund (BCF) planning process was supporting discharge and system flow by reducing non-elective admissions, particularly for people with more complex needs. However, our data shows that non-elective admissions are increasing. Understanding the reasons for this will form a key part in this year's Better Care Fund (BCF) planning process and help us move towards a more sustainable delivery model. This will include more co-ordinated support in the community to avoid readmissions for people who have been supported home.

d. The activity increase is placing significant pressure on organisations and employees. Home First and TOC teams, and staff in our care providers, continue to experience recruitment challenges. This is particularly the case in relation to Occupational Therapist posts that are vital to the effective planning and delivery of D2A. We are working to ensure staff are well-supported. We are also working together as a system to explore creative solutions to recruitment, such as secondments and cross-organisational working.

Progress update on HOSC recommendations in January 2024:

Recommendation from JHOSC January 2024	**Update January 2025**
1. That a process of learning and evaluation is reviewed and developed. It is recommended that input from Healthwatch Oxfordshire and service users is also enabled inasmuch as possible so as to improve the process of learning and evaluation.	The D2A service has developed at pace and has provided rich learning for the Oxfordshire system. The service is continuously adapting and operational learning is shared and developed via fortnightly D2A system review meetings attended by system partners and the care market. Partners also supported Healthwatch Oxfordshire on their recent report on peoples' experiences leaving hospital – see next section.

2. For the establishment of clear KPIs for the purposes of measuring the performance of services delivered under Discharge to Assess and the Oxfordshire Way. It is recommended that there is clear transparency around this, alongside the inclusion of lived experience (including the learnings from the data in the Wantage co-production work) and the evaluation of long-term outcomes.	System performance for D2A and, by extension, the Oxfordshire Way is reported into the monthly Oxfordshire Urgent and Emergency Care (UEC) Board, as part of the Home First Team update and the Oxfordshire sit-rep report. The KPIs for the service align with the Better Care Fund (BCF) metrics around supporting discharge and reducing care home admissions. Per point 8, further work to reduce non-elective admissions will be undertaken as part of this year's BCF planning process. To support the launch of the service last year, members of the Home First team met with councillors and members of the public in Wantage to hear about their lived experience, receive feedback and respond to concerns around D2A. Engagement such as this is ongoing (see below). We have an ambition to develop a D2A feedback form to ensure we regularly receive patient input into how we can improve the service. We will involve patients in the development of the form via patient focus groups. This work will commence in April 2025.
3. For communications and regular public engagement to be adopted so as to provide reassurances to the public as to the quality of the services they could expect to receive upon being discharged from hospital; and for any additional feedback from the public or stakeholders to be heard.	Between June and October 2024, we delivered the Health and Social Care connections programme, which aimed to: - Connect senior leaders with the public - Share information about new services, including D2A - Listen to public experiences - Promote how we are integrating health and care services in Oxfordshire The programme: • **Conducted 10 stakeholder sessions** to raise awareness

	and gather feedback from key stakeholders. • **Held 10 individual sessions** with recent service users in the context of existing workshops and events. • **Participated in 8 large-scale events** including Play Days, to engage with communities through informal settings. • **Hosted 3 online webinars** to reach a broader audience, including stakeholders and the general public. The programme achieved positive senior leadership engagement across the NHS and County Council, successfully shared information about new services and collected valuable feedback from the public. Future sessions will aim to utilise existing networks to support under-represented groups. The programme also identified that more work is needed to increase the public's understanding of the integrated care system and how it supports their experience of health and social care. This work is being delivered via the updated BOB approach to working with people and communities.
4. For patients to be clearly communicated with in relation to the services they will receive upon being discharged from hospital. It is also recommended that leaflets for patients include an outline of the complaints processes in place.	This action was also identified by Healthwatch and formed part of the action plan in our response. A discharge leaflet (see appendix 1) has been developed and is now offered to all patients when admitted to hospital. The leaflet includes: - The possible routes for going home after a hospital stay, and what to expect if more support is needed, including an outline of the Discharge to Assess service and other places of care such as a Short Stay Hub Bed or community hospital - Frequently asked questions - A going home checklist

	- Key contacts and support available for post-discharge support, including Single Point of Access (SPA), Live Well Oxfordshire and Age UK Oxfordshire resources
5. To ensure that staff who provide support for discharged patients at home receive adequate and ongoing training.	This action was also identified by Healthwatch and formed part of the action plan in our response. Home First and TOC have delivered several joint webinars for staff in acute settings, with an ambition to extend these sessions to community partners, including GPs and district nursing teams over the coming months.
6. To ensure that integrated neighbourhood teams are sufficiently resourced and geographically spread in as appropriate a way possible so as to meet demand across both rural and urban areas. It is recommended that any available resources are maximised to meet demand for support at home, and that further funding is sought to support vital local transformation and prevention work in local communities.	We have developed Integrated Neighbourhood teams in the areas of significant deprivation and are now expanding to the next group of deprived areas. We now have eight INT's focussing on adults across Banbury (2), Bicester, Witney, Faringdon, Oxford City (2) and Wantage. The ninth INT is in one Oxford City PCN and is dedicated to children and young people who neurodiversity and complex needs. We are reviewing areas of priority for the further development of INTs across Oxfordshire. We are working with Better Care Fund (BCF) for the ongoing funding for 2025/2026.

System response to the Healthwatch Oxfordshire report on Peoples' experiences of leaving hospital

6. Several system partners inputted into Healthwatch Oxfordshire's report on people's experiences of leaving hospital, which was presented to the Committee in November 2024.

7. Oxfordshire County Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) responded to the report jointly, and welcomed the feedback provided by people who have been in hospital, their carers, and health and social care staff about their experiences. We were pleased to hear that many people had a positive experience leaving hospital,

and that the majority of people felt safe and happy to be home. Key reasons for this noted in the report include:

- The provision of clear information and professional, person-centred support for people before and after discharge

- Most people felt listened to, respected and were actively involved, along with their carers, in care planning

- People experienced a joined up, coordinated approach to their care, noting particularly the input from charities, primary care, care providers and health and social care professionals.

8. The report also identified several areas to improve. The County Council and ICB worked with Oxford Health and Oxfordshire University Hospitals on how we would address the report findings as a system and created the following action plan:

Recommendation	Objective	Action	Lead	Update January 2025
1. Improve experience of continuity and quality of care for patients	**Proactively identifying opportunities for care and support**	Explore expanding Age UK Oxfordshire support on acute and community wards	**John Pearce,** Commissioning Manager (Prevention) – Oxfordshire County Council	The potential benefits of Age UK Link Workers spending more time in Community Hospitals have been identified. A meeting attended by several stakeholders to discuss further is being arranged.
	Improving care coordination before, during, and following discharge	Test process for following up all complex discharges from one Primary Care Network in South Oxfordshire. Establish the skill set and workforce required to roll this out to all areas within Oxfordshire.	**Lily O' Connor,** Director of Urgent and Emergency Care, BOB Integrated Care Board	We met regularly with one PCN in south Oxfordshire and their care co-ordinators. All complex discharges continue to be followed up post discharge from hospital. The majority are followed up with a phone call, but some require home visits. We are regrouping in February 2025 to check how it has continued and if any further support is required. This is up and running in other areas such as Banbury, Bicester and OX3.

		Improve process on the day of discharge for medication, transport, and communication. Collate complaints, incidents, and findings from health watch review and agree actions.	**Louise Johnson,** Deputy Director of Urgent Care – Oxford University Hospitals and **Tamsin Cater** Transfer of Care Lead – Oxford University Hospitals	Discharge has been identified as a quality priority for OUH for 2025/26. This action is included in OUH's broader action plan. A verbal update will be given at the JHOSC meeting.
	Assuring high quality care post discharge	Address training and monitoring gaps and rostering opportunities with care providers through existing contract and quality management structures	**Sally Steele,** Area Service Manager Hospitals – Oxfordshire County Council	Teams of trainers have been identified and the existing programme of Home First training has recently been updated. This training includes a workbook and accompanying video that must be completed by all providers. We will also conduct face to face training sessions for staff which will commence in March. We are exploring rostering opportunities as part of our contract management approach.
2. Clear communication to patients and unpaid carers	**Clarity on discharge processes and follow up support**	Complete and publish discharge information leaflet for patients in November 2024 and brief ward staff on the contents	**Tamsin Cater,** Transfer of Care Lead – Oxford University Hospitals	The leaflet is complete and is being offered to all patients when admitted to hospital. We are also updating the Live Well Oxfordshire website with the information provided in the leaflet.
3. Improve	**Proactive**	Continue to	**John**	The action plan for the

support for and identification of unpaid carers	**identification of unpaid carers**	work across the Oxfordshire system to deliver on the All-Age Unpaid Carers strategy, including identification programmes and updating IT systems to support staff	**Pearce,** Commissioning Manager (Prevention) – Oxfordshire County Council	All-Age Unpaid Carers strategy is reviewed quarterly as part of the Oxfordshire Carers Strategy Oversight Group. Following a successful pilot in OUH, there is agreement to scale up the development of carers passports, which help identification of unpaid carers. Carers champions are also being utilised to further support identification. We are working with GPs to review SNOMED codes for unpaid carers to ensure they are accurately flagged to primary care professionals.
	Support for unpaid carers	Working with carers leads in acute and community settings to promote existing carers training and awareness for all staff and signpost to Carers Oxfordshire resources	**John Pearce,** Commissioning Manager (Prevention) – Oxfordshire County Council, **Di Hilson,** Carers Lead – Oxford Health, and **Caroline Heason,** Carers Lead – Oxford University Hospitals	Per above action, Oxfordshire system carers leads meet every quarter as part of the Oxfordshire Carers Strategy Oversight Group. Across health and social care we have a wealth of resources and training available to improve staff awareness of the support available for unpaid carers. Carer's leads are working to promote these to staff and signpost to Carers Oxfordshire

4. To continue to develop joined up working across the system	**Improving communication and understanding between services**	Continue to deliver training workshops and webinars with all those involved in the discharge process, expanding to community partners including GPs, district nurses and out of area teams. Work with providers to complete the D2A information leaflet.	**Sally Steele,** Area Service Manager Hospitals Oxfordshire County Council and **Tamsin Cater**, Transfer of Care Lead – Oxford University Hospitals	Per JHOSC recommendation 5, Home First and TOC have delivered several joint webinars for staff in acute settings, with an ambition to extend these sessions to community partners, including GPs and district nursing teams over the coming months.
		Explore opportunities for timely sharing of discharge letters with unpaid carers, GPs and Home First	**Sally Steele,** Area Service Manager Hospitals Oxfordshire County Council and **Tamsin Cater**, Transfer of Care Lead – Oxford University Hospitals	Discharge has been identified as a quality priority for OUH for 2025/26. This action is included in OUH's broader action plan. A verbal update will be given at the JHOSC meeting.

Next steps

9. The progress of the above action plan and JHOSC recommendations is being monitored quarterly through the Urgent Care Delivery Group. We will continue to work as a system to ensure we fulfil the plan and address the JHOSC recommendations.

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

30TH JANUARY 2025

IMPLEMENTATION UPDATE - OXFORDSHIRE JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2024-2030

Report by Ansaf Azhar Director of Public Health

RECOMMENDATION

1. **The Oxfordshire Joint Health Overview and Scrutiny Committee is RECOMMENDED to**

   - **Note the update on progress of implementation of the Oxfordshire Joint Local Health and Wellbeing Strategy 2024-2030**

   - **Make recommendations to the Health and Wellbeing Board for further system wide action to strengthen the implementation work to date**

Executive Summary

2. The Oxfordshire Joint Local Health and Wellbeing Strategy was fully updated in 2023 and a new 2024-2030 strategy was published by the Oxfordshire Health and Wellbeing Board in Jan 2024

3. Since publication significant work has been undertaken to start to implement the strategy and create an outcomes framework to allow monitoring of progress against the strategy's ambitions and priorities.

4. This report provides HOSC with an overview of implementation activity in 2024 and performance against the outcomes framework

Background

5. The Joint Local Health and Wellbeing Strategy (JLHWBS) is Oxfordshire's primary strategy for health and wellbeing, setting out a strong, unified vision to improve health and wellbeing for local people between 2024-2030. It is a statutory requirement for Health and Wellbeing Boards to publish such a strategy to meet its population's health needs, as identified in the Joint Strategic Needs Assessment.

6. Oxfordshire has a strong history of ambition and delivery against its Health and Wellbeing Strategies, however due to the COVID pandemic, cost of living crisis

and changes to health and social care organisational structures it was agreed in early 2023 that a new strategy for the county was needed.

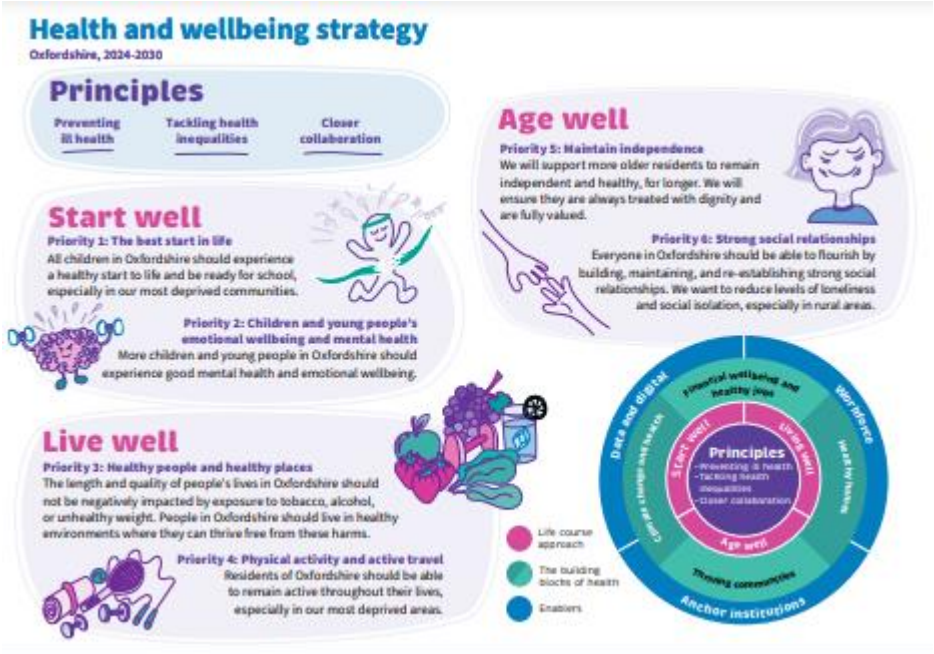
7. In Sept 2023 HOSC reviewed a working draft of the health and wellbeing strategy, and since then a significant amount of worked has progressed.

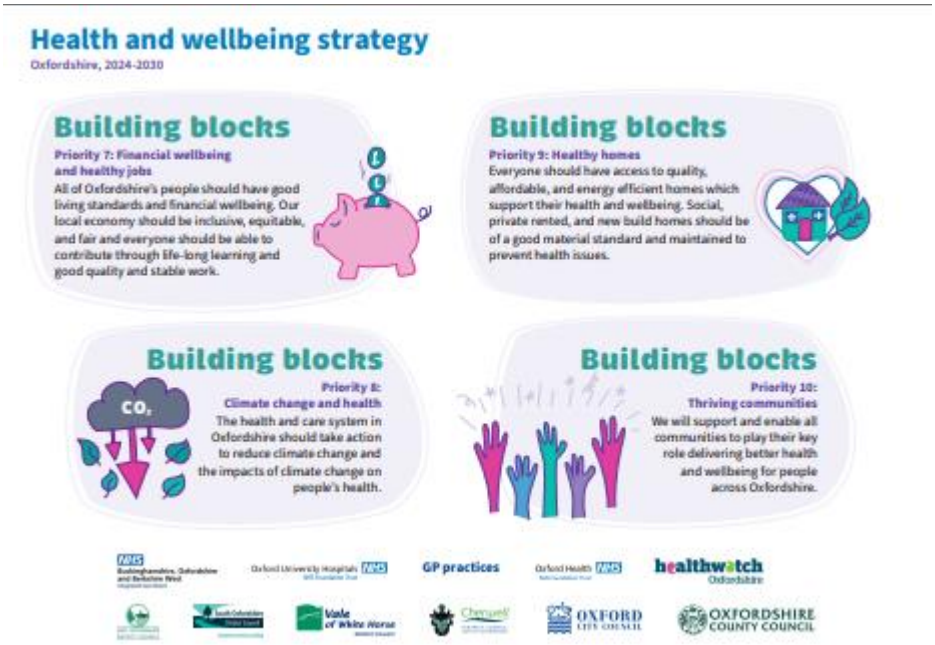
    7.1. **Autum 2023**- widespread and meaningful public consultation (including written response from the HOSC chair)
    7.2. **Dec 2023**- approval of the new strategy by the HWB Board
    7.3. **Jan 2024**- launch of the strategy and dissemintation
    7.4. **Mar 2024**- approval of an Outcomes Framework for the strategy
    7.5. **Apr- Dec 2024**- initial delivery against the ten priorities (details below)
    7.6. **Sep 2024**- review of progress against Age Well priorities 5&6
    7.7. **Dec 2024**- review of progress against Thriving Communities priority 10

8. The new JLHWBS is structured around three key elements, with an infographic summary in Figure 1 below

    8.1. The principles or cross-cutting approach that informs all we do
    8.2. A life-course approach to health and wellbeing. This recognises that throughout life different protective factors for good health and risk factors for poor health become more or less prevalent.
    8.3. The concept of the building blocks of health (sometimes called the wider determinants or social determinants of health) and are fundamental to our residents building health lives for themselves, their friends, families and communities.

Figure 1- A summary of the Oxfordshire JLHWBS



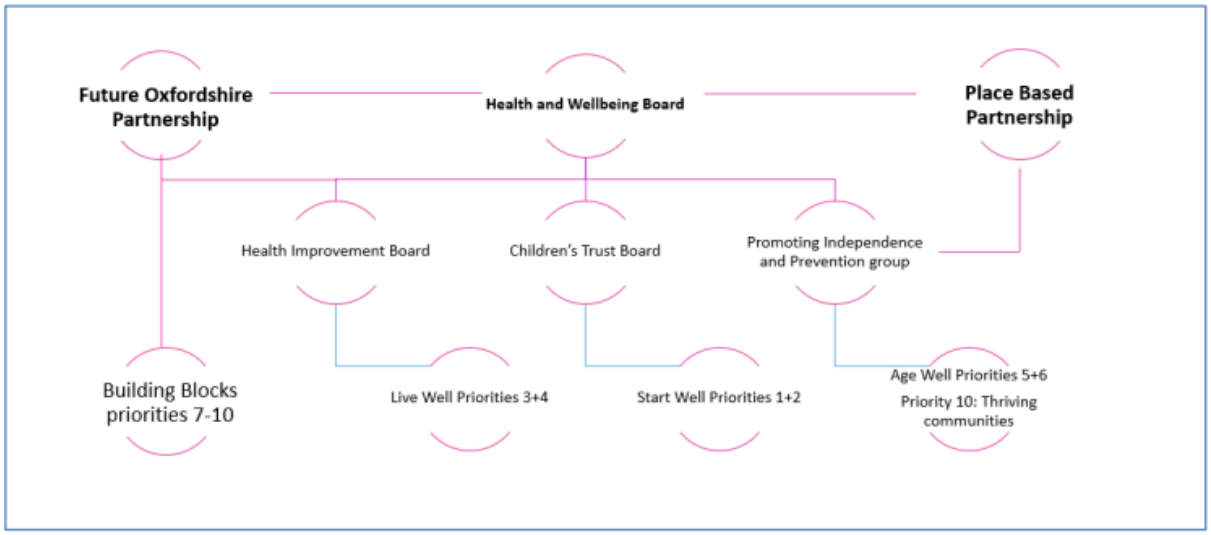


Delivery and reporting arrangements

9. The most consistent theme of feedback received during the public consultation in Autumn 2023 was that once the strategy was published it must translate into delivery and make meaningful positive impact on the lives of local residents and communities. This view was and continues to be emphasised by partners on the HWB too.

10. In order to support delivery of the strategy the HWB agreed with partners across the system that relevant existing governance groups and partnership forums within the system would be used to oversee the work relevant to that forum. This is outlined in the figure below

Figure 2- Reporting structure for JLHWBS delivery



11. As the strategy is long-term in its focus and much of the ambition will take time to deliver it was agreed that the board should focus on only one of the sections of priorities at any one of the quarterly meetings- such as Start Well or Live Well or Age Well, or Building Blocks- meaning that over the course of 12 months progress on implementation would be considered once against each section/ priority. This allows the board to hold system partners mutually to account for the work whilst acknowledging that it most instances quarterly updates are too frequent to see meaningful change.

12. Work is progressing across all elements of the strategy but due to this currently being in the first year of the strategy delivery, and the 4th July 2024 meeting being cancelled, the board has not yet had a chance to review progress against all priorities

13. To give some granular and deliverable aims within a strategy that is broad am ambitions, the board agree to an Outcomes Framework in March 2024. This consists of a series of Shared Outcomes against each of the ten priorities (usually 3 or 4 against each priority), and to both Key Outcome Indicators & Supporting Indicators to help measure performance. Therefore both a narrative and numerical update is brought to the board when a priority specific update is provided. The full Outcomes Framework is included in Annex 1 of this report and the specific performance reports reviewed by the HWB at its September 2024 and December 2024 meetings are included in Annex 2 and 3 respectively.

14. The remainder of this report summarises progress against all parts of the strategy during its first year of implementation. As described above, not all parts of the strategy have yet been reviewed at formal meetings of the HWB as only two meetings have occurred since the outcomes framework was agreed. However, as is demonstrated below, implementation is progressing across the strategy.

Principles and cross-cutting themes

15. The JLHWBS identified 3 principles that would cut through all of the work undertaken to deliver on the strategy.

16. Closer collaboration is well demonstrated through the Place Based Partnership for Oxfordshire that brings together key system leaders from the county. HOSC members will be familiar with much of the work of the PBP and it should be noted that it is a key mechanism for implementation of the strategy. For example the process and planning for utilisation of the Better Care Fund (see age well update below) is lead by the PBP.

17. One of the four priority areas for the PBP is Prevention and Health Inequalities. Two projects were shortlisted for the Health Services Journal (HSJ) Awards in the category of Place-based Partnership and Integrated Care Award. Unfortunately, neither project won the award, but the process provided us with an opportunity to recognise and celebrate success through collaboration. Operating planning for 2025/26 will also incorporate prevention and health

inequalities, and the ICB has confirmed onward ringfenced inequalities and prevention money to the system

18. The Health Inequalities focus in Oxfordshire has been supported this year through the launch of Oxfordshire as a Marmot Place. Whilst still in early stages of development this will help the system build on existing work already happening in this area- such as the community profiles that were completed this year, and the Move Together programme- to go further and faster in addressing local inequalities. The HWB looks forward to developing this partnership with Professor Marmot's team and Institute of Health Equity to use their internationally recognised evidence, data and overall approach to have positive impact locally.

19. Prevention continues to cut through all of the HWB's work and is well characterised through the Oxfordshire Way Prevention Strategy and Combatting Drugs Partnership work described under the thriving communities update later in the paper

Start Well

20. During 2024 a review and update to the system governance structures and strategic work covering Start Well was undertaken. This has led to the following innovation and change

    20.1. An Early Years Board has been established and will provide strategic direction and leadership to ensure that consistent and good quality family support and services are provided to all children and families from preconception/pregnancy to age 8.

    20.2. The Board will oversee the whole early years system and track progress against shared outcomes, with the ultimate goal to ensure that Oxfordshire children have the best start in life as given in the Early Years Strategy. Members will ensure effective delivery of the strategy and regular updating against the action plan and associated priorities, as well as ensure that all activity reflects national and local policies and priorities for delivering the best start for all children.

    20.3. A refreshed Early Help and Prevention Strategy 2024-2028 has been published which seeks to further progress the ethos established across Oxfordshire to support the wellbeing and progress of children and their families at the earliest stage. Significant progress has been made in the last 10 years – our children are now more likely to experience a Strength and Needs approach than statutory assessment. Early Help is a partnership approach, bringing together services, teams, partners, and families to offer support when needed.

    20.4. A review of the Children's Trust Board (CTB) arrangements have also been undertaken and a re-shaped CTB is now in place. This is chaired by Cabinet Member for Children, Education & Young People's Services and

is vice chaired by Oxfordshire Youth. It brings together the public, private and voluntary sectors to improve outcomes for all children and young people who live in the county. The CTB has oversight of the activity in the system relating to children and young people's health and wellbeing, receives updates from the above to board and continues to report on progress of key deliverables to the HWB each quarter.

21. The above review and changes will support delivery of the ambition within priorities 1 and 2 of the JLHWBS. As described earlier in the paper the HWB has not yet had a chance to review in detail the progress against each part of the JLHWBS at is quarterly meetings and will have an Early Years update at a future meeting in 2025.

22. In addition, The Oxfordshire Inclusive Economy Partnership ran a summit on 16th January. This summit brought together leading academics, national experts, early years practitioners, and employers who recognise the importance of the issue, to share insights and evidence-based strategies that can empower all partners to make a difference in Oxfordshire Early Years. This closely aligns to the Marmot Place principle 1- give every child the best start in life and will help define the next steps in the Marmot Place work relating to this principle

Live Well

23. The Health Improvement Board is responsible for delivery against the Live Well priorities of the JLHWBS. The HIB meets 4 times per year, is chaired by District Councils (on a rotating basis) and ensures progress against these priority areas.

24. Additional "section 31" monies were received into the County Council in 2024 to meet central government's ambition to create a smoke free generation and for England to be smoke free by 2025. This has supported the current re-procurement of the smoking cessation service in Oxfordshire, the use of vapes as a harm-reduction measure for current adult smokers and innovation to support smoke free places in areas like school gates or in housing association premises. Whilst the numbers included in the survey are relatively small local data suggest an all-time low smoking prevalence of 10.5%. Targeted work continues for particular communities and cohorts were smoking prevalence remains much higher than this.

25. Oxfordshire continues to benefit form a Whole System Approach to healthy weight. An update on this work will be provided to the HIB in Feb 2025 which includes the successful partnership with local food retail businesses in Blackbird Leys to market healthy food and the commissioning of a new all-age healthy weight service

26. Progress in supporting more residents to be physical active continues. The YouMove and MoveTogether programmes continue to deliver strong outcomes and form part of the Oxfordshire on the Move campaign run by Active

Oxfordshire. Funding for this work into 2025/26 and beyond has now been secured. Active travel schemes such as Community Outreach and Active Travel are in place and supporting residents in communities facing the biggest barriers, to engage in active travel modes.

27. The physical activity work, alongside access to nature and green space supports the mental wellbeing of residents. An update to the suicide prevention strategy for Oxfordshire is currently being developed and a round of grant funding- Better Mental Health Fund has been successfully distributed and evaluated with the support of Oxfordshire Community Foundation

28. Reducing harm from alcohol is a new focus for HIB. In Oxfordshire we have a well performing and nationally recognised drug and alcohol treatment service. However, there remains an "un-met need" locally- this means the number of people consuming alcohol at harmful levels in the county exceeds the number being support by the service to reduce alcohol intake. This un-met need has reduced over the last reporting period and work continues to promote less harmful alcohol behaviour and break down barriers to access support for those who need it.

Age Well

29. Key progress against the priorities 5 & 6 under Age Well are summarised below and further information is available at this recent report to the HWB (Sept 2024) https://mycouncil.oxfordshire.gov.uk/documents/s72671/11.%20Annex%201%20Age%20well%20report.pdf

30. In September the HWB approved the Better Care Fund plan for 2024/25. This is the main statutory vehicle for the Council and the NHS to integrate funding within a system wide plan to improve the health and care outcomes for our population and improve the resilience of the health and care system mainly in relation to the flow into and out of hospital. It is designed to improve integration to achieve these goals and is required to evidence how it brings together the range of commissioners, health and care providers, the voluntary sector and our population to develop and deliver the plan. The Better Care Fund particularly is a vehicle for extensive and imaginative integration to align services and to address health inequalities.

31. Although the 2024/25 plan was an update to our 2023-25 plan, there were some key changes in this year's submission;
    31.1. Introduction of a new metric based on the proportion of people discharged from hospital who are still at home after 91 days.
    31.2. Changes to the demand and capacity mapping, including an ask to include estimates around spot purchasing and merging reablement and rehabilitation pathways to improve accuracy of reporting.

32. To support reduction in falls and need for social care support, physical activity programmes delivered by Active Oxfordshire and Age UK have focused on falls prevention and a review of the falls pathway has been undertaken.

33. To ensure timely discharge and effective support in the community the discharge to assess model was rolled out across the county during 2024. In addition, the Live Well at Home Framework is delivering on its aim to support Oxfordshire residents to live independently at home. an average of 76.3% of reablement cases are discharged independent, exceeding the 65% KPI target.

34. Community capacity grants were awarded via Oxfordshire Community Foundation on behalf of the Council. The purpose of the grants is to build up and strengthen grass roots organisations in their ow n local areas, especially w here we know there are gaps or insufficient development of local resources. The aim is to ensure residents have access to community services to support being independent and reduce reliance on formal statutory services

Building Blocks

35. Priority 7 Financial Wellbeing and Jobs- progress has been made over the last 12 months on the local Community Wealth Building project which aims to maximise the benefit of Oxfordshire's strong economy to the benefit of all residents, whilst addressing inequalities and environmental challenges.

36. A new Advice Service for Oxfordshire commenced in November 2024, delivered by Age Uk with sub-contracting to Citizens Advice and local independent advice services, this has been jointly commissioned by Adult Social Care and Public Health and ensures residents have access to timely and robust advice on financial and other matters to support their independence.

37. Priority 8 Climate Change and Health- progress has been supported through the 2023-24 Director of Public Health annual report on this topic. This has led to new projects such as the greening of NHS estate and several research projects delivered through the new Policy Lab initiative between Oxford University and the Local Authorities in Oxfordshire.

38. Priority 9 Healthy Homes- The HWB now receives quarterly updates on the work of the system wide Homeless Directors Group to ensure progress on action to be preventing homelessness and provide the right support for people experiencing homelessness. The need for a system-wide response was identified in the Safeguarding Adults Review (SAR) published in 2020 which reviewed the deaths of nine homeless people in Oxfordshire in 2018 & 2019. One of the key findings from the SAR was that the approach to working with people experiencing multiple - exclusion homelessness (where they had mental ill-health, substance abuse issues and/or were experiencing domestic abuse) was fragmented and required a coordinated, system-wide response. Following this review, the Alliance of homelessness services, the review process for scrutinising all deaths of people who were homeless, and the Prevention of Homelessness Directors' Group (PHDG) were all created.

39. An innovative service called Better Housing Better Health has been expanded from an annual grant to a four-year, £1.5 million contract to support 3,600

residents over 4 years. It aims to improve the health and well-being of people at risk of living in cold and damp homes, by providing practical advice and support on energy efficiency measures and financial assistance to help reduce their energy bills. A Housing Health Needs Assessment is being undertaken to support work to develop new metrics to report progress to the HWB against this priority and the Shared Outcomes in the JLHWBS.

40. Priority 10- Thriving communities- Progress was reviewed at the HWB meeting in December 2024. The key piece of work that brings much of the activity in this area is the new Oxfordshire Way Prevention Strategy. This approach recognises that vibrant and thriving communities are the cornerstone of a healthy and well Oxfordshire and that they are crucial to creating good health and wellbeing. There are also opportunities to value and cultivate local communities to help people to support themselves, staying well for longer.

41. In December 2024 the HWB received and updated from the Safer Oxfordshire Partnership including an annual report from the Domestic Abuse Strategic Board. The HWB agreed to this new annual reporting due to close alignment with the ambition within this priority of the strategy.

42. This report included an update on the renewal of the Domestic Abuse Safe Accommodation Strategy which fulfils the duty on Local Authorities to ensure they meet the local need of victim survivors of domestic abuse.

43. The HWB has had oversight of the Combatting Drugs Partnership since its inception 2022. Progress against the strategic action plan was presented in Dec 2024 through their annual report. In particular work was presented to address the risk of synthetic opioids which present a increased risk of drug related death and the increased in people supported through substance use services due to the specific central government grants

Performance Reports

44. Specific performance reports based on the Outcomes Framework (included in Annex 1) are available on priorities 5&6- Age Well, and priority 10- Thriving Communities as these are the specific areas the board has reviewed in its annual work plan to date. The same approach of reporting against Shared Outcomes, Key Indicators and Supporting Indicators specific to each priority will be provide to the Board at its quarterly meetings in 2025

    44.1. The Age Well performance report (Sept 2024) is included in Annex 2

    44.2. The Thriving Communities performance report (Dec 2024) is included in Annex 3

Corporate Policies and Priorities

45. The implementation of the JLHWBS supports delivery of Oxfordshire County Council's cooperate plan- across the Healthier, Fairer and Greener domains

(see Corporate Plan), as well as the Integrated Care System Strategy published in early 2023.

Financial Implications

46. This report does not have any direct financial requests. Rather, the members of the HWB hold each other and member organisations mutually to account for progressing the strategy. Decisions on resource allocation are taken by individual organisations own governance route.

Legal Implications

47. There are not legal implications associated with this report. The is not a statutory requirement for HWB to publish or otherwise report progress on the implementation of its strategy

Staff Implications

48. There are not any direct staffing implications related to this report

Equality & Inclusion Implications

49. The planning, delivering, monitoring and evaluation of this work ensures that equality and diversity issues are appropriately considered through taking the health inequalities lens to all aspects of the work.

Sustainability Implications

50. This paper makes direct reference to examples of work to improve climate change and health and a direct Climate Impact Assessment (CIA) is not required

Risk Management

51. The main risk associated with the report is the reputational risk to partner organisations of the board if the JLHWBS strategy is not implemented effectively and falls short of the ambition it encapsulates. The mitigation to this is the Outcomes Framework and reporting mechanisms described in the report that enable the board to monitor progress and improved local outcomes.

Consultations

52. Early engagement and full public consultation was undertaken in the development of the JLHWBS during 2023. Whilst further public consultation is not formally required it remains important to this work that engagement with residents continues. This is being undertaken through specific work programmes under the different priorities as opposed to a one over-arching JLHWBS approach

Ansaf Azhar, Director of Public Health

Annex: Annex 1- Oxfordshire Joint Health and Wellbeing Strategy 2024-2030 Outcomes Framework- Shared Outcomes, Key Outcome Indicators, & Supporting Indicators https://mycouncil.oxfordshire.gov.uk/documents/s70410/240314_HWB_Item%207_Annex%201-%20Outcomes%20framework.pdf

Annex 2- Age Well Performance Report (Sept 2024) https://mycouncil.oxfordshire.gov.uk/documents/s72674/11.%20Annex%202%20Performance%20Report%20-%20Age%20Well%20HWB%20Framework%20v2.pdf

Annex 3- Thriving Communities Performance Report (Dec 2024) https://mycouncil.oxfordshire.gov.uk/documents/s73990/OHWB05122024%20-%2014.%20Metrics%20Outcomes%20-%20Annex%202.pdf

Background papers: Health and Wellbeing Strategy Outcomes Framework & Delivery Plan summary paper (March 2024) https://mycouncil.oxfordshire.gov.uk/documents/s70409/240314_HWB_Item%207_Cover%20note_HWS%20Update.pdf

Other Documents: Nil

Contact Officer: David Munday, Deputy Director of Public Health, david.munday@oxfordshire.gov.uk, 07922 849652

January 2025

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Oxfordshire Joint Health and Wellbeing Strategy 2024-2030 Outcomes Framework

Strategy Cross-cutting Outcome Indicators:	Healthy Life Expectancy
	Inequalities in Life Expectancy
	Preventable Mortality

Priority 1: Best Start in Life

All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our most deprived neighbourhoods.

Shared outcomes	Key strategies and activities delivering on priority	Key Outcome Indicators	Supporting Indicators
1.1 Improved parental physical and mental health during pregnancy, birth and after birth	Buckinghamshire, Oxfordshire Berkshire West Local Maternity Neonatal Service Equity and Equality Action Plan NHS England: Saving Babies Lives 2 Care Bundle NHS England: Core20PLUS5 Oxfordshire Start for Life offer Healthy Start Scheme Oxfordshire's Tobacco Control Strategy and action plan	Levels of smoking in pregnancy - smoking status at time of booking and delivery Number of mothers who had a Mother's (mental health) Assessment Proportion of births with low birth weight Levels of maternal overweight/obesity	Proportion of New Birth Visits (NBVs) completed within 14 days Number of children/families supported with alcohol and drug use through Family Solutions Plus New parents support/parenting confidence – TBC
1.2 Children with good health, feeling safe and secure, living in nurturing environments.	Oxfordshire's Whole System Approach to Obesity Action Plan Oxfordshire Food Strategy Oxfordshire Start for Life offer HM Government: The Best Start for Life – A vision for the 1001 critical days Department of Education: Statutory framework for the early years foundation stage Department of Health: The Healthy Child programme – two year review	Increase breastfeeding rates at initiation, 6-8 weeks, 6 months Reduce levels of children obese in reception (4-5 years old) and year 6 (10-11 years old) Reduce proportion of 5 year olds with decayed, missing or filled teeth Increase immunisation rates – percentage of children with up to date immunisations (focus on children in care) Decrease A+E attendances and hospital admissions for unintentional injuries in children (ages <14 years and 14+ years)	Supporting families framework: Reporting on parents/carers that require support with physical health needs of child are being well-managed, and family have sufficient / the right support in place/ necessary adaptations have been made/in place - TBC Number of families in need engaging with, and benefitting from, appropriate support, plan in place to manage on-going health needs - TBC
1.3 Children have opportunities for learning from birth and families	Oxfordshire School Readiness and Lifelong Learning Strategic Plan June 2020 Children & Young People's Plan 2023/2024	Increase percentage of children achieving a good level of development at 2 to 2 and a half years and at age 4 years, particularly in most deprived communities	Attendance at 2-year Universal Health Visitor Review development check Take up of 2-year-old or 3–4-year-old government-funded early education and childcare entitlement

	supported with childhood development	Oxfordshire SEND Local Area Partnership Priority Action Plan Department of Education: Statutory framework for the early years foundation stage	Increase percentage of children achieving a good level of development at the end of Reception Increase percentage of children with free school meal status achieving a good level of development at the end of Reception	
1.4	**Early identification and support for children and families where there is emerging need**	Children & Young People's Plan 2023/2024 Oxfordshire Early Help Strategy Update June 2022 Early Help and the Locality Community Support Service Drug and Alcohol Partnership Strategy Oxfordshire Domestic Abuse Strategy and action plan Commissioning Strategy for Looked After Children Placements 2020-2025 Oxfordshire SEND Local Area Partnership Priority Action Plan	Number of children cared for (age under 5) Percentage of looked after children whose emotional wellbeing is a cause for concern Number of referral and re-referrals in 12 months (requests for services to be provided by children's social care regarding a child who is not currently in need)	Number and key referral criteria of Early Help Strength and Needs Assessments, improvement in outcomes evidenced through EHA - TBC Number and rate of police-recorded domestic incidents affecting children EYFS progress check at 2 years of age

Primary partnership for priority	**Key Partnerships**
Children's Trust Board/ TBC	BOB ICB's Integrated CYP Delivery Network/Programme Oxfordshire Safeguarding Children Board Oxfordshire Food Strategy Network Oxfordshire Tobacco Control Alliance Alcohol Partnership, Oxfordshire Maternal Mental Health Alliance (MMHA) Oxfordshire Mental Health Prevention Concordat Partnership Group School Readiness and Lifelong Learning group SEND Improvement Board

Priority 2: Children and Young People's Mental Health and Emotional Wellbeing

More children and young people in Oxfordshire should experience good mental health and emotional wellbeing

Shared outcomes	Key strategies and activities delivering on priority	Key Outcome Indicators	Supporting Indicators
2. 1 Improved emotional wellbeing and mental health of children and young people, with positive transitions to adulthood.	Oxfordshire's Better Wellbeing and Mental Health Strategy for Children and Young People 2022 to 2025 Suicide and Self-Harm Prevention Strategy 2020-24 Oxfordshire Mental Health Prevention Framework 2020-2023	Levels of self reported wellbeing and measures of loneliness, anxiety and depression, worry/stress Estimated populations and prevalence of children and young people with a probable mental disorder, 5 to 16 year olds and 17 to 22 year olds in Oxfordshire	Rates of child inpatient admissions for mental health conditions Rates of child hospital admissions as a result of self-harm
2.2 A prevention first approach with meaningful measures to tackle drivers of poor mental wellbeing in childhood	Oxfordshire's Whole System Approach to Obesity Action Plan Oxfordshire on the Move, You Move programme Holiday Activities and Food programme Early Help Strategy and action plan Oxfordshire School Readiness and Lifelong Learning Strategic Plan June 2020	Percentage of 16-17 year olds not in education, employment or training (NEET) Pupil absence – increased rates of school attendance and participation Rates of children in need due to abuse or neglect	Average Attainment 8 (GCSE) score, and score of children in care Percentage of children taking part in 6 hours of physical activity a week Compliance with statutory timelines in co-production of Education Health Care Plans for CYP with Special Educational Needs and Disability Improved family relationships – TBC Under 18s conception rate/Percentage of delivery episodes where the mother is aged less than 18 Admission episodes for alcohol-specific conditions – Under 18s Hospital admissions due to substance misuse (15 to 24 years)
2.3 Increased and diversified capability to support CYP with their emotional and mental health needs at earliest opportunity	Oxfordshire's Better Wellbeing and Mental Health Strategy for Children and Young People 2022 to 2025 Early Help Strategy and action plan Oxfordshire Mental Health Prevention Framework 2020-2023 Suicide and Self-Harm Prevention Strategy 2020-24 Oxfordshire Social Prescribing Oxfordshire Community & Voluntary Action (OCVA) and Community First Oxfordshire (CFO) Well Together Programme	Support for children and family mental health – meeting evidence requirements for Supporting Families framework	Evaluation of development of new roles such as Social Prescribers to support families to reach out to alternative help where appropriate Improved provision of Safe spaces for CYP+Trusted adults Evaluation of the increased range of mental health support and counselling services, including face to-face, telephone, and digital support, as well as availability of educational resources and toolkits. Evaluation of the provision of mental health and suicide prevention training for professionals and volunteers and developing a confident workforce
2.4 Closer partner collaboration to align and improve our system approach to accessing help	Children & Young People's Plan 2023/2024 Oxfordshire Early Help Strategy Update June 2022 Oxfordshire SEND Local Area Partnership Priority Action Plan	Monitoring overall outcomes of CYP with mental health needs - TBC	Progress measures being met in implementation of joint initiatives Regular evaluation of progress on achievement of shared outcomes

Primary partnership for priority	Key Partnerships
TBC/ Children's Trust Board	Active Oxfordshire/Oxfordshire on the Move Safer Oxfordshire Partnership Community Safety Partnerships Oxfordshire Stronger Communities Alliance Oxfordshire Mental Health Prevention Concordat Partnership Group Oxfordshire Safeguarding Children Board Oxfordshire's Children and Young People's Emotional Wellbeing and Mental Health Board SEND Improvement Board Suicide and Self Harm Multi- Agency Group Oxfordshire CAMHS partnership VCS Children and Young People Mental Health Partnership Thames Valley Violence Reduction Unit

Priority 3: Healthy People, Healthy Places

The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments where they can thrive free from these harms.

Shared outcomes	Key strategies and activities delivering on priority	Key Outcome Indicators	Supporting Indicators
3.1 More residents living with healthy weight and reduced harm from unhealthy weight, with focus on priority groups. Using Whole Systems Approach: **i. System Leadership** **ii. Prevention** **iii. Support** **iv. Healthy weight environments**	Oxfordshire's Whole System Approach to Obesity Action Plan Oxfordshire Food Strategy and actions plans Oxfordshire's Healthy Place Shaping Action Plan NHS Joint Forward Plan BOB ICB Action Plan NHS Health Check Programme Making Every Contact Count /Here for Health programmes Healthy Start programme	Percentage of adults (aged 18 plus) classified as overweight or obese Year 6 prevalence of overweight (including obesity) Reception prevalence of overweight (including obesity) Achievement of county wide Gold Sustainable Food Award	Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations Percentage of the eligible population aged 40-74 years receiving a NHS Health Check Healthy Start Voucher uptake Deaths from circulatory disease (under 75 years)

3.2 Oxfordshire to become smoke free **i. Less people taking up smoking** **ii. Smokefree environments** **iii. Effective regulation and enforcement of illicit tobacco** **iv. More smokers supported to quit, targeting those populations where smoking rates remain high**	Oxfordshire's Tobacco Control Strategy and action plan Stop for Life Oxon	Smoking Prevalence in adults (18+) - current smokers Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers	People smoking with mental health condition Smoking prevalence in pregnancy
3.3 Reduced alcohol related harm **i. Address unmet need for alcohol support and treatment.** **ii. Improve earlier identification and prevention of alcohol harm**	Drug and Alcohol Partnership Strategy and action plan	Alcohol treatment progress and completion Admission episodes for alcohol-related conditions	Alcohol only numbers in structured treatment Restrict clusters of premises licenced to sell alcohol- TBC

Primary partnership for priority	**Key Partnerships**
Health Improvement Board	Oxfordshire food strategy network and food action working groups Oxfordshire Tobacco Control Alliance Alcohol Partnership, Oxfordshire Oxfordshire Anchor Network

Priority 4: Physical activity and Active Travel

Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.

Shared outcomes	Key activities delivering on priority	Key Outcome Indicators	Supporting Indicators
4.1 A system wide approach to physical activity, incorporating key physical activity programmes	Oxfordshire on the Move Move Together programme You Move programme Oxfordshire's Whole System Approach to Obesity Action Plan	Percentage of physically active adults Percentage of physically active children	Uptake of Move together/You move programmes Number of schools participating in Schools Active Programme -TBC
4.2 Whole system approach to improving access and uptake of active travel options	Oxfordshire Healthy Place Shaping Action Plan Oxfordshire Infrastructure Strategy 2021-2040 Local Plans/Neighbourhood plans Net Zero Route Map and Action Plan Local Transport and Connectivity Plan	Active travel - percentage of adults walking/cycling for travel at least three days per week (age 16+)	Number of Cycling and Walking Activation initiatives that promote inclusion - TBC By 2030 the Route Map ambition is for a: 20% reduction in vehicle miles from personal trips. 10% mode shift of personal trips (private vehicles to sustainable modes)
4.3 Recognition and action on the critical importance of being active for mental health and wellbeing	Oxfordshire Mental Health Prevention Framework Oxfordshire Mental Health Partnership partner programmes Oxfordshire Social Prescribing NHS Health Check Programme Making Every Contact Count programme	Self reported wellbeing: people with a low happiness score or ONS wellbeing measures of anxiety, happiness, satisfaction and worthwhile Percentage of people using outdoor space for exercise/health reasons - TBC	Adult patients recorded with a diagnosis of depression Emergency hospital admissions for intentional self-harm in all ages

Primary partnership for priority	Key Partnerships
Health Improvement Board	Active Oxfordshire Safer Oxfordshire Partnership Community Safety Partnerships Oxfordshire Stronger Communities Alliance Oxfordshire Mental Health Prevention Concordat Partnership Group Zero Carbon Oxford Partnership (ZCOP)

Priority 5: Maintaining Independence

We will support more older residents to remain independent and healthy for longer. We will ensure they are always treated with dignity and are fully valued

Shared outcomes	Key activities delivering on priority	Key Outcome Indicators	Supporting Indicators
5.1 More older residents to remain well, safe and independent in their home for longer	Oxfordshire Way Oxfordshire on the Move You Move programme Oxfordshire's All-Age Unpaid Carers' Strategy for Oxfordshire and action plan Oxfordshire Better Care Fund (BCF) Plan	Proportion of physically inactive adults (age groups of 55-74 and 75+) Emergency hospital admissions due to falls in people aged 65 and over* Unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions)* -	Hip fractures in people aged 65 and over Carer quality of life/satisfaction with adult social care service (aged 65+) – TBC
5.2 Enable older people who have lost a degree independence to regain independence or support their health and wellbeing in their chosen setting	Oxfordshire Way Oxfordshire Mental Health Prevention Framework 2020-2023 Oxfordshire Social Prescribing	Percentage of people who are discharged from acute hospital to their normal place of residence* Proportion of people discharged who are still at home after 91 days into reablement / rehabilitation services*	Estimated diagnosis rate for people with dementia Rate of admission to permanent residential care home funded by adult social care *
5.3 More older people empowered to take part in decision making about their own health and wellbeing	Oxfordshire Way Oxfordshire Mental Health Prevention Framework 2020-2023 Oxfordshire Mental Health Partnership partner programmes Oxfordshire Social Prescribing NHS Health Check Programme Making Every Contact Count programme Oxford Health's Family, Friends and Carers Strategy 2021	Self reported wellbeing: people with a low happiness score or ONS wellbeing measures of anxiety, happiness, satisfaction and worthwhile Percentage of people using outdoor space for exercise/health reasons - TBC Proportion of carers receiving direct payments for support direct to carer	Difficulties in activities of daily living Income Deprivation Affecting Older People Index (age 60+) Percentage of people aged 65+ receiving winter fuel payments Uptake proportion of residents eligible for pension credit Volunteering rates (65+) Adult social care user feelings of choice over care and support services

Primary partnership for priority	Key Partnerships
Promoting Independence and Prevention Group **Joint Commissioning Executive**	Prevention and Health Inequalities Forum Place Based Partnership Active Oxfordshire Safer Oxfordshire Partnership Community Safety Partnerships Oxfordshire Stronger Communities Alliance Oxfordshire Mental Health Prevention Concordat Partnership Group Carers Oxfordshire, partnership between the charities Action for Carers and Rethink Mental Illness

*Indicator included in Better Care Fund Plan

Priority 6: Strong social relationships

Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially among rural areas.

Shared outcomes	Key activities delivering on priority	Key Outcome Indicators	Supporting Indicators
6.1 More connected communities and closer links between health, social care, and community-centred interventions, ensuring no age exclusions	Oxfordshire Way Oxfordshire Healthy Place Shaping Action Plan District and City Local Plans/Oxfordshire Neighbourhood plans	Percentage over older residents reporting "often, always or some of the time" feeling lonely Proportion of adult social care users who have as much social contact as they would like Improve Self-reported wellbeing: happiness, worthwhile, satisfaction	Number of social care users accessing community-based support for health and care needs Volunteering rates (65+) People supported by social prescribing
6. 2 Better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas	Housing and Homelessness Strategies Oxfordshire Well Together programme Oxfordshire County Council Voluntary and Community Sector Strategy 2022 – 2027 Oxfordshire Social Prescribing programme Community Capacity Grant programme	Narrative reporting from community insight surveys and interviews	Measures of community engagement through residents survey– TBC Measures of access to transportation infrastructure/economic opportunities/health and social care services/cultural and recreational – TBC

6..3 Digital support for virtual connection & improved digital skills	Digital Inclusion Strategy	Number of embedded Digital Champions within GPs, PCNs and community organisations who are championing digital health	Assessment of availability and uptake of training opportunities in digital literacy, measure presence/effectiveness of initiatives focussed on enhancing digital skills in the community

Primary partnership for priority	**Key Partnerships**
Promoting Independence and Prevention Group	Prevention and Health Inequalities Forum Place Based Partnership Active Oxfordshire Safer Oxfordshire Partnership Community Safety Partnerships Oxfordshire Stronger Communities Alliance Oxfordshire Mental Health Prevention Concordat Partnership Group

Priority 7: Financial Wellbeing and Healthy Jobs

All of Oxfordshire's people should have good basic standard of living and financial wellbeing. Our local economy should be inclusive, equitable, and fair and everyone should be able to contribute through life-long learning and good quality stable work.

Shared outcomes	Key activities delivering on priority	Key Outcome Indicators	Supporting Indicators
7.1 Residents in poverty or struggling with cost of living pressures have access to targeted financial wellbeing support	Oxfordshire Food Strategy Oxfordshire Strategic Economic Plan (2024) Resident Support Scheme (24/25) Council tax reduction match funding Holiday Activities and Food programme Education Commission Report 2019/20 Director of Public Health Annual Report: hidden inequalities in a prospering Oxfordshire Oxfordshire Way	Percentage of emergency cost of living funding to residents in need funding spent	Uptake of eligible benefits and estimated underclaiming with a focus on: Pension credit and Council tax reduction

7. 2 Preventing financial crises by supporting residents to feel in control of their finances.	Oxfordshire Mental Health Prevention Framework 2020-2023 UK Strategy for Financial Wellbeing 2020-2030 Oxfordshire County Council Voluntary and Community Sector Strategy 2022 – 2027	Number of residents in Oxfordshire engaging with local credit union	Number of residents accessing low-interest loans and saving with the credit union Average household income before housing costs for residents in areas of higher deprivation Social prescribing levels to financial wellbeing services Number of contacts to new joint advice service (starting November 2024)
7.3 Supporting inclusive economy approaches that provide pathways to well-paid and stable employment that supports residents' wellbeing.	Oxfordshire Strategic Economic Plan (2024) Oxfordshire Skills Strategy	Children under 16 living in relative low-income families Number of residents claiming in-work benefits Number of people with mental illness in employment	Apprenticeship completion rate Lower quartile monthly gross pay vs lower quartile monthly rent (percentage) - TBC
7.4 The health and care system contributes to a resilient and fair local economy	Oxfordshire Strategic Economic Plan (2024) Circular Economy Plan 2050 Anchor network strategy	Health and care system are more able to fill vacancies locally (lower agency spend) - TBC	TBC after Oxfordshire Anchor ambitions forum 8th April 2024

Primary partnership for priority	**Key Partnerships**
Future Oxfordshire Partnership	Oxfordshire Inclusive Economy Partnership (OIEP) + Anchor Network Prevention and Health Inequalities Forum (PHIF) Food Action Working Groups (FAWGs – one for each district + steering group) Oxfordshire Local Enterprise Partnership (OxLEP) Board Oxfordshire Skills Board Joint Communities Hub Officer Group Transformation Group (ASC) Co-Production Oxfordshire Advisory Board Oxfordshire Stronger Communities Alliance Community Insight Profile ward groups Oxfordshire Mental Health Prevention Concordat

Priority 8: Climate Action and Health

The health and care system in Oxfordshire should take action to reduce climate change and the impacts of climate change on people's health

Shared outcomes	Key activities delivering on priority	Key Outcome Indicators	Supporting Indicators
8.1 Partners working together for cleaner indoor and outdoor air by promoting active, sustainable travel and adopting low-carbon energy and supply chains	Director of Public Health Annual Report (2023 – 2024) and related communications and engagement plan Oxfordshire County Council Air Quality Strategy Route Map 2023 – 2026 District and City Council Air Quality Plans Cycling & walking Activation programme Oxfordshire Local Transport and Connectivity Plan Oxfordshire's Healthy Place Shaping Delivery Plan Oxfordshire Net Zero Route Map and Action Plan Pathways to Zero Carbon Oxfordshire Vision & Strategy 2022 – 2027 Future Oxfordshire Partnership: The Oxfordshire Strategic Vision	Ambient air pollution (including CO_2, NO_2, and particulate matter) Annual change in average nitrogen dioxide concentrations in Oxfordshire's Air Quality Management Areas (AQMAs) compared to the 2019 average, as reporting in district councils' Annual Status Reports (ASRs). (Target 10% annual reduction)	Reporting of organisational contributions to air pollution and their demonstrated, sustained shifts to less polluting alternatives Routine measurement and evaluation of ambient air pollution (including CO_2, NO_2, and particulate matter-PM), including analysis of data at intervention and control sites as part of the School Sensor project Annual frequency of summer fires, and specifically wild fires. (Fire smoke includes both gases and PM which can adversely impact on a range of health conditions) An indicator to measure concentrations of total PM2.5 locally is in development
8. 2 Increase and improve access for all to safe, inclusive, and connected green and blue spaces, which are rich in biodiversity, support nature connection and wellbeing, and are climate resilient.	Local Nature Recovery Strategy Making the case for investment in Green Infrastructure in Oxfordshire	Indicators to measure connectedness with nature, access to and/or quality of green space are in development	
8. 3 Adapted and upgraded buildings, estates and facilities to ensure high-quality services can be delivered now and in the future as resources are made available	Better Housing Better Health service Building a Greener OUH 2022 – 2027 Oxford Health Green Plan 2022 – 2025 Greener Practice Oxfordshire ICS Green Plan OCC Carbon Management Plan OCC Climate Action Framework OXLEP County wide Energy Strategy	Rates of fuel poverty across OxfordshirePercentage of fuel poor homes receiving support from the Better Housing Better Health service	Reporting of whether local health system Green Plans include adaptation measures Hospital overheating incidents
8.4 Partners working together to support net zero targets and climate adaptation measures	Oxfordshire Net Zero Route Map and Action Plan Pathways to Zero Carbon Oxfordshire (PAZCO) Vision & Strategy 2022 – 2027 Oxfordshire County Council Carbon Management Plan 2022 – 2025 Building a Greener OUH 2022 – 2027	Delivery of PAZCO 2050 routemap priorities as reported into the Future Oxfordshire Partnership	

	Oxford Health Green Plan 2022 – 2025 Greener Practice Oxfordshire ICS Green Plan South Central Ambulance Service, Our Future Action on Carbon and Energy in Schools Initiative Nationally: Greener NHS Centre for Climate and Health Security, UKHSA Greener Practice Delivering a Net Zero Health Service		
8.5 Building and continuously bolstering community resilience by adapting our built environment and improving green infrastructure to meet the needs of our changing climate.	Winter Warmth and Extreme Heat Campaigns Oxfordshire County Council Climate Action Framework Oxfordshire Local Flood Risk Management Strategy	Proportion of completed community emergency planning forms with embedded heat-health and flooding guidance	Annual frequency of flooding incidents Annual heat-related excess deaths, and illness Community Action Groups Annual Report Narrative reporting of system engagement to build and bolster community resilience to meet the needs of our changing climate

Primary partnership for priority	**Key Partnerships**
Future Oxfordshire Partnership	Zero Carbon Oxfordshire Partnership (ZCOP) Local Nature Partnership (LNP), including the Nature & Health Working Group Community Action Groups (CAG) Oxfordshire Oxfordshire Inclusive Economy Partnership (OIEP) Oxfordshire Anchor Network

Priority 9: Healthy Homes

Everyone should have access to quality, affordable, and energy efficient homes which support their health and wellbeing. Social, private rented, and new build homes should be of a good material standard and maintained to prevent health issues.

Shared outcomes	Key activities delivering on priority	Key Outcome Indicators	Supporting Indicators
9.1 More healthy, safe, secure homes	Oxfordshire's Healthy Place Shaping Delivery Plan Better Housing Better Health Oxfordshire District and City Local Plans/Oxfordshire Neighbourhood plans Oxfordshire Infrastructure Strategy Oxfordshire Strategic Economic Plan (2024)	Proportion of houses with Category 1 or 2 hazard under the Housing Health and Safety Rating System (HHSRS) * Percentage of households living in a home with a damp problem.* Percentage of households living in a home with an energy efficiency rating (EER) of A - C+D or E to G	Percentage of fuel poor homes receiving support from the Better Housing Better Health service Percentage of homes fail the Decent Homes Standard – TBC * Completion of Health Impact Assessments
9. 2 More affordable homes	District and City Local Plans Oxford City Housing, Homelessness and Rough Sleeping Strategy 2023 to 2028 Cherwell District Council Housing Strategy 2019-2024 South Oxfordshire and Vale of White Horse Housing Delivery Strategy 2022 – 2024 and Action Plan West Oxfordshire District Council Affordable Housing Supplementary Planning Document (SPD) Oxfordshire Countywide Action Plan Homelessness & Rough Sleeping 2023 -2026	Mortgage or rent as a proportion of household income (including and excluding housing support), by tenure Rent as a proportion of household income (including and excluding housing support), by tenure - TBC Proportion of private/social renters currently in arrears or had been in the last 12 months	Number of affordable homes delivered * Completion of benchmarking exercise on prevention offer across the City and Districts, to inform decisions on a common and minimum offer across the county.
9..3 Increase availability of housing to meet the needs of specific groups	Oxfordshire Countywide Action Plan Homelessness & Rough Sleeping 2023 -2026 District and City Local Plans Anchor network strategy	People with long-term limiting disability in unsuitable accommodation (all ages) - Indicator to be informed by Supported Housing Needs assessment (due March 2024)	Mean life satisfaction score, by tenure (EHS)

9.4 Prevention and reduction of rough sleeping and homelessness	Oxford City Housing, Homelessness and Rough Sleeping Strategy 2023 to 2028	Reduce Homelessness -number of households owed a duty under the Homelessness Reduction Act Rough sleeping numbers as per 5 core indicators in Ending Rough Sleeping Data Framework, December 2023	Reduce numbers living in temporary/insecure accommodation – TBC Number of repeat homelessness applications No of households presenting as homeless per 1000 of population
Primary partnership for priority		**Key Partnerships**	
Health and Wellbeing Board		Oxfordshire Inclusive Economy Partnership (OIEP) Anchor Network Future Oxfordshire Partnership The Oxfordshire Homelessness Alliance	

* Indicator definition or data may vary across Oxfordshire city and district councils.

Priority 10: Thriving Communities

We will support and enable all communities to play their key role delivering better health and wellbeing for people across Oxfordshire

Shared outcomes	Key activities delivering on priority	Key Outcome Indicators	Supporting Indicators
10.1 Thriving, safe communities where all people of all ages feel a sense of belonging.	Oxfordshire Way District and City Local Plans/Oxfordshire Neighbourhood plans Safeguarding Board Plans County and District Community Safety Plans Housing and Homelessness Strategies Thames Valley's Police and Crime Plan Thames Valley Police Violence Against Women and Girls Strategy Oxfordshire Well Together programme	Improve perceived sense of belonging, % of people reporting "great place to live"	Self reported wellbeing: people with a low happiness score or ONS wellbeing measures of anxiety, happiness, satisfaction and worthwhile Measures of crime/perceived safety – TBC when Community Safety Partnership agreement is finalised in July 2024 Drug related deaths and harm/treatment completion and treatment progress measures Number of people being case managed by Oxfordshire Domestic Abuse service

	Oxfordshire Overarching Domestic Abuse Strategy 2022 – 2025 and Action Plan Oxfordshire Combating Drugs Partnership Action Plan		
10. 2 Inclusive, cohesive and connected communities	Oxfordshire Healthy Place Shaping Action Plan District and City Local Plans Local Cycling and Walking Infrastructure Plans Oxfordshire Way	Loneliness: Percentage of adults who feel lonely often / always or some of the time Measure the utilization and accessibility of shared spaces, parks, and community facilities that encourage interaction among residents.- TBC	Proportion of adult social care users who have as much social contact as they would like Development of Local Cycling and Walking Infrastructure Plans Number of Cycling and Walking Activation initiatives that promote inclusion - TBC Number of Local Plans that include a specific Healthy Place Shaping policy- TBC Percentage of people using outdoor space for exercise/health reasons- TBC
10.3 Empowered communities playing a key role promoting health and wellbeing	Oxfordshire County Council Voluntary and Community Sector Strategy 2022 – 2027 Oxfordshire Social Prescribing programme	Number of people with any volunteering or community participation in the last 12 months Number of people supported by social prescribing	Number of social care users accessing community-based support for health and care needs - TBC
10.4 Resilient and sustainable voluntary and community sector across Oxfordshire	Oxfordshire County Council Voluntary and Community Sector Strategy 2022 – 2027 Community Capacity Grant programme Well Together Programme Anchor network strategy	Outcomes from Well Together Programme (TBC)	Measures of VSCO sustainability - TBC Organisational Impact reports Programme case study reports

Primary partnership for priority	**Key Partnerships**
Promoting Independence and Prevention Group **Safer Oxfordshire Partnership**	Community Safety Partnerships Oxfordshire Combatting Drugs Partnership Oxfordshire Stronger Communities Alliance Oxfordshire Domestic Abuse Strategic Board (ODASB) Oxfordshire Neighbourhood Plans Alliance (ONPA) Thames Valley Violence Reduction Unit (incl Community & Voluntary Sector Board)

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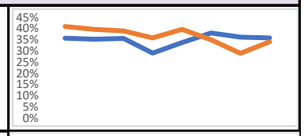
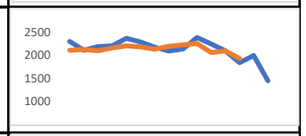
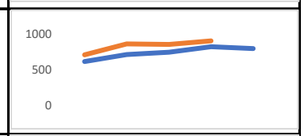
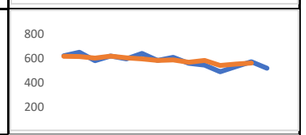
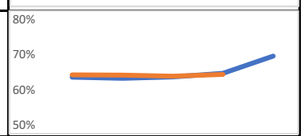
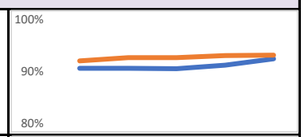
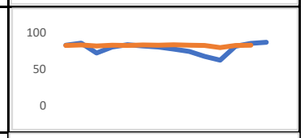
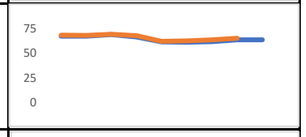
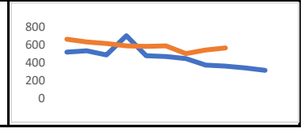
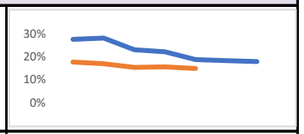
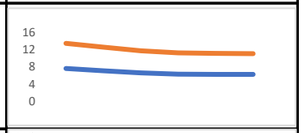
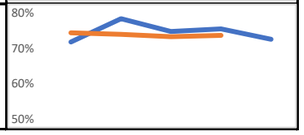
Age Well HWBB measures

Priority 5: Maintaining Independence

We will support more older residents to remain independent and healthy for longer. We will ensure they are always treated with dignity and are fully valued

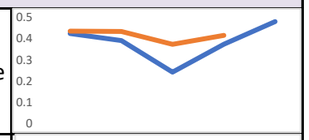
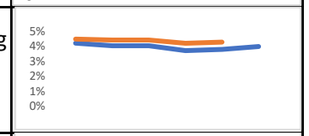
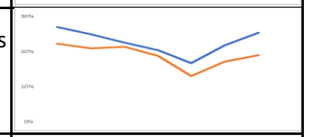
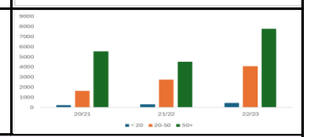
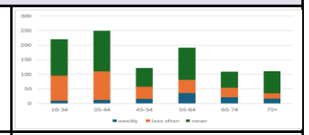
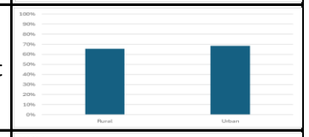
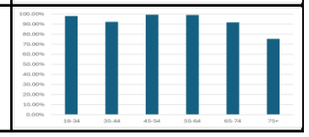
	Indicator	Frequency	Target	Reporting period	Value	RAG	Direction of travel	Commentary	Trend chart Oxon blue; Eng Orange
5.1 More older residents to remain well, safe and independent in their home for longer									
5.10	Proportion of older people who are inactive	Annual		Nov-23	34.0%		R	Proportion of inactive older people (65+) has increased by 5% points in the year but remains just below the national average. **ACTIONS: Move Together programme supports older people to increase their activity levels. Includes training of clinicians & signposting.**	
5.11	Emergency hospital admissions due to falls in people 65+ *	Quarterly	2480	Jun-24	2228	G	G	Latest national data, 22/23. Performance better than national average. Admissions rose by 6% in 23/24. In first quarter of 24/25 admissions due to falls fell with 557 admissions in the quarter against a target of 620.	
5.12	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions) *	Quarterly	5359	Jun-24	5784	A	G	Increasing admissions, but better than national. Apr-Jun 24/25 1466 admissions - target 1340, improved on 23/24. **ACTIONS: Managed via BCF plan, & include improving support to care homes; access to equipment and technology in homes & reducing falls**	
5.13	Hip fractures in Over 65s	Annual		Mar-24	741		G	In line with national position the number of people over 65 with a hip fracture is reducing. Number fell by 76 (9%) from 817 to 741 in last year and is currently 8% below the national rate	
5.14	Overall satisfaction of people who use social care services with their care and support (65+ only)	Annual		Mar-24	69.6%		G	69.6% very/extremely satisfied; 92% satisfied, 2% dissatisfied. Performance fell till 2020 and has risen subsequently. Performance above the national average of 61.9%	
5.2 Enable older people who have lost a degree independence to regain independence or support their health and wellbeing in their chosen setting									
5.20	Percentage of people who are discharged from acute hospital to their normal place of residence *	Quarterly	92%	Jun-24	92.4%	G	G	Historically below target. Target set to increase in year to 95%. Target for first quarter 92%. Performance 92.4%	
5.21	% of people still at home 91 days after reablement	Annual		Mar-24	86.3%		G	Performance has improved in the last 3 years (after falling in the previous 7 years). Figure now better than the national average	
5.22	Estimated Dementia Diagnosis rate	Quarterly	66.7%	Jun-24	63.2%	R	G	Pre-covid at target level. In line with England fell in 2021 and is now rising slowly, but remains below target & England level. **ACTIONS: Need to improve capacity in OH memory clinics and using new tool to diagnose people in care homes**	
5.23	Permanent care home admissions for people aged 65+ *	Quarterly	400	Jun-24	408	A	G	Performance better than England & improving. Latest national data 16th out of 151 authorities. **ACTIONS: Continuing to develop community based alternative to care homes such as home care (27% increase since 2023) and extra care housing**	

5.3 More older people empowered to take part in decision making about their own health and wellbeing									
5.30	% of older people using social care who receive a direct payment	Quarterly		Jun-24	17.8%	G	R	Performing better than England (by 4% pts). **ACTIONS: DP Advice Team supports users - undertaking technical tasks if requested. The increased stability and vitality of the home care market has meant more people are choosing home care.**	
5.31	People in receipt of pension credit	Quarterly		Feb-24	8178			8178 pensions in recipt of pension credit - 6.3% of pensioners in Oxfrodshire. This compares to 11.0% of pensioners in England. 7039 are onguaranteed pension credit	
5.32	% of older people using social services who have control over their lives	Annual		Mar-24	72.6%		R	Performance dropped in year but better than national average: **ACTIONS: Continuing to improve our information offer; developing additional service capacity in key services such as home care and ECH. Supporting people via DP advice team**	

Age Well HWBB measures

Priority 6: Strong social relationships

Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially among rural areas.

	Indicator	Frequency	Target	Reporting period	Value	RAG	Direction of travel	Commentary	Trend chart
6.1 More connected communities and closer links between health, social care, and community-centred interventions, ensuring no age exclusions									
6.10	% of adult social care service users who get as much social contact as they would like (over 65 only)	Annual		Mar-24	48.0%		G	Improvement in year. Age standardised data shows performance previously below the national average but improvement of 8% points in the year	
6.11	Number of social care users accessing community-based support for health and care needs in the year	Annual		Mar-24	5314			4.7% increase in the number of people aged 65 and over who accessed long term social care support in the year. 3.97% of peopple over 65 received long term support in the year compared to 4.27% nationally	
6.12	Volunteering rates (65+)	Annual		Nov-23	25.4%		G	Proportion of older people (65+) volunteering has increased by 3.6 % points in the year and is 8.7% points better Nov 21. The figure is consistently better than the national average	
6.13	People supported by social prescribing	Annual		Mar-23	7752		G	No national data: Locally 7752 people aged 50+ were referred to social prescribing in 22/23. This was up from 4505 in 21/22. Table shows people supported by age group (<20; 20-50 and 50+)	
6. 2 Better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas									
6.21	Proportion of people who volunteer regularly or occasionally	Annual		Mar-24	13%			No national data: Older people more likely to regularly volunteer than younger people. 13% over 55s volunteering every week. Younger people more likely to volunteer occasionally. Chart shows frequency of volunteering by age group	
6.22	Impact of rurality on access to services and satisfaction	Annual		Mar-24				No significant difference in social care satisfaction by urban/rural areas. People in rural areas report more likely to be lonely and less able to get out of their house	
6.23	Proportion of older people using the internet	Annual		Mar-24	91%			91% of people 55+ use the internet compared with 96% of younger adults. The rate of use drops off with age with 1 in 4 people over 75 not using the internet	

* these indicators are reported as part of the better care fund

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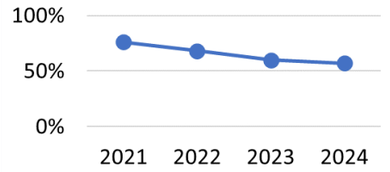
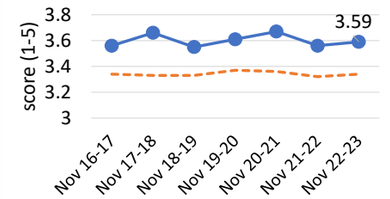
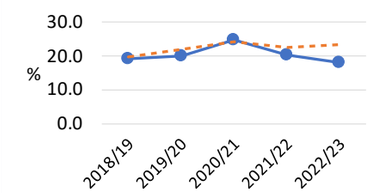
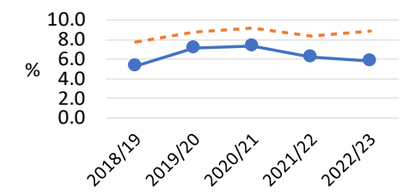
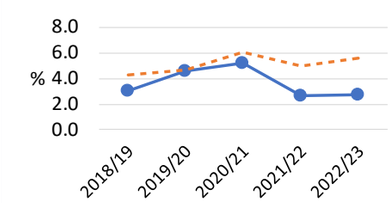
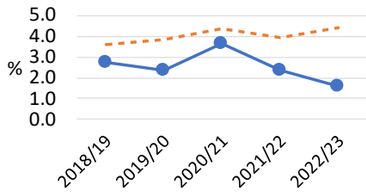
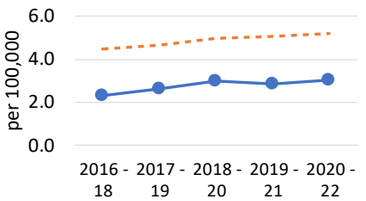
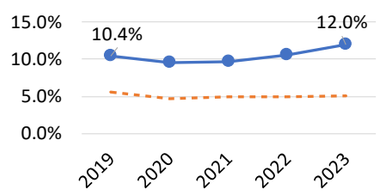
Health and Wellbeing Strategy Outcome Measures									
Priority 10: Thriving Communities									
We will support and enable all communities to play their key role in delivering better health and wellbeing for people across Oxfordshire									
	Indicator	**Frequency**	**Target**	**Reporting period**	**Value**	**RAG**	**Direction of travel**	**Commentary**	**Trend chart Oxon blue; Eng Orange (dash)**
10.1	**Thriving, safe communities where all people of all ages feel a sense of belonging**								
10.101A	Proportion of residents reporting their area - within 15-20 minutes walking distance from home - as a "great place to live" (from Oxfordshire Residents Survey)	Annual		2024	**60%**	N/A	**R**	Slight decrease in net satisfaction with their area as a "great place to live", from +60% in 2023 to +57% in 2024, according to the Oxfordshire Residents survey	
10.101B	Social trust: Most people in your local area can be trusted agreement average score (1-5)	Annual	better than England average	Nov22-Nov23	**3.59**	**G**	No change	A measure of social trust (from the Active Lives survey) shows Oxfordshire remaining similar and above the national average, with a higher proportion in the county agreeing “most people in your local area can be trusted”	
10.102A	Self reported wellbeing: people with a high anxiety score	Annual	better than England average	2022/23	**18.1%**	**G**	**G**	ANXIETY: Apparent decrease (improvement) between 2021/22 and 2022/23. Oxfordshire now significantly better than the England average	
10.102B	Self reported wellbeing: people with a low happiness score	Annual	better than England average	2022/23	**5.8%**	**G**	**G**	LOW HAPPINESS: Apparent decrease (improvement) between 2021/22 and 2022/23. Oxfordshire significantly better than the England average	
10.102C	Self reported wellbeing: people with a low satisfaction score	Annual	better than England average	2022/23	**2.7%**	**G**	No change	LOW SATISFACTION: No change between 2021/22 and 2022/23. Oxfordshire significantly better than the England average	

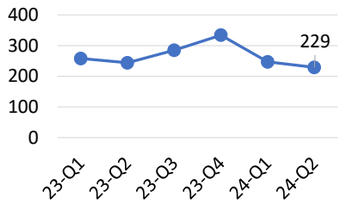
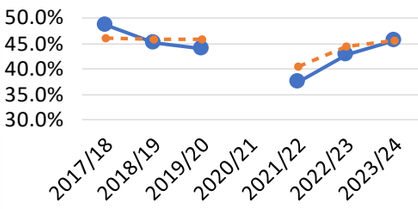
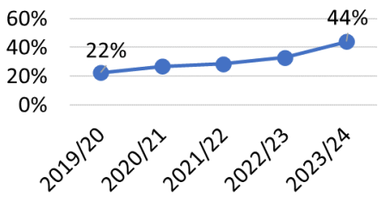
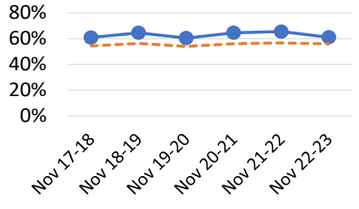
Priority 10: Thriving Communities

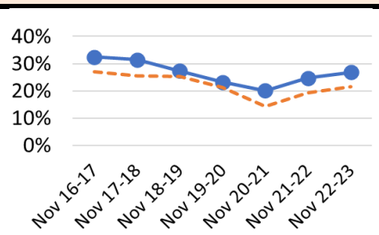
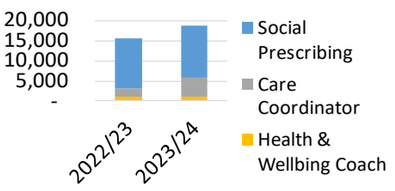
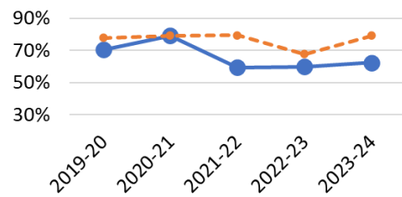
We will support and enable all communities to play their key role in delivering better health and wellbeing for people across Oxfordshire

	Indicator	Frequency	Target	Reporting period	Value	RAG	Direction of travel	Commentary	Trend chart Oxon blue; Eng Orange (dash)
10.102D	Self reported wellbeing: people with a low worthwhile score	Annual	better than England average	2022/23	**1.6%**	**G**	**G**	LOW WORTHWHILE: Apparent decrease (improvement) between 2021/22 and 2022/23. Oxfordshire significantly better than the England average	
10.103C	Modern slavery - national referral mechanisms	Annual		2023/24	**90**			Baseline for 2023/24. Definition: referals of potential victims of Modern Slavery in Oxfordshire into the National Referral Mechanism	
10.103D	Modern slavery - duty to notify	Annual		2023/24	**20**			Baseline for 2023/24. Definition: Duty to Notify notifications to the Home Office (where poential victims of modern slavery does not consent or not able to be contacted)	
10.104A	Deaths from drug-misuse	Annual (3 year rolling)	no target	2020-2022	**3.0 per 100,000**	**G**	No change	The rate of deaths from Drug Use in Oxfordshire is lower than the England rate, but the Oxford City rate is similar to England. Reducing drug related deaths is a priority for the Combating Drugs Partnership, with a focus on ensuring there is increasing provision of Naloxone (which reverses the effects of opiate overdose) and rapid information sharing between agencies when there are cases of fatal overdoses.	
10.104B	% of successfully treated opiate users not requiring treatment again within 6 months	Annual	**7%**	2023	**12%**	**G**	**G**	The Community Alcohol and Drug Service continues to achieve very high opiate successful completion rates. The service's performance is currently top of the group of 33 similar local authorities and significantly above the national average of 5.1%. At the same time, the service is working to meet the national drug strategy requirements to increase the number of people in treatment per annum, with an increasing focus on increasing opiate users in treatment.	

Priority 10: Thriving Communities

We will support and enable all communities to play their key role in delivering better health and wellbeing for people across Oxfordshire

	Indicator	Frequency	Target	Reporting period	Value	RAG	Direction of travel	Commentary	Trend chart Oxon blue; Eng Orange (dash)
10.105	Number of people being case managed by Oxfordshire Domestic Abuse service	Quarterly	**150**	Q2 (Jul-Sep) 2024	**229**	**G**	No change	Q2 performance exceeded quarterly target. This indicator represents the number adult cases which A2D were able to contact and progress to case management. Within this quarter there were 260 adult cases in total in contact with A2D, of which 31 clients either did not respond or leave contact details to take forward to case management (12%). This quarters saw less cases accepted for case management compared to numbers reported in Q2 of 2023, however the indicator continues to achieve above target.	
10.2	**Inclusive, cohesive and connected communities**								
10.201	Loneliness: Percentage of adults who feel lonely often/always or some of the time	*not yet published by Sport England due to quality issues. Due to be published Jan25*						**ACTIONS: The Community Capacity fund with the aim of reducing isolation and loneliness is in the third year of operation attracting a growing number of high quality applicants and other sources of funding**	
10.203	Proportion of adult social care users who have as much social contact as they would like	Annual	better than England average	2023/24	**46%**	Similar to average	**G**	Apparent increase between 2022/23 and 2023/23 (not significant). Similar to England average.	
10.204	Development of Local Cycling and Walking Infrastructure plans	Annual		2023/24	**44%**	N/A	**G**	LCWIPs approved for Oxford, Bicester, Kidlington. Abingdon, Witney. In most recent year (2023/24) Banbury and Didcot have been approved. Expressed as % of population covered.	
10.207	Percentage of people physically active outdoors	Annual (Nov to Nov)	better than England average	Nov22 to Nov23	**61%**	Similar to average	No change	The proportion of the population (aged 16+ years) who were active outdoors in Oxfordshire was 61% compared with 56% in England. Trend data shows this has remained similar since 2017/18. **ACTIONS: Move Together programme supports people to increase their activity levels. Includes training of clinicians & signposting.**	

Priority 10: Thriving Communities									
We will support and enable all communities to play their key role in delivering better health and wellbeing for people across Oxfordshire									
	Indicator	**Frequency**	**Target**	**Reporting period**	**Value**	**RAG**	**Direction of travel**	**Commentary**	**Trend chart Oxon blue; Eng Orange (dash)**
10.3	**Empowered communities playing a key role promoting health and wellbeing**								
10.301	Number of people participating in any volunteering in the last 12 months	Annual (Nov to Nov)	better than England average	Nov22 to Nov23	**27%**	**G**	**G**	Slight increase in the proportion of people participating in any form of volunteering in Oxfordshire between Nov21-22 and Nov22-23 (from 25% to 27%). Above the England average of 22%. **ACTIONS: Supporting groups to increase volunteer support via programmes such as Well Together**	
10.302	Number of referrals to social prescribing	Annual		2023/24	**18,667**	N/A	**G**	Referrals to social prescribing in Oxfordshire increased by 20% in 2023/24 compared with previous year. This was above the BOB-wide increase of 12%. **ACTIONS: Continuing to improve Live Well Oxfordshire website providing signposting to local community groups and sources of support**	
10.303	Proportion of social care users accessing support for health and care needs at home	Annual		2023/24	**68%**	**R**	No change	No change in % of social care users accessing support at home in Oxfordshire. Difference with national average explained by differences in the way that small packages of social are allocated. In Oxfordshire this is more likely to be via funded community-based groups. **ACTIONS: Development of Local Area Coordination networks (launched mid-2024 in Chipping Norton and part of Bicester) to connect and support people to stay well and thrive in their local communities.**	
10.4	**Resilient and sustainable voluntary and community sector across Oxfordshire**								
10.401	Outcomes from Well Together Programme (interim measure): number of vountary and community organisations supported with Well Together funding	Annual		as of 13th Nov 2024	**118**		**G**	The Well Together programme has received 152 Expressions of Interest and is funding 118 as of mid-Nov 2024. It is expecting to fund 120 to 130 organisations in total. There are a very diverse range of WT projects in Oxfordshire's more deprived priority areas, offering support to mental wellbeing, connection, physical activity, healthy eating. early cancer diagnosis and health checks.	

Priority 10: Thriving Communities									
We will support and enable all communities to play their key role in delivering better health and wellbeing for people across Oxfordshire									
	Indicator	**Frequency**	**Target**	**Reporting period**	**Value**	**RAG**	**Direction of travel**	**Commentary**	**Trend chart Oxon blue; Eng Orange (dash)**
Indicators in development - indicator has been identified, data will be available for 2025 report									
10.103A	Number of scam champions	Annual						NEW - measures how many people in the community have been recruited as "scam champions"	
10.103B	Anti-social crime	Annual						NEW - from new Police and Crime Commissioner survey. Will report response to "how worried are you about crime in your area" for Oxfordshire.	
Indicators in development - indicator not yet identified									
10.202	Utilisation and accessibility of shared spaces, parks and community facilities that encourage interaction among residents							*indicator design in progress*	
10.205	Number of Cycling and Walking Activation initiatives that promote inclusion							*indicator design in progress*	
10.206	Number of Local Plans that include a specific Healthy Place Shaping policy							*indicator design in progress*	
10.402	Measures of VCSO sustainability							*indicator design in progress*	
10.403	Organisational Impact reports							*indicator design in progress*	
10.404	Programme case study reports							*indicator design in progress*	

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NHS
Oxford Health
NHS Foundation Trust

Oxford Health Foundation Trust People Plan 2024-5

1. Introduction

This paper explains how the Oxford Health People Plan was developed and how this aligns with the overall strategic direction of the organisation. In addition, it highlights the high-level objectives and articulates where there have already been successes.

Oxford Health NHS Foundation Trust (OHFT) operates in a wide geographical area covering Oxfordshire and Buckinghamshire alongside specialist Children and Adolescent Mental Health Services in Bristol Swindon and Wiltshire and Forensic services across the Thames Valley. **(Slide 1)**

Key demographic headlines:

- As at the end of December 2024, the Trust has a budgeted establishment of 736.53 WTE and a headcount of 7334.
- Our workforce is diverse both in terms of nationality and ethnicity and currently broadly reflects the population we serve, although this does vary across the different counties we operate in.
- We aim to attract clinicians into entry level roles and work closely with a range of universities including Oxford Brookes University, Coventry University, University of West of England, University of Plymouth for specialist podiatry roles and Birmingham City for Speech and Language Trust roles. We have an excellent apprenticeship and learning and development offer (rated Good by Ofsted in 2022) and offer a wide range of programmes and courses to support continuous professional development at our Education Centre in Oxford.
- As such our age distribution reflects this with the highest number of staff aged between 26-30 and an average age of 42. We are mindful also that 18% of our staff are over 55 and the challenges this poses in relation to future vacancies and strategies to recruit staff.
- The largest professional group in the Trust are nurses (25%) who work in a range of employment settings including inpatient settings in our Mental Health wards and Community Hospital wards, and also in range of community settings.

2. Shaping our People plan (Slides 2-4)

The People Plan for the Trust is informed by a number of internal and external programmes of work , national publications and the system we operate in. We have summarised the main ones here:

a) Oxford Health Strategy 2021-26

Oxford Health's Strategy was published in 2021 and runs to 2026. It focuses on the delivery of four Strategic Objectives:

- Delivering the best possible care and health outcomes – this includes maintaining and improving our services to offer the best possible care and to address healthier lifestyles – while also addressing health inequalities.
- Be a great place to work – we want to maintain, support and develop a high quality workforce which is compassionate and caring, where all staff can perform at the best of their abilities and work as a team in a safe environment.
- Make the best use of our resources and protect the environment – this includes maximising efficiency and maintaining financial stability whilst reducing our environment impact.
- Be a leader in healthcare research and education - placed as we are near to a number of universities we want to be a Trust that promotes research and education and maximise opportunities for staff to be become involved in research and its application.

b) Oxford Health Annual Plan for 2024-5

Oxford Health's annual plan is developed by staff across the Trust, to bring to life our vision of outstanding care delivered by an outstanding team. Within the plan, our strategy delivery plan provides the framework for the Trust, setting out principles of how we work and identifying the large-scale programmes of change across the organisation.

Within this, the People Plan is the core programme delivering our strategic objective of 'being a great place to work'. As well as programme delivery by the HR team, directorates set out how they will support the people strategic objective.

The strategic programmes are monitored via the Trust's Strategy Delivery Group, to ensure programmes are working to deliver our strategic objectives. In addition, the annual plan is tracked and monitored, to understand progress and allow for adjustment of priorities as required. A review is shared with the Board twice a year. The outputs of the reviews are used to continually refine our strategic approach, and

ultimately to inform the upcoming refresh of our strategy, as the current strategy reaches the end of its tenure in 2026.

Each Directorate owns a version of their People Plan. Progress against these plans is regularly reviewed by our People, Leadership and Culture Committee and Board.

c) The NHS Long Term Plan (published 2023) – national programme of change

The NHS Long Term Workforce Plan is a comprehensive strategy aimed at addressing the current and future workforce challenges within the NHS.

Published in June 2023, the plan focuses on three main themes: Train, Retain, and Reform. It aims to recruit and retain thousands more staff over a 15-year period, improve staff experience, and enhance patient care. The plan includes a significant investment of and emphasises the importance of education and training expansion, retention strategies, and working differently to meet future requirements.

We have used this Long Term plan to shape our People Plan with an additional focus on Temporary Staffing which has been identified as an area of improvement for the Trust.

d) Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System

We work closely with our partner Trusts in the BOB system in relation to people issues – collaborating on joint priorities and supporting each other in situations where we require mutual aid or exchange of specialist skills and knowledge in relation to HR and learning and development.

3. People plan – High level objectives (Slide 5)

Taking into account the staff views that contribute to the Annual plan and then overlaying the national priorities in relation to the NHS Long term Workforce Plan, we have identified high level actions under the heading of Train, Retain, Reform and Temporary Staffing. In relation to the last area we work closely with the South East Temporary Staffing (SETS) Collaborative who drive efficiencies and savings in relation to temporary staffing across all the Trusts in the South East region. We also take into account the most recent Staff Survey analysis which provides insight to help managers focus their attention.

a) Train: Providing a comprehensive training offer to support continuous professional development

- Optimise supply for each profession; identifying entry route and having clear career pathways particularly for locations and professions where we have high numbers of vacancies.
- Increase education and training capacity to support 'growing our own' through apprenticeship routes for nursing and other Allied Health Professions including a comprehensive medical education model for our resident doctors who want to progress to consultants.
- Continue our work on expanded, enhanced, advanced & associate roles to offer modernised career pathways.
- Defining our leadership and management framework through 'Our Leadership Way' and designing a programme that supports all staff in their leadership of multi-disciplinary teams.

b) Retain: Deliver a range of interventions with the aim of reducing turnover and retaining colleagues

- Continue work on making the NHS People Promise a reality for our staff and using the NHS People Promise as a means for driving change and improvement.
- Continue to deliver on NHS Equality, Diversity & Inclusion Plan published in 2023 and in particular focus on embedding the High Impact Actions.
- Increase flexible working options at all career stages, from new starters to those considering retirement (including pension reform).
- Continue our focus on the wellbeing of our staff, providing additional ways of supporting our people to support their physical and mental health needs.

c) Reform: Changing how we work in relation to new roles in multidisciplinary teams and using digital and technology change to support services

- Reform how we source and acquire the best talent in a competitive market.
- Develop a plan for future technologies to support development of new skills
- Continue our focus on data quality and systems to support decision making and improve efficiency, particularly in relation to reducing the number of bespoke and legacy systems and preparation for roll out of national models in the next 3-5 years.

d) Temporary Staffing: Safely reduce our reliance on agency workers by having a Bank First approach underpinned by strong recruitment strategies

- Commission an independent review of temporary staffing arrangements from the South East Regional NHS Team to understand where we can make improvements to reduce our reliance on agency staff while also maintaining safe staffing levels.
- Focus on bringing rates in line with the South East rate card together with transitioning agency and bank staff to substantive roles to retain talent.
- Continue to improve the fill rates for bank shifts via our partner – NHS Professionals so that we have a fully embedded Bank First Approach.

4. Successes (Slides 6 – 9)

a) Train: Providing a comprehensive training offer to support continuous professional development

- Functional Skills training is focused on supporting staff to gain entry to higher education programmes, particularly in relation to Maths and English.
- Allied Health Professionals apprenticeship pathways in Occupational Therapists, Physiotherapists, Dietetics, Speech and Language Therapists and Podiatry.
- In addition to well established Nursing apprenticeships & Nurse cadet programme to support local people to become health care professions – 35 colleagues have graduated as Nurse Associates and we have a further 58 colleagues in training with another 22 due to start at the end of January 2025. Colleagues who graduate as Nurse Associates can train on the job with us to do a degree nurse top up programme to become registered nurses ad 18 colleagues have graduated from this programme with a further 56 in training.
- We run a Masters module programme in collaboration with Oxford Brookes University for experienced nurses to extend their professional development.
- Well established Psychological Wellbeing Practitioner apprenticeship programme – the most successful in the country with over 70% distinction rate which supports our Talking Therapy services.
- We have been commissioned to deliver the Level 6 & 7 Mental health wellbeing practitioner course to support implementation and rollout of new roles in the South East region.

b) Retain: Deliver a range of interventions with the aim of reducing turnover and retaining colleagues

- A programme of work focused on the new starter experience has improved reducing turnover of staff with less than 12months' service (early turnover). This has involved a new corporate face to face induction; better planning of how staff complete their statutory and mandatory training and guidance to teams about local induction. We have seen turnover reduce from 13.38% in December 2023 to 11.74% in December 2024.
- Through a greater focus on equality, diversity and inclusion, we have closed the turnover gap between white and ethnic minority colleagues for overall turnover as well as early turnover (those who leave within 12months of starting).
- Ethnic minority colleague representation has improved overall, however we are still seeing under-representation in senior posts which requires ongoing attention.
- We have promoted our Flexible working policy that was written to support the national NHS 'Flex for the Future' initiative. This initiative is about embedding flexible working practices, and to implement it at scale. The project involved 93 NHS Trusts and organisations and is the largest ever flexible working change project within the NHS.
- We have prioritised staff wellbeing in a range of ways to support retention – this includes a new specialist psychological support service within our Occupational Health service; an additional annual leave day to all staff to support wellbeing and implemented a partnership with Salary Finance to support financial wellbeing in particular.
- Development of 'Trauma Risk Management (TRiM)' into the Trust way of working to support staff who experience trauma in the workplace. TRiM is a structured process designed to help organisations support their employees after traumatic incidents, ensuring early identification and support for those at risk of psychological trauma.
- Redesigned how staff engage with managers for their annual appraisal process and we have now reached c98% compliance rates for this for the last two financial years.

c) Reform: Changing how we work in relation to new roles in multidisciplinary teams and using digital and technology change to support services

- A system transformation programme, 'The People Systems Development Programme' has been approved and is now in progress across the Trust. The aim of this programme is to simplify and reduce the range of systems in use that challenge staff and prepare for the rollout of a national system in the next 3-5 years.
- We have focused on digitising the most common processes used by staff in relation to onboarding and ensuring that leavers are processed correctly. We have supported inpatient units to use technologies more efficiently to achieve an 80%+ roster compliance rate.
- We have supported a cultural transformation programme – Restorative, Just and Learning Culture (RJLC). This programme has been used in a number of Trusts across the NHS and seeks to place a mediated approach at the centre of how people issues are approached and addressed. We have updated our Disciplinary policy in relation to this and will be addressing our Grievance Policy next to help reduce formal employee relations cases and to instead find an informal and mediated approach wherever possible.
- Moving toward a proactive talent acquisition model in our resourcing function. Whilst talent acquisition and recruitment share the same goals to fill vacancies, talent acquisition is more focused on longer term strategy, anticipating future staffing needs and those harder to fill roles.
- We have prioritised promoting our career opportunities to local residents and have delivered the following:
    - Recruitment Roadshows – we have held roadshows in Oxford, Banbury, Aylesbury and Swindon, showcasing our services and career opportunities to local communities. Over 400 people have attended these to date.
    - Oxford Job Fair – we attended this event in July and November 2024 to promote our opportunities.
    - We have held events at Didcot Hospital aimed at recruiting registered nurses which resulted in 9 successful hires.
    - District Nurses – we have run events in Islip Village Hall, Blackbird Leys, Bicester Hospital and Banbury Longford Park to attract new District Nurses resulting in c50 new colleagues joining the Trust.

d) Temporary Staffing: Safely reduce our reliance on agency workers by having a Bank First approach underpinned by strong recruitment strategies

- We commissioned an independent report from the South East Temporary Staffing Collaborative to help us identify the best approach to reduce our reliance on agency workers whilst also ensuring safe staffing levels.
- This report has made a number of recommendations which we are implementing.
- We have seen agency spend reduce considerably this financial year and we are promoting a Bank First approach.
- We have been particularly successful in attracting agency workers to transition to join us substantively or to become a bank worker and nearly 90 staff transitioned in the 2024 calendar year.

e) Supporting the People change in relation to the Community Transformation Programme

The Community Transformation Programme launched in Autumn 2023 to support delivery of the Community Services Strategy (Oxford Health Community Services strategy development - Oxford Health NHS Foundation Trust) that works to achieve its ambitions aligned to the system wide agreed principles (Final-community-services-strategy-principles.pdf).

Our clinical, operational and support staff are key to its success and over the last year we have achieved the following in relation to the change programme:

f) Integrated 0-19 Healthy Child and Young Person Public Health Service

- A more sustainable delivery model for the 0-19 healthy child and young persons' services bringing together the wealth of experience and commitment of the Trust's existing teams into co-located locality facing teams accessed through a single point of access (SPA) team.
- Key aspects of the new service include health visitors, community public health nurses and community public health associates who work with children up to eight years old where there are known concerns or vulnerabilities, and the introduction of a new universal four-year health and development review.
- Implications for staff involved a formal consultation regarding introduction of hybrid working arrangements for admin SPA, considering flexible working options, training on SPA systems and new processes and recruitment of vacancies in the team.

g) Developing a new North City Hub (Murray House)

- Significant preparatory work to co-locate a range of community health services teams and clinics at a new site, a North City Hub at Murray House, Jordan Hill Business Park, Banbury Road, Oxford, OX2 8EJ that will be operational from Spring 2025.
- The aim is to support integrated working across services including Children and Young People (CYP), Population Health and Specialist Services, Locality Therapies and Nursing Teams (Preventative and Planned Care), Community Dentistry, Intensive Community Care (ICC) and Directorate Quality Team.
- Staff in scope were consulted on about the proposals to move to Murray House which concluded in December 2024 and are now working on the final practical arrangements of how we want to operate from the building including sustainable travel options as part of our commitment to the Trust's and NHS Green Plan.

h) Launched a Community Urgent Care Model

- Implementing a model to deliver one seamless community urgent care pathway 24 hrs a day, 7 days a week that can be accessed by health care professionals through one single telephone number and single point of access (SPA) care co-ordination centre.
- Teams involved include urgent community response (UCR) and falls team, community same day emergency care (SDEC) units, primary care out-of-hours, community (district) nursing, community therapy services, our existing SPA team and other home visiting teams.
- There was engagement with staff and feedback was received which supported the co-design and implementation plan. The model commenced delivery in November 2024 as part of the system wide Winter preparedness plan.

i) Enhanced Locality Team Links with District Nursing

- The District Nursing Service moved from locality-based duty desks to a centralised approach in November 2024 to increase clinical capacity to meet patient demand and co-locate with the community urgent care model to support flexible home visiting response for on the day demand.
- This model involved engagement with staff including Triage Desk Administrators and Triage Desk Clinicians. Advertising and recruiting to the designated roles, developing shared operating procedures and training to support the transition.

j) Planned refurbishment works at Witney Community Hospital and The Fiennes, Banbury (GP out-of-hours and urgent care centre) clinic and staff space

- Working closely with staff we have been preparing for some small refurbishment works to improve the clinical environments as well as patient accessibility to the existing areas for the range of services that operate from these sites. The various staff groups that use these spaces have worked closely together to optimise the design requirements and are all now looking forward to works commencing from Spring 2025.

5. Looking forward

We continue to work on delivering our People Plan objectives as we move through Q4 of this financial year. We will refresh our objectives as part of the annual planning cycle for 2025/26 and engage staff within the Trust. Focus will remain on reducing agency spend down further; ongoing work to support staff wellbeing; embedding the new proactive recruitment model and responding to the results from the 2024 staff survey when they are released in February 2025.

Report author(s):

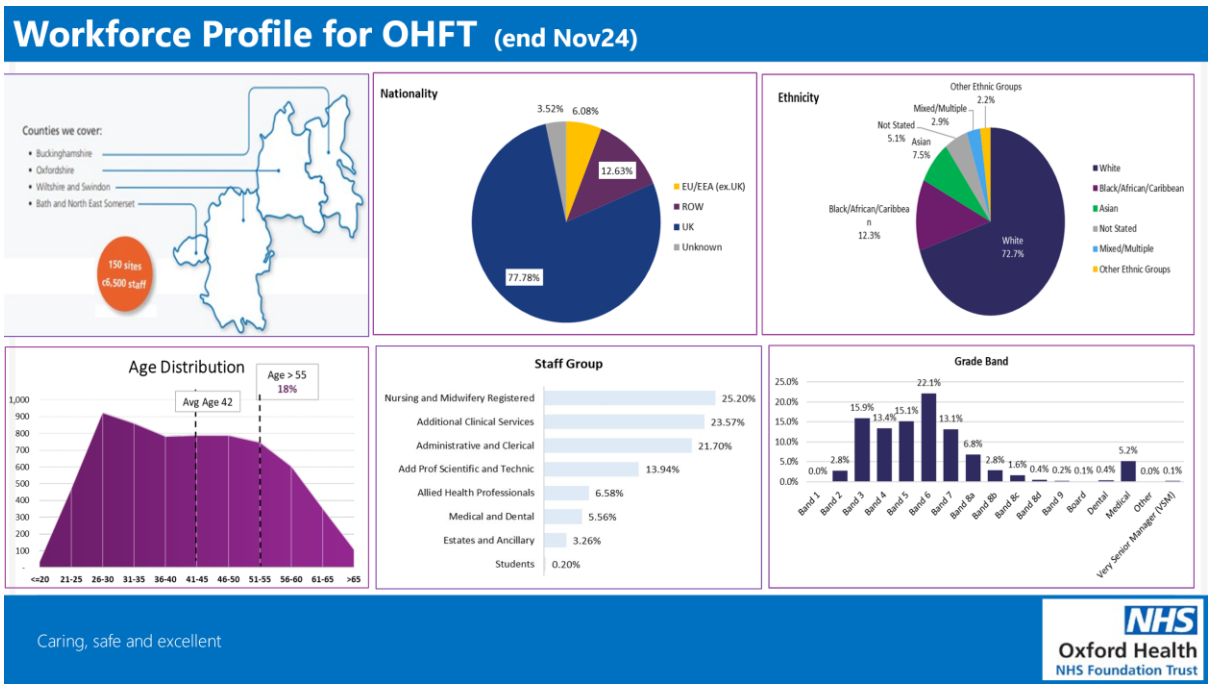
Charmaine De Souza, Chief People Officer

Amelie Bages, Executive Director of Strategy & Partnerships

Zoe Moorhouse, Head of HR

Slide 1

Workforce Profile for Oxford Health FT

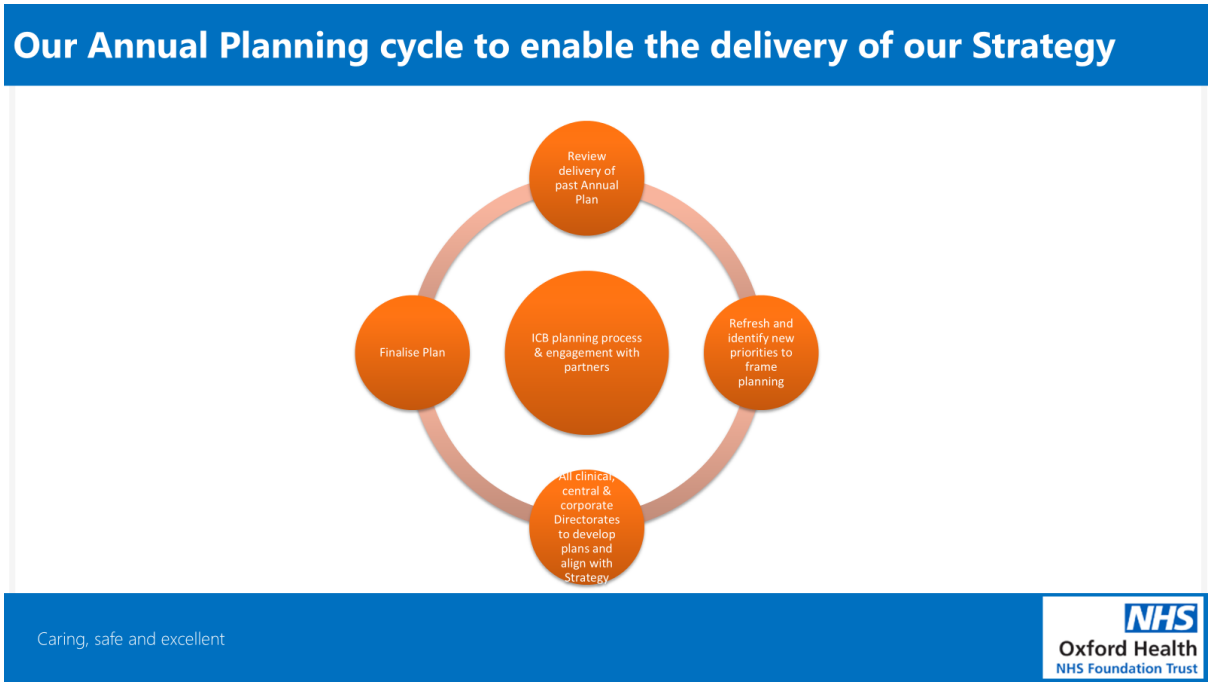


Slide 2

Oxford Health Trust Strategy, 2021-26

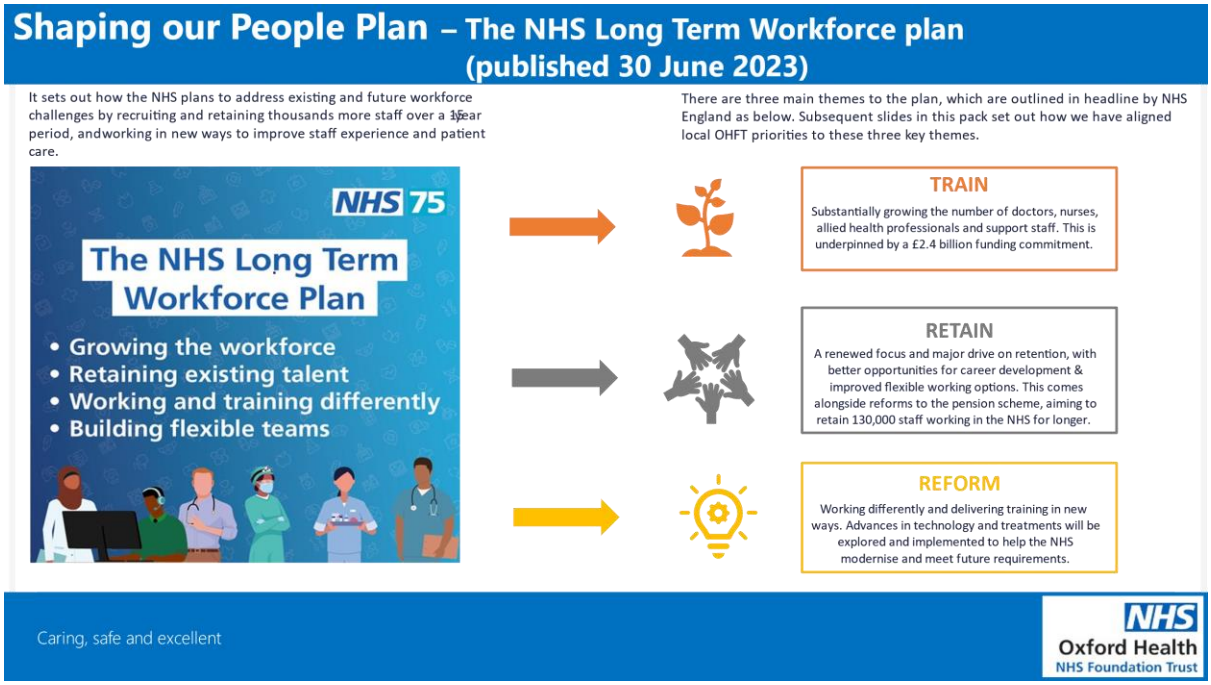
Slide 3

OHFT Annual Planning cycle



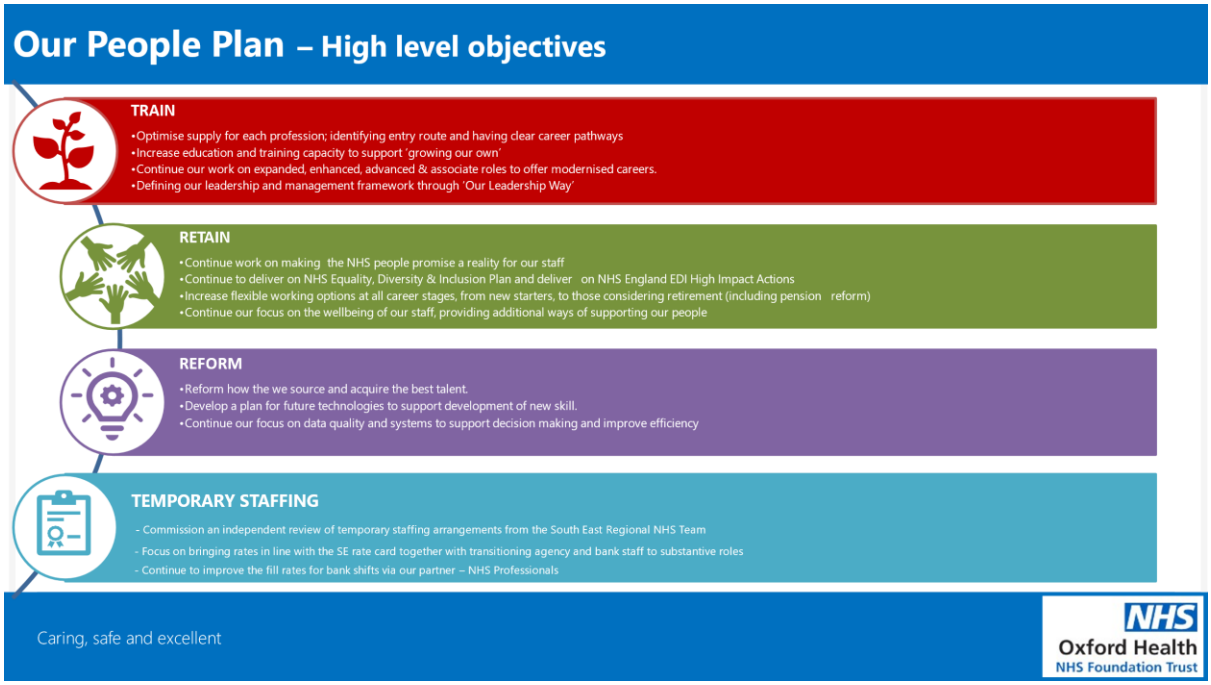
Slide 4

NHS Long term Workforce Plan 2023



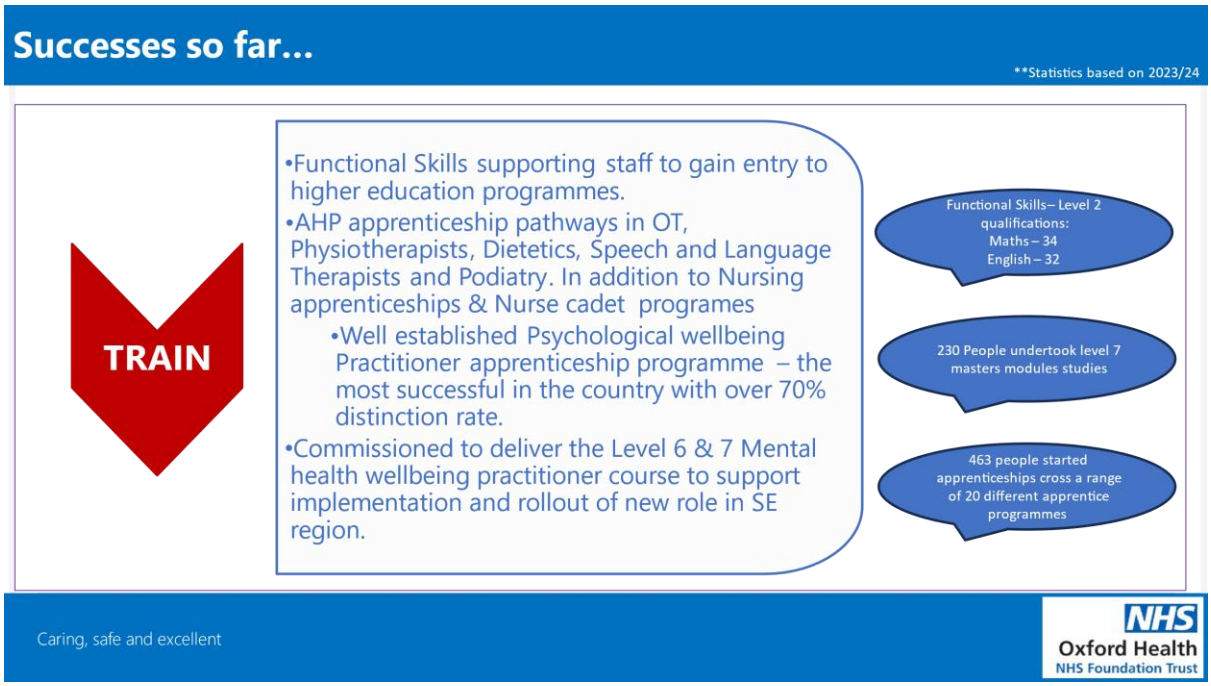
Slide 5

OHFT People Plan objectives



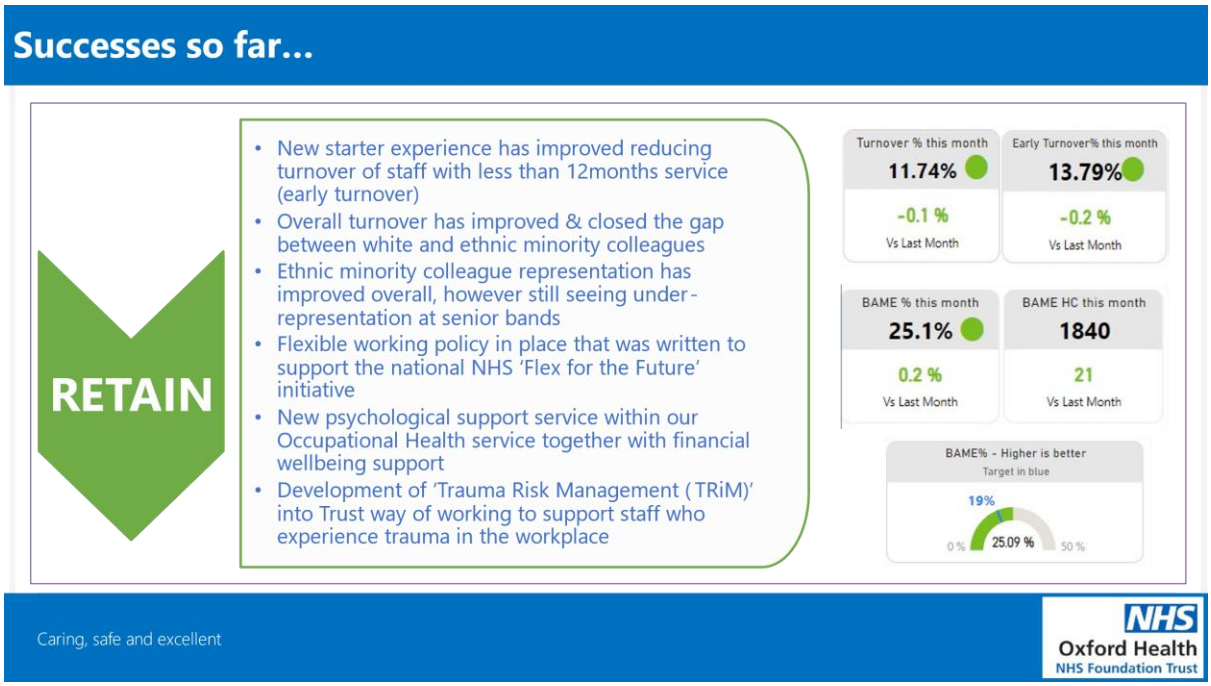
Slide 6

Train: Successes to date



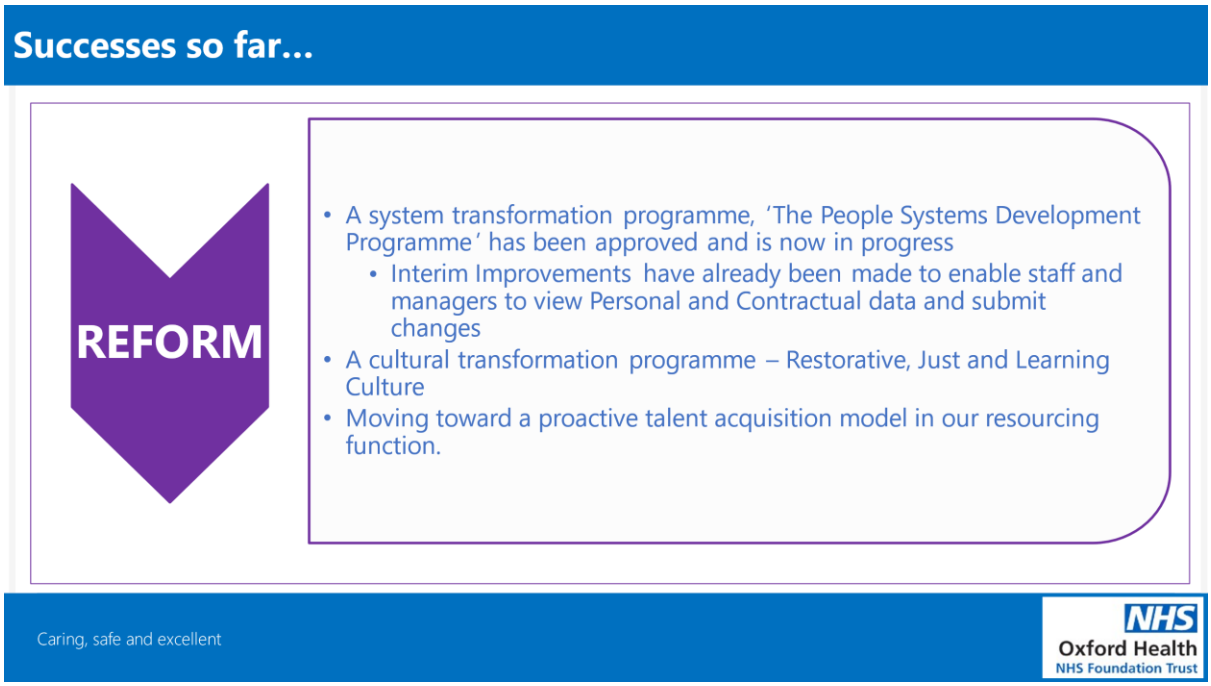
Slide 7

Retain: Successes to date



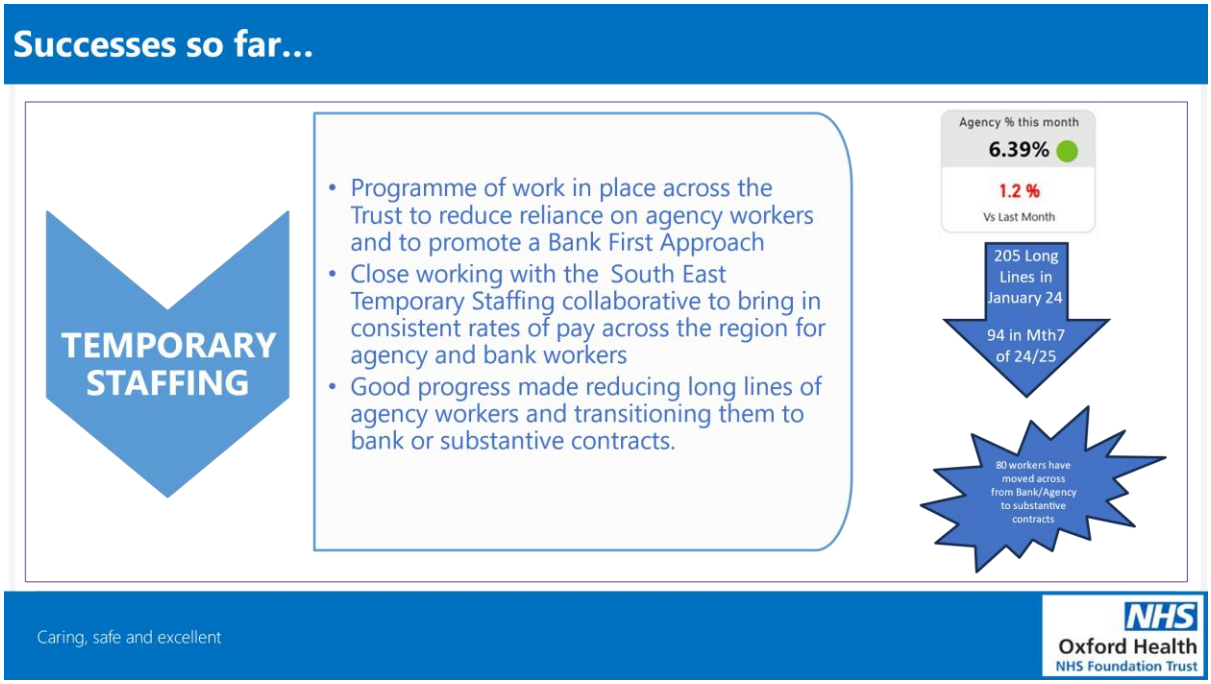
Slide 8

Reform: Successes to date



Slide 9:

Temporary Staffing: Successes to date



Work Programme 2024/25
Joint Health Overview and Scrutiny Committee

Cllr J Hanna OBE Chair | Dr Omid Nouri Omid.Nouri@Oxfordshire.gov.uk

COMMITTEE BUSINESS

Topic	Relevant Strategic Priorities	Purpose	Type	Lead Presenters
30 JANUARY 2025				
Oxford Health NHS Foundation Trust People Plan	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report from OHFT on the Trust's People Plan, with a view to examine the Trust's support for workforce.	Overview and Scrutiny	
BOB ICB Operating Model update	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report on the updated operating model of the BOB ICB and overview the impacts of the update on Oxfordshire health.	Overview and Scrutiny	
Support for People Leaving Hospital update	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	Consider the CQC assurance visit's findings in relation to support for people leaving hospital. This integrated approach	Overview and Scrutiny	

		aims to address issues and improve health and social care services for individuals transitioning from hospital care.		
Health and Wellbeing Strategy Outcomes Framework/ Delivery Plan	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with an outline as to an outcome's framework/delivery plan for the updated Health and Wellbeing Strategy for Oxfordshire.	Overview and Scrutiny	
6 March 2025				
Audiology Services Update	Prioritise the Health and Wellbeing of Residents	To receive an update on the current state of audiology services within Oxfordshire.	Overview and Scrutiny	
Musculoskeletal health services update	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with an update on the current state of Musculoskeletal health services.	Overview and Scrutiny	
Director of Public Health Annual Report (Children's Emotional Wellbeing and Mental Health)	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a draft version of the Director of Public Health Annual Report. This year's report will focus on the Emotional Wellbeing and Mental Health of Children.	Overview and Scrutiny	

Cancer wait times and treatments.	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report from Oxford University Hospitals NHS Foundation Trust on the	Overview and Scrutiny	
5 June 2025				
NHS Adult Learning Disabilities, Autism and ADHD Services	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report from the NHS on services for Adults with Learning Disabilities, Autism, and ADHD.	Overview and Scrutiny	
Oxfordshire as a Marmot Place	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with an update on Oxfordshire becoming a Marmot Place	Overview and Scrutiny	
Transitions from Children to Adult Services.	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with insights into the process of transitions from children to adult services in Oxfordshire.	Overview and Scrutiny	
11 September 2025				
Winter Planning	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report from system partners on preparations being made for the anticipated pressures of the ensuing winter months.	Overview and Scrutiny	

School Nurses	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report from Oxford Health NHS Foundation Trust with an update on the role and activities of School Nurses in Oxfordshire	Overview and Scrutiny	
Children's Emotional Wellbeing and Mental Health Strategy	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report from system partners with an update on the delivery of the Children's Emotional Wellbeing and Mental Health Strategy.	Overview and Scrutiny	
Oxfordshire Learning Disability Plan	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report from Oxfordshire County Council and its partners on the Oxfordshire Learning Disability Plan	Overview and Scrutiny	

Action and Recommendation Tracker
Oxfordshire Joint Health Overview & Scrutiny Committee

Councillor Jane Hanna, Chair | Omid Nouri, Health Scrutiny Officer, Omid.Nouri@Oxfordshire.gov.uk

The action and recommendation tracker enables the Committee to monitor progress against agreed actions and recommendations. The tracker is updated with the actions and recommendations agreed at each meeting. Once an action or recommendation has been completed or fully implemented, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker.

KEY	No progress reported	In progress	Complete

Recommendations:

Meeting date	Item	Recommendation	Relevant Lead	Update/response
21-Sep-23	Oxfordshire Healthy Weight	**1.** To ensure adequate and consistent support as part of secondary prevention for those living with excess weight; and to improve access to, as well as awareness of, support services that are available for residents living with excess weight.	Derys Pragnell; Omid Nouri	Recommendation Accepted: Initial Response (additional progress update response to be provided in April 2024): We currently commission two healthy weight services at Local Authority level, one that works with adults and another working with children. We also link closely with partners (NHS) who offer services at tiers above and below our own with a view to offering a seamless pathway. We identified some gaps in service as part of the recent Health Needs Assessment (HNA) on Healthy Weight. The current

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				contract is coming to an end, and we are planning to commission an 'all age service' with some additional elements to meet the gaps identified in the HNA. We are also planning a review and refresh of opportunities to raise awareness of support that is available. Update April 2023: We are in the process of recommissioning an all age, Tiers 1 & 2 service, and will know the outcome by late Spring 2024. The service will commence on 1st September 2023. The new Tier 1 and 2 service will include a range of programmes for residents to choose from, as well as developing innovation pilots with specific populations as identified by the HNA, to test and learn what works with these residents to support achieving a healthy weight. Communications and campaigns will be part of this contract to increase awareness of the service for residents and professionals.
		2. To ensure effective support for ethnic groups that are more likely to develop excess weight, and to raise awareness amongst these groups of the support available to them.		Recommendation Accepted: Initial Response (additional progress update response to be provided in April 2024): The current healthy weight service has specific programmes for ethnic groups who are more likely to develop excess weight. This includes innovation pilots working in mosques, women only sessions, and tailoring content to be specific (e.g. on food types) The new service will build on this learning/modelling and is likely to have

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				community development as a delivery component within key priority areas and populations, including ethnically diverse. Update April 2023: This detail remains the same. We can provide specific numbers and details of groups if HOSC require
		3. To work on providing support to the parents, carers, or families of children living with excess weight, and to help provide them with the tools to help manage children's weight.		Recommendation Accepted, HOSC will receive future progress update in April 2024. Update April 2023: Current Tier 1 and 2 services commissioned by public health have bespoke services for children. From September 2024 the new service will have innovation pilots to test and learn what works with cohorts aged 0-3 and teenagers. In addition, a range of digital and print resources for adults and families will be available from the provider to support a healthy weight. The provider will also be part of wider systems working, linking up a range of partners, for example NCMP and 0-19 providers. A children's healthy weight toolkit for health, social and voluntary/community professionals is in redevelopment. A 'You Said, We Did' response has been developed for Early Years professionals following a survey and interviews to support knowledge and skills in healthy eating. This

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				includes Lunchbox Planners, Child Feeding Guide Training and a range of other resources. Finally, Public Health have led a working group to develop a suite of resources and assets to support uptake of Healthy Start across the County, including in ethnic minority groups. This has recently gone live.
		4. To explore avenues of support for residents who may struggle to afford healthy diets in the context of the cost-of-living crisis.		Comment on Recommendation: This should be an action/link for Food Strategy work across Oxfordshire, which is led by Laura, Rushen, Senior Policy Officer at OCC– each District Council has been commissioned to undertake work for their District. Update April 2023: Action plans have been developed and adopted by the following councils: Cherwell – 4 March Oxford – 13 March West Oxfordshire – 9 March South Oxfordshire and Vale of White Horses' action plans are being finalised.
		5. In light of recent findings relating to the risks of excess weight medication (GLP-1 receptor agonists), it is recommended that the BOB Integrated Care Board review the availability of these medications and		A separate response to this recommendation will be sought from BOB ICB.

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		any associated risks; and to update the Committee on this.		
		6. To orchestrate a meeting with HOSC, to include senior Planning/Licensing officers, Chairs of Planning Committees of the District Councils and lead officer responsible for advertising/sponsorship policy as well as the relevant Cabinet Member to discuss the planning and licensing around the presence of fast-food outlets in certain areas around the County and the advertising of HFSS products.		Health Scrutiny Officer (Omid Nouri) to liaise with relevant officers to facilitate this meeting in the near future. Update April 2023: We believe this meeting was being co-ordinated by HOSC. We have met several times with planning leads and provided detailed backing information and evidence to support each District/City Council to put in place a policy to restrict Hot Food Takeaways if they choose. Public Health have commissioned Bite Back to develop a youth manifesto on food environments for Oxfordshire, including focusing on vending and HFSS advertising in different locations across the County.
21-Sep-23	Health and Wellbeing Strategy	**1.** To ensure careful, effective, and coordinated efforts amongst system partners to develop an explicit criterion for monitoring the deliverability of the strategy; and to explore the prospect of enabling input/feedback from disadvantaged groups as part of this process.	David Munday	Recommendation Accepted: Initial Response (additional progress update response to be provided in April 2024): The Health and Wellbeing board has committed to the development of a delivery plan and outcomes framework for this new HWB strategy. This is to ensure the strategy is delivered by the partnership. We expect that an initial version of this will be presented to the HWB in March 24 and it will build on the strong public engagement that has already occurred in the strategy formation to date.

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				Update April 2023: The Health and Wellbeing Strategy Outcomes Framework was agreed at the Health and Wellbeing Board in March 2024. The Outcomes Framework has broken each of the 10 priorities down into more tangible Shared Outcomes- between 3 and 5 of these per priority. It also maps existing programmes of work against each of the 10 priorities. The Framework also lists suggested metrics to monitor delivery- these are Key Outcomes (a measure of the strategic impact we want to see) and Supporting Indicators (the process measures that support achievement of the strategic change). Finally, the Outcomes Framework lists the governance forums within the Oxfordshire System that is the primary partnership responsible for delivery against each of the priorities. It is these forums and work programmes they have oversight of that ensure relevant engagement with residents over the monitoring of progress in their work areas. It has been agreed by the board that it will review progress, data against the metrics and received narrative update on only one part of the strategy at each of its quarterly meetings, so that over the course of a 12-month work programme it will have reviewed once delivery against all parts of the strategy.

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				Full papers on the Outcomes Framework are available on HWB March agenda.
19-Sep-23	Local Area Partnership SEND	***1.*** For Leadership over the Partnership and of Children and Young People's SEND provision to be explicitly set out and communicated clearly to families and all stakeholders; as well as clear measures of how leadership will be developed and demonstrated at all levels, and to demonstrate how new ways of working with stakeholders will put families at the heart of transformation.	Stephen Chandler; Anne Coyle; Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Partnership leadership, assurance, and oversight of SEND provision is by the Oxfordshire SEND Improvement Board (SIB). The Board provides transparent visibility of progress, constructive and robust challenge, as well as celebrating what is working well and improving. The progress of improvements will be routinely scrutinised by appropriate scrutiny arrangements (People Scrutiny, HOSC and ICB Quality Group). Operational delivery of the Priority Action Plan (PAP) is via the Partnership Delivery Group (PDG), supported by time-limited Task and Finish groups. SIB, PDG, and Task and Finish groups all include Parent/ Carer representation. Continued improved communication with families and stakeholders is a key focus of our SEND action planning. It underpins our governance arrangements, is a key priority within the PAP, and is a focus area of our Working Together Task and Finish group.
		2. To ensure good transparency around any action planning and the improvement journey for SEND provision for Children and Young People, and to develop explicit Key Performance Indicators for measuring		Initial Response (additional progress update response to be provided in April 2024): The Priority Action Plan includes development of an Integrated Local Area Partnership SEND dashboard, based on partnership KPIs, with performance overseen by

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		the effectiveness of improvements that are open to scrutiny. The Committee also recommends for more comprehensive action planning after the publication of the initial action plan requested by Ofsted, and for this action planning to be made fully transparent. The SIB will consider at its inaugural meeting how best to ensure information easily and publicly available.		the SIB. As above, ongoing PAP action planning is operationally overseen by PDG and Task and Finish Groups. PDG reports monthly to the SIB.
		3. For the Leadership to adopt restorative thinking and practices with utmost urgency to reassure affected families, and for this thinking to be placed at the heart of any co-production exercises to help families feel their voices are being heard as well as for the purposes of transparency.		Initial Response (additional progress update response to be provided in April 2024): Restorative Approaches are well-established within Children's Services. Co-production with children and families is at the heart of PAP and wider action planning. As noted, they are represented within all leadership & delivery bodies for SEND improvement.
		4. To ensure adequate and timely co-production of action planning to improve SEND provision, and for the voices of Children and their families to be considered in tackling the systemic failings highlighted in the report. The Committee also recommends that the Partnership considers timely allocation of seed funding for the development of		Initial Response (additional progress update response to be provided in April 2024): SIB responsibilities include ensuring that co-production is embedded in the culture of SEND services. Our Multi Agency Quality Assurance (MAQA) forum has the purpose of setting out consistent, service specific processes for the quality assurance of Education, Health, and Care Plans, ensuring that good practice and learning is shared, informs

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		co-production involving people with lived experience; and for joint commissioning of training and alternative provision across Oxfordshire, involving multi-agency stakeholders, the voluntary sector, and families.		training and professional development for all professionals involved in the process, underpinning our vision for shared responsibility for improving outcomes, on the improvements achieved and next steps. Partnership training, and impact measures, are included in the PAP. All PAP actions are time-specified, ranging from December 2023 to post-July 2025, dependent on prioritisation and practicability.
		5. To continue to improve working collaboration amongst the Local Area Partnership to integrate support mechanisms and services as effectively as possible, and for rapid improvements to be demonstrated on clear and efficient information and patient-data sharing on children with SEND.		Initial Response (additional progress update response to be provided in April 2024): There are existing arrangements to enable the sharing of information across partners. The effectiveness of these will be considered as part of the improvement journey.
		6. For every effort to be made for children and young people with SEND to receive the support that is specifically tailored toward and appropriate to their own needs and experiences; and for those involved in providing support services to be aware of the additional/ alternative services available which a child may also need a referral to. It is also recommended that improvements in one-to-one		Initial Response (additional progress update response to be provided in April 2024): Priority actions within the PAP include co-production of both refreshed Local Offer and development of local area partnership early help and early intervention strategy. Together with improved EHCP assessment process, and Team Around the Family, this will enable the delivery of needs-led provision, and the progression of outcome led plans with families. As noted above (Paragraph 8),

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		communications with families should be prioritised by Oxfordshire County Council, using the budget agreed by cabinet immediately following the Ofsted report.		continued improved communication with stakeholders and families is a key priority.
		7. To consider the use of digital resources for enablement, including at an individual level; and to ensure EHCPs are up to date and that they constitute living documents for families.		Initial Response (additional progress update response to be provided in April 2024): Timeliness and quality of EHPCs, along with improved parental access to the digital portal, are addressed within PAP item 3. Actions include ensuring accurate, timely, and effective assessment, and effectively meeting needs, particularly at points of transition. Assessment timeliness is improving, despite increasing demand. Timeliness of completion within 20 weeks has improved from 40% in June 2023 to 50% in the last month.
		8. For SEND commissioning to be developed using the Ofsted report as a baseline, and to place person-centred mental and physical health of children and their families with SEND at the centre of decisions on how funding is spent to maximise social value. The Committee also recommends for the Local Area Partnership to map all funding sources available for, and to explore joint commissioning of services and training that could improve the		Initial Response (additional progress update response to be provided in April 2024): PAP priority actions include a focus on improved commissioning and strong relationships with commissioned providers, to improve capacity, meet demand, and meet the needs of children, young people, and their families. The PAP is also focused on ensuring commissioning arrangements support timely decision making and transition arrangements, and that there is a multi-agency approach to meeting the needs of children with emotional and mental health difficulties. The Leadership and

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		overall health and wellbeing for children with SEND.		Partnership Task and Finish group has responsibility for integrated commissioning of SEND services. The Oxfordshire Joint Commissioning Executive, which plays a key role in the delivery of many Priority Action Plan actions, reports into the Partnership Delivery Group.
		9. To ensure that there is clarity of information on any physical or mental health services for children with SEND, to reduce the risk of confusion and lack of awareness of such services amongst parents, carers or families of children who require support for their mental or physical health.		Initial Response (additional progress update response to be provided in April 2024): A local area pathway is being developed for children and young people with emotional wellbeing and mental health concerns. The i-THRIVE framework (an integrated, person-centred, and needs-led approach to delivering mental health services for children, young people, and their parents/carers) will be linked to the Early Help Strategy and Team Around the Family.
		10. To exercise learning from how other Counties and Systems have provided well-coordinated and effective SEND provision; particularly where measures have been adopted to specifically reduce the tendency for poor mental or physical health amongst affected Children and Young People.		Initial Response (additional progress update response to be provided in April 2024): Our response to the SEND inspection, including development of PAP and KPI dashboard, has been informed by learning from other local authorities. Children's Services senior leadership bring a wealth of experience in delivering transformation and service improvement within other local authorities. This includes both the recently appointed independent chair of the SIB, Steve Crocker (Former President of Association of Director of Children's Services) and new SEND/ Children's Services Improvement. We have invested in an additional Assistant

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				Director for Early Help & Prevention, and Strategic Lead for Specialist Projects. Deputy Directors for Children's Social Care/ Education are likewise experienced.
		11. To ensure that staff involved in Health, Care, Education, and any relevant Voluntary Sector organisations are sufficiently trained and aware of children that may be neuro-divergent, have a learning difficulty or a disability (SEND); and for such staff to be adequately aware of the support and resources available, and the processes for referring such children for any relevant mental or physical health services that they might require.		Initial Response (additional progress update response to be provided in April 2024): As noted above, partnership training is embedded within the PAP. The Working Together Task & Finish group leads on Workforce Development.
		12. For HOSC to continue to follow this item and to evaluate the impact of any changes or improvements made, with specific insights into the following; the Partnership's Action Plan as requested by HMCI; the overall measures taken to address the concerns raised by the Ofsted/CQC inspection; the progress made by CAMHS in reducing waiting times for treatment of children with SEND who require mental health support; and on how the NHS is working to increase the overall		Initial Response (additional progress update response to be provided in April 2024): There are clear governance and reporting structures, as outlined above. We can provide updates as required.

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		acquisition and availability of data on SEND children's mental health from key mental health providers.		
21-Nov-23	Children's Emotional Wellbeing & mental Health Strategy	***1.*** To work on developing explicit and comprehensive navigation tools for improving communication and referral for services at the neighbourhood level and within communities. It is recommended that piloting such navigation tools in specific communities may be a point of consideration.	Cllr John Howson; Cllr Kate Gregory	Recommendation Partially Accepted: Initial Response (additional progress update response to be provided in June 2024): We work closely with partners across Oxfordshire who offer advice, support and interventions for children, young people and their families and are currently tendering for a peer support app for CYP to support their mental health and well-being with a directory of local services to meet their needs. We recognise the importance of ensuring that local communities and neighbourhoods are connected to service provision in their areas. This is also important to the workforce so that they know who their local link is for support and services. This recommendation applies to all system partners to ensure that information is made available. HOSC can also support this approach with members of the scrutiny committee sharing information through their networks. The new SEND Local offer also provides details how to apply for help and includes a directory of local provision that both CYP and their families as well as professionals can access. This has been co-produced with Oxfordshire Parent Carer Forum and is key action in the priority action

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				plan the link for the new website: Oxfordshire SEND local offer | Oxfordshire County Council As part of the early help strategy refresh this year OCC Children's Services will be ensuring the offer of early help is accessible to all families to find information to support them along with resources available within the local offer and linked with FIS. Co-production is a critical part of the strategy development and the commissioning cycle. This approach was adopted for the development of the emotional health and wellbeing strategy and in the commissioning of the digital offer. The Council recognises that improvements can be made and in future tenders we would like CYP to be able to be part of the evaluation process. We are working with procurement and legal colleagues to enable this to happen without being at risk of breaching contract procurement regulations and legal challenge. We have built reviews and service improvement into the digital offer and will be able to provide updates in due course.
		2. To ensure adequate co-production with children and their families as part of continuing efforts to deliver the strategy, including considerations of how children and families can be placed at the heart of commissioning. It		Initial Response (additional progress update response to be provided in June 2024): Co-production is a critical part of the strategy development and the commissioning cycle. This approach was adopted for the development of the emotional health and wellbeing

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		is also recommended for an early review with the users of the digital offer once this becomes available; to include testing with neurodivergent children and other children known to be at higher risk of mental ill health.		strategy and in the commissioning of the digital offer. The Council recognises that improvements can be made and in future tenders we would like CYP to be able to be part of the evaluation process. We are working with procurement and legal colleagues to enable this to happen without being at risk of breaching contract procurement regulations and legal challenge. We have built reviews and service improvement into the digital offer and will be able to provide updates in due course.
		3. To continue to explore and secure specific and sustainable sources of funding for the Strategy to be effectively delivered in the long run.		Recommendation Accepted: Initial Response (additional progress update response to be provided in June 2024): Funding for supporting emotional health and wellbeing comes from a number of government departments and organisations. This includes Department for Education and NHS England as well as funding provided to the voluntary and community sector and for research and evaluation to grow the evidence base on what works. As a system we will strive to identify sustainable sources of funding for Oxfordshire. Local funding streams will be determined by the financial envelope provided to us nationally for this work. Any proposals to increase resources to better meet the needs of CYP in Oxfordshire are being managed by the

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				SEND Priority Action Plan to address priorities identified during the Local Area SEND inspection by OFSTED and CQC.
		4. To ensure that children and young people and their families continue to receive support that is specifically tailored toward their needs. It is recommended that a Needs-Based Approach is explicitly adopted, as opposed to a purely Diagnosis-Based Approach. This could allow for early intervention to be initiated as soon as possible.		Recommendation Accepted: Initial Response (additional progress update response to be provided in June 2024): System partners recognise the recommendation to be needs led and provide support to children, young people and families at the earliest opportunity utilising the Think Family Approach and as endorsed within the Early Help Strategy to offer the right support at the right time. Oxford Health are already taking this needs-led approach through Universal Public Health Services for CYP. Oxford Health CAMHS service also commission Autism Oxfordshire to give CYP and their families pre-diagnoses support for those waiting for a Neuro-development Conditions assessment. We are exploring different ways of commissioning and delivering Neuro-development Conditions assessment services across the BOB ICB as long waits are a national issue. Addressing waits for Neuro-development Conditions assessments is also an action in the SEND Priority Action Plan.
		5. That consideration is given to the use of a simple and evidence-based standardised evaluation measure, that is suitable across all services that are		Recommendation Partially Accepted: Initial Response (additional progress update response to be provided in June 2024):

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		working on Children's mental health in community settings.		Evaluations tell us what works and what does not. An evaluation should be a rigorous and structured assessment of a completed or ongoing activity, intervention, programme or policy that will determine the extent to which it is achieving its objectives and contributing to decision-making. Collecting feedback, data and local intelligence from children and young people, communities and services is essential to inform a needs-led approach. We will explore what guidance and evidence-based practice is available to address this recommendation. We would also like to recommend that this is broader than 'children's mental health in community settings' to recognise the impact of wider determinants on emotional health and wellbeing for children, young people and their families. Children's Services already utilise SDQ's to measure and evaluate children's Mental Health for Children We Care For and we could look to expand this practice to a wider cohort of children to further explore their needs.
08-Feb-24	Director of Public Health Annual Report	***1.*** For the fully published DPH Annual report to come to a future HOSC meeting, with a view to further scrutinise the report and the	Ansaf Azhar	Recommendation Accepted: We have agreed to bring the 2023/24 DPH Annual Report to a future HOSC meeting to enable members to consider the deliverability of its recommendations.

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Meeting date	Item	Recommendation	Relevant Lead	Update/response
		deliverability of the commitments around climate action and health.		
		2. For the full DPH report to incorporate a section with insights into Population Health, and to include an update on progress on recommendations from the previous DPH Annual report.		Recommendation Accepted: The DPH report now includes a summary profile of Oxfordshire's Health and Wellbeing with signposting to the Joint Strategic Needs Assessment which provides more detailed and live data.
		3. For there to be clear and thorough engagement and co-production with key stakeholders around the commitments to climate action and health after the publication of the report. It is recommended that the local contexts and sensitivities are taken into account, with a view to balance these with national directives around climate action and health.		Recommendation Accepted: This recommendation is reflected in the engagement plan for the report.
		4. For there to be clear transparency and indications as to the barriers and enablers surrounding commitments to climate action and health. It is recommended that sufficient avenues of funding and resources are secured for the purposes of delivering these ambitions, and for collaboration with key system partners for the purposes of this.		Recommendation Accepted: All relevant avenues of funding and resources will be pursued to support delivery of the Report's recommendations.

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		5. For there to be clarity around any governance structures or processes around climate action and health. It is recommended that there is transparency around any key leads responsible for relevant policy areas around climate and health to understand individual/organisational commitments, as well as to understand any associated regulatory or legislative barriers to these commitments.		Recommendation Accepted: The report has already been submitted to the Future Oxfordshire Partnership Environment Advisory Group, which provides governance of system wide action to address climate change; it was welcomed and endorsed by this group. Within OCC the Climate Action Programme Board provides internal governance mechanisms for monitoring progress.
		6. To ensure that clear processes are in place for monitoring and evaluating the measures taken as part of climate action, with specific attention to the implications that such measures may have on residents' health and wellbeing.		Recommendation Accepted: The report's recommendations are aligned with metrics that are reported against as part of OCC's Unity performance monitoring system. In addition, impact on health outcomes will be reported through the Joint Strategic Needs Assessment.
		7. To raise educational awareness and understanding of the importance of climate action and its implications on health.		Recommendation Accepted: As part of the engagement plan, schools will be engaged as part of a coordinated approach to secure the support of schools' strategic leadership teams for action on climate and health.
		8. For next year's DPH Annual report to be brought as a full draft to the Committee's Spring meeting, with a view to scrutinise the draft and provide		Recommendation Accepted: Next year's DPH Annual report will be brought to the Committee's Spring meeting with a view to scrutinise the deliverability of its recommendations.

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		feedback in a public meeting ahead of its official publication.		
18-Apr-24	GP Provision	***1.*** To ensure continuous stakeholder engagement around the Primary Care Strategy and its implementation; and for the ICB to provide evidence and clarity around any engagements adopted, to include evidence on key feedback themes and from which groups within Oxfordshire such themes were received from. It is also recommended that there is a clear implementation plan to be developed as part of the Primary Care Strategy, and for this to be shared with HOSC and key stakeholders.	Julie Dandridge; Dan Leveson	Recommendation Partially Accepted: The ICB has publish a summary of feedback received. This feedback has not been collected on an Oxfordshire footprint. The summary feedback can be found 20240521-bob-icb-board-item-11-bob-icb-primary-care-strategy.pdf More details on the implementation of the strategy is now included in the Primary care strategy. This will be further developed over time.
		2. To continue to work on Prevention of medical and long-term conditions besides cardiovascular disease.		Recommendation Accepted: The ICS has a number of clinical networks including stroke, diabetes and respiratory that focus on prevention and improved pathways for these long term conditions. More details can be found in the BOB ICB Joint Forward Plan.
		3. To review ICB capacity with a view to increasing this to ensure adequacy, with a view that the ICB can work in a timely way with all District/City Councils across Oxfordshire on the securement and spending of health-infrastructure funding.		Recommendation Rejected: The ICB is not in a position to increase its workforce capacity but welcomes the opportunity to work closely with all District/City Councils across Oxfordshire on the securement and spending of health infrastructure funding

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		4. That the ICB checks which practices are closing e-connect and telephone requests for urgent appointments and for what reasons, and that it is also checked as to whether/how the public have been communicated with around such closures. It is recommended that there is improved clarity and communication about the statistics concerning access to appointments.		Recommendation Partially Accepted: Practices that are temporarily unable to receive telephone requests for urgent appointments should inform the ICB. The main reason for this request is staff sickness. When informed the ICB advises practices to update their answer machine message and their website so informing patients. We do not currently have a method of monitoring when practices close of online consultations but are exploring what might be possible.
		5. For there to be clarity and transparency around the use of any competency frameworks as well as impact and risk assessments around the role of non-GP qualified medical staff who are involved in triaging or providing medical treatment to patients. The Committee urges that the advocacy needs of patients are considered/provided for, and that patients are clearly informed about the role of the person who is treating them and the reasons as to why this is a good alternative to seeing their GP.		Recommendation Accepted: There are some national sources of information for patients about the different roles in general practice. We will look to making these available on the ICB website.
		6. That an expected date for the signing of the legal agreement on Didcot Western Park is provided to the		Recommendation Accepted:

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		JHOSC, so there can be reassurance about the likely timescale for the tendering process.		There are many legal agreements that need to be in place to progress the Great Western Park project. The ICB will update JHOSC when progress is made.
18-Apr-24	Dentistry Provision	***1.*** It is reiterated that underspends should be spent in Oxfordshire, and that priority is given to areas within Oxfordshire that have experienced the worst shortfall in capacity. It is recommended that the ICB prioritises areas within Oxfordshire in light of the increased need within the County relative to other areas under the BOB footprint.	Hugh O'Keefe; Dan Leveson	Recommendation Rejected: BOB ICB is the delegated commissioner for dental services across the footprint. With this comes a BOB level budget for provision of services The ICB does not receive separate budgets for each county. However, the first principle being pursued is that the levels of activity should be re-commissioned, at the very least to the levels that have been lost as a result of contract hand backs and reductions. There has been a loss of 91,049 UDAs in Oxfordshire since April 2021 and BOB ICB is actively looking to replace these. The ICB will prioritise areas of greatest need across the whole footprint.
		2. To support the creation of new practices within Oxfordshire with urgency, and to explore avenues of funding to support the ICB in developing solutions in this regard.		Recommendation Accepted: The ICB has agreed to commission 5 new NHS practices (in Abingdon, Bicester, Carterton, Faringdon and Witney). The re-commissioning of services in these areas is being carried out as part of an NHS South-East programme. Significant levels of activity have been handed back in all SE ICBs. The Commissioning Hub for Dental services (hosted by the Frimley ICB) is working with each of the ICBs to understand proposed levels of activity to be

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				commissioned with the aim of commencing the process in late 2024. The BOB ICB is investigating how it may move the programme forward more quicker if necessary.
		3. That urgent progress is made in improving the accuracy and the accessibility of information on dentistry services available to people; and that where groups are targeted for help, they can benefit from an effective outreach.		Recommendation Accepted: The ICB has carried out a review of practices' reporting new patient acceptance on https://www.nhs.uk/service-search/find-a-dentist in June 2024. This information is available to all patients. In Oxfordshire: •25 practices are advising they open to all new patients (when availability allows). •4 practices are open children only •28 practices are not open to new practices. The ICB has written to these practices who have not recently updated their profile to seek confirmation of their plans to update their information.
		4. For the Oxfordshire system to seek to influence a timely consultation in Oxfordshire on the fluoridation of the County's water supply.		Recommendation Partially Accepted: 1. Whether the ICB or other relevant system partners have any ability to play a role in supporting a local public consultation/engagement around fluoridating Oxfordshire's Water Supply.

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				The ICB would not have a role as the responsibility for consultation on water fluoridation lies with the Secretary of State and central government. 2. Whether the ICB/partners are even supportive of fluoridation in the very first instance. The ICB has not considered water fluoridation, but officers are aware of the benefits for the oral health of the local population and the potential to reduce oral health inequalities.
06-Jun-24	Palliative/ End of Life Care in Oxfordshire	***1.*** To ensure that carers receive the necessary guidance as well as support in being able to maximise the support they provide to palliative care patients.	Dr Victoria Bradley; Kerri Packwood; Karen Fuller; Dan Leveson	**Partially Accepted** RIPEL staff provide direct support to carers as well as patients and are trained with the oversight of the OUH Palliative Care Department. We continue to support our staff to sign-post patients and their carers for appropriate further care or support. This is primarily to local authority or community and voluntary services but may also involve resources within our services provided by our Living Well service such as the carers support group.
		2. To secure sustainable sources of funding and resources for the RIPEL project, as well as Palliative Care Services more broadly.		**Accepted** We are actively seeking sustainable sources of funding and resources and welcome the support of Oxfordshire HOSC.
		3. To secure additional and sufficient resourcing and support for palliative transport services. It is recommended		**Accepted** Due to recent changes in OUH ambulance transport arrangements, plans to pilot alternative ambulance

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		that transport services for palliative care patients are organised in a manner that avoids delay and distress for patients.		solutions for 2024/2025, initially funded by Sobell House Hospice Charity, have been altered. Nevertheless, we remain committed to our negotiations with providers to identify more suitable transport solutions. We continue our negotiations with ambulance providers to find a suitable transport solution. The newly establish Patient and Public Involvement and Engagement Group (PPIE) will be included and asked to feed into this work.
12-Sep-24	Winter Planning	***1.*** To continue to ensure that clear plans and processes are in place to help reduce time spent in emergency departments by patients during the winter months when pressures are likely to be higher.	Dan Leveson; Lily O'Connor	**ACCEPTED** In Oxfordshire where appropriate, with the Hospital @ Home service we prioritise on assessing and providing hospital treatment for people in their own home. This cohort of people are normally those who spend a prolonged time in ED. The John Radcliffe and Horton General Hospital Emergency Departments focus on assessing and treating people within 4hrs.The OUHFT continuously monitor people approaching a prolonged LOS in ED, this is through safety huddles and regular Trust multi-site meetings where both the Emergency Departments are reviewed. People with a prolonged length of time in the Emergency Department are reviewed as to whether the person can have the remaining of their treatment at home with Hospital @ home or require admission to an inpatient ward. This monitoring is carried out 24/7.

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		2. To continue to ensure a careful balance between providing patient flow on the one hand (including through reducing lengths of stay across step down beds), whilst providing the personalised care that each patient needs.		**ACCEPTED** This is a quality priority across all inpatient beds across OUHFT and OHFT. The holistic management of each person remains paramount in discharge planning especially in relation to what is important to the individual person. In October 2024, 465 people were supported to return home, compared to 245 for October 2023. We have seen month on month increase of those being supported to return directly home with an increase in the number reaching independence. We monitor the length of stay for all of those delayed in hospital and have a more detailed review of those waiting over 7 days and how we can work with the person and family to resolve any concerns they have. Named Social Care and Health colleagues are assigned to work with the person and their family to ensure continuity of information. In certain circumstances, the clinical teams will hold a family meeting until there is agreement with everyone concerned. There are times when some issues cannot be resolved until the person has returned home, these people are followed up post discharge. This affects approximately two people each week.

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12-Sep-24	Adult and Older Adult Mental Health in Oxfordshire	***3.*** To ensure that there is sufficient capacity within primary care (particularly with GP services) to cater for any increased pressure during the winter.	Rachel Corser; Dan Leveson	**ACCEPTED** We are continuing to successfully roll out additional support, through integrated neighbourhood teams. The areas of significant deprivation within Banbury and Oxford city remain a priority, however, we have expanded Integrated Neighbourhood Teams to Wantage, Witney, Bicester and Faringdon. We are in early discussions with Primary Care in other areas of Oxfordshire.
		4. To ensure that adequate preparations are in place for a potential surge in infection rates, and to secure the availability of vaccinations. It is recommended that there is also clear communication with the public in relation to both viral infection patterns as well as how residents can reduce the likelihood of spreading/contracting diseases.		**ACCEPTED** All providers and Primary Care have robust arrangements in place to deal with the expected increase in infection rates across adults and children. In addition, we have a locally agreed communications plan to support people of all ages and the healthier together app for parents of young children.
		1. To ensure that adult eating disorder services are personalised in a manner that takes the unique needs and experiences of each individual patient. it is recommended that this service is coproduced with adults with eating disorders as much as possible.		The adult eating disorder service provides personalised care and treatment planning for all patients assessed and treated within the Community Adult Eating Disorder service. This includes delivering NICE recommended treatments for the core diagnostic groups and treatment pathways for people experiencing first onset of eating disorder (aged 18-25) and people who have enduring eating disorder needs despite having received evidence-based care and treatment. The service also offers enhanced physical health monitoring for people whose

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				eating disorder is presenting a high risk to life, and where needed patients can access Specialist Eating Disorder Unit (SEDU) inpatient care and 'Stepped Care' (intensive community-based support) as an alternative to admission. Recently Oxford Health have developed (in conjunction with service users) the eating disorder provision within our Keystone Hubs which is being delivered in partnership with a VCSE partner (SWEDA). This will provide early intervention and prevention involvement for people with emerging or mild eating disorder presentations. Service users have been involved throughout this development and the Community Adult Eating Disorder team continue to work proactively with service users via the Trust-wide Adult Eating Disorder forum that meets monthly as both a reference group and source of people willing to support service developments as the need arises.
		2. To take adequate measures to tackle loneliness amongst older adults, and to make every effort to reach out to older adults (with lived experience) and to include them in the designing of older adult mental health services. It is recommended that there is liaison with the Oxfordshire Mental Health Partnership to explore avenues to improve coproduction here.		This is being addressed as part of the Adults and Older People Mental Health Transformation programme currently in place where we are looking at the partner offer and a more focus on Prevention. There will be continuous feedback from people using services via the Community Metal Health Framework stream of work which will allow evaluation and realignment of services based on what people are saying.
		3. To ensure that patient history is effectively communicated and shared		a. <u>Information sharing</u>

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		amongst professionals/organisations providing mental health support, and to avert the prospects of patients being or feeling bounced between various mental health services.		• This is an ongoing and national issue regarding interoperability between EPRs and something we continue to struggle with in Oxfordshire. There is a plan in place to improve this across Oxfordshire, and I understand that work in underway to roll this out. Nationally there is work underway in NHSE to improve this and guidance is being developed. • In OH we do have a partnership data sharing agreement and we expect relevant information to be shared when people are open to more than one service, or move between services • Where there are embedded partnership workers in OH teams they do have access to and use either Rio or EMIS community as their EPR as well as their home organisation systems. Where there are Mind options workers and Specialist MH practitioners (ARRS) in PCNs they have access to GP EMIS and for the latter they also have RIO. • The Keystone MH Teams use EMIS community as its EPR which means they are able to access and view a patients GP records (unless the patient has opted out) and GPs can see patient records from the Hubs – there has been very positive feedback from both GPs and Hub staff regarding this. • We do expect OH clinicians to share the outcome of any SMI physical health reviews they complete with the patient's GP – this is usually shared via docman, or in letter form, which the GP has to input in to the patients records manually. I don't believe there is a

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				way of monitoring whether this information is shared in practice as a matter of routine. At present OH teams do not have any notifications from Primary Care to confirm whether a patient has had their annual health check or the outcome. Some GPs do inform MH teams if there are concerns, but this is not consistent. This can lead to patients having their PH monitored by both GP and OH or neither. There are plans in development to improve the take up of PH checks for those with SMI – which involved the OH Physical Health SMI teams, the Keystone Hubs and PCNs communicating and ensuring those patients on the SMI QoF register who do not attend for their annual check are followed up by either OH team and either supported to attend the check at the GP practice or are offered a home visit by the Hub team to complete. PH of people with SMI is a priority in the development of the new contracts, and will be included in the outcomes being developed across the partnership. b. <u>Access to services (people not being 'bounced' between services/ falling through gaps)</u> • Part of the development of the Keystone MH teams (KMHT) was to provide a local point of access for all routine mental health referrals in to OH. The KMHTs are expected to develop close working relationships with their aligned PCNs, OH teams, Partnership organisations and other statutory

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				and non-statutory organisation in their locality, and understand the services they provide and who to. The KMHTs have daily triage meetings and are regularly joined in these meeting by Oxfordshire Talking Therapies (OTT) clinicians, AMHT/ CMHT clinicians, Turning Point and the SMHTs/ ARRS workers where discussions around where the patient is best suited are agreed and the referrals processed by the agreed team. Where more information is needed, or there is a decision that the patient does not meet the threshold for assessment by the team, attempts are made to contact the person to discuss and share either self-help material, or refer on to a more appropriate service. The team should not reject the referral back to the referrer – which we know leads to patients feeling 'bounced' between services or rejected. • Work is in development as part of the MHOIP programme to review mental health referrals across the Oxfordshire MH system, the task and finish group is in place and a workshop is being set up to look at the opportunity to further develop the KMHT model to provide a local point of access to the wider Oxfordshire system for all non-urgent MH referrals (so all referrals to OH, Mind, Elmore, Connections support, Restore etc…) – we will also be looking to develop self-referrals across the organisations including OH – this will hopefully reduce delays in referrals coming through (people having to wait

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				weeks for a GP appointment and then MH teams having to ask for more information etc…), which will hopefully mean people are seen earlier in their relapse or development of an SMI so the impact of that on their lives are reduced with an early intervention. Current partners are fully engaged in this task and finish group. This work would also enable current partners to refer directly in to OH services via the KMHTs, rather than the person having to go to their GP to ask for a referral.
		4. That voluntary sector stakeholder organisations who work in Oxfordshire on suicide prevention are invited to register with a VSO suicide prevention stakeholder register. It is also recommended that there is adequate resource, engagement, and a collaborative system inclusive of the VSO registered stakeholders to tackle suicide.		As part of the transformation of Mental Health Services we will invite new partners to deliver services for individuals with Mental Health and is inclusive of Suicide Prevention. We will work with providers and Public Health professionals to ensure we work with the voluntary sector to build on what we have and maintain a central register. This is something that can be managed jointly with the Mental Health provider.
		5. That there is collaborative system work to develop KPIs on serious mental health to maximise the impact of the existing resource available across Oxfordshire, with a view to prevention and to increase the support available to people and families in distress. It is recommended that there is engagement with the local authority		This is a gap that has been identified within the existing contract and a working group has been set up to further define KPIs as part of the wider Mental Health Contract that can be measured more accurately and appropriate action plans can be developed to ensure service improvement. This will also allow for a co-ordinated and systemwide approach to enable resources are used in the most efficient manner meeting an individuals need.

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		and Region on KPIs relating to patients residing in long-term inpatient settings away from their families.		
12-Sep-24	Medicine Shortages	***1.*** To ensure that policies are in place to recognise and identify patients with cliff-edge conditions, and to ensure that mitigations are in place to reduce the risk of harm to these patients in the event of supply disruptions.	Julie Dandridge; Claire Critchley; David Dean; Nhulesh Vadher	**ACCEPTED** The Department of Health and Social Care (DHSC) Medicines Supply Team is responsible for supporting management of supply issues nationally. They publish regular updates for primary and secondary care which can be found on the Specialist Pharmacy Service (SPS) website which includes some of the known supply issues, potential impact and recommended actions. MIMS also has an on-line drug shortages tracker which clinicians can access to find out information on current shortages and recently resolved issues. The tracker also suggests possible alternatives where appropriate. The Commercial Medicines Unit (CMU), on behalf of NHS England, is responsible for negotiating the regional contracts of thousands of medicines each year. Manufacturers are required to inform them if they anticipate any potential supply issues with their contracted products. CMU are informed of anticipated shortages, timeframes and reasons for delay and this information is shared with the NHS Trusts monthly. Following an impact assessment, shortages deemed higher risk or those that are expected to have the most

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				impact are communicated specifically, in the form of a Medicine Supply Notification (MSN) or National Patient Safety Alert (NatPSA). Serious Shortage Protocols (SSPs) are sometimes put in place to enable community pharmacists to supply patients with specific alternative medicines; these are available to view on the NHS Business Service Authority's dedicated SSP web page, along with supporting guidance.
		2. To ensure effective communication, coordination, and transparency within and between the local and national levels to help mitigate risks associated with medicine shortages.		**ACCEPTED** The ICB Medicines Optimisation Team provides advice to local practices and community pharmacies on medicine shortage and communicates current shortages and suitable alternatives via its regular newsletter and website, both of which are available to all primary care clinicians. The team is also able to add certain information to ScriptSwitch which is a software tool used by prescribers to provide real-time information and recommendations at the point of prescribing. Community Pharmacies often have links with other pharmacies and are able to share stock information enabling individuals to be redirected where a medicine is out of stock. However, it should be noted that most pharmacies use similar wholesalers meaning a medicines in short supply would impact a number of pharmacies.

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				Since 2023, the OUH Pharmacy Department has had a dedicated medicines supply shortages practitioner to identify and manage potential supply issues in the Trust by working with clinical areas and procurement teams and implementing various strategies to mitigate the impact of the supply shortage. The successful management of these shortages has been aided by having a supply shortages database on the Trust intranet where everyone can be kept up to date.
		3. To work on reducing any prospect of additional excessive workloads on both clinical and administrative staff in the event of medicine shortages, and to provide meaningful support for staff as well as additional resource if need be for the purposes of tackling any additional demand/burdens.		**PARTIALLY ACCEPTED** The ICB and OUHFT is committed to ensuring that the impact on staff workloads is minimised as a result of medicines shortages. The use of national resources will help to support this aim as does the dedicated Medicines Supply Shortages practitioner at the OUHFT. We continue to work with both national and regional teams to reduce impact. However, the ongoing unpredictability of medicines shortages will, inevitably, continue to have an impact on staff resources.
		4. To continue to improve sharing of information and transparency, including through a potential digital local database, for helping professionals to easily identify where supply issues exist.		**PARTIALLY ACCEPTED** Local teams will continue to share information using the intelligence available via the various national routes including the Department of Health and Social Care (DHSC), Specialist Pharmacy Service (SPS) and MIMS drug shortages tracker. As these information sources are

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				regularly updated, a local digital database would be a duplication and would be resource heavy. Following an impact assessment, shortages deemed higher risk or those that are expected to have the most impact are communicated specifically, in the form of a Medicine Supply Notification (MSN) or National Patient Safety Alert (NatPSA). Serious shortage protocols (SSPs) | NHSBSA are sometimes put in place to enable community pharmacists to supply patients with specific alternative medicines; these are available to view on the NHS Business Service Authority's dedicated SSP web page, along with supporting guidance. The ICB is unable to influence the national pharmacy contract.
		5. To work on improving communication and coproduction with patients and involving those with cliff-edge or long-term conditions, regarding the pharmacy services and the availability of medicines (including through the use of frequently asked questions). It is also recommended that patients are signposted to any support that could be available from pharmacy services and the voluntary sector.		**PARTIALLY ACCEPTED** Current processes and mitigations will continue to be reviewed and adapted as necessary in order ensure communication with all parties is optimal. Advice will continue to be provided to both primary and secondary care prescribers as well as local community pharmacies on medicine shortages and suitable alternatives via newsletters and websites.

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12-Sep-24	Epilepsy Services Update	***1.*** For the ICB and Oxford University Hospitals NHSFT to: ***a.*** Give priority to patient safety for people with epilepsy and their families in Oxfordshire, and to the welfare of the Oxfordshire epilepsy team, and to set out how that priority will be addressed through their governance and management at a board level. The governance and management of these priorities should also be inclusive of people with lived experience and their charity representatives, as well as their concerns regarding tailored and balanced communications and the use of existing empowerment tools. ***b.*** To secure further funding and resource for epilepsy services.	Sarah Fishburn; Dan Leveson; Olivia Clymer	**ACCEPTED** ***a***. Oxford University Hospitals NHS Foundation Trust (OUH) welcomes the support of the HOSC in its attention to Oxfordshire residents who have epilepsy, their families and their care teams. OUH prioritises the safety of all patients, including those with epilepsy. The OUH People Plan guides the Trust in how best to support the welfare of all our staff including the epilepsy team. An update of the plan and work resulting from this was shared at HOSC April 2024 meeting. The challenges around capacity within OUH of the Epilepsy service has been escalated. They have also been shared with BOB ICB and NHS South East Region who work with NHS England. There are concerns regarding the challenge of the pre-existing workload, which have now significantly increased by Medicines Regulatory Authority mandated additional reviews. OUH has a robust governance process to raise and prioritise patient safety risks. These risks are reviewed regularly at Departmental, Divisional and Executive level and where appropriate at Board level through the Board Assurance Framework. Aspects of the service are already on the Neurosciences Divisional Risk register and are reviewed regularly.

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				OUH is committed to including people with lived experience and their charity representatives. People with epilepsy and their charities support OUH in understanding the specific needs of patients and families. The epilepsy team at OUH will work with them to co design services. The Epilepsy team always prioritises involvement of those with lived experience in their care, for example using the co designed SUDEP check list SUDEP and Seizure Safety Checklist - SUDEP Action with patients and families. ***b.*** BOB ICB, OUH, and NHS South East Region are working together to secure additional clinical staff including additional nursing capacity. At OUH, a business case has been submitted for an additional neurology consultant post, with administrative and pharmacy support. The OUH Epilepsy team is also working to secure clinical research funding to support an Epilepsy Clinical Research Fellow.
		2. For NHSE Region to give support to the ICB and Oxford University Hospitals NHS Foundation Trust to help achieve the above prioritisations.		**ACCEPTED** Regional support initiated to follow up Cumberlege 'First Do No Harm' and MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) reports (both 2020) to improve patient safety and person-centred care. Support offered through: • Regional webinar June 2023 to share national approaches and understand clinicians' concerns,

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				including capacity issues and the need for a digital solution for annual reviews. • Development of a logic model with national support to assist ICBs and providers with developing a business case to support new approaches to prescribing review including a digital tool. This included two webinars supported by a national lead. Development of ICB business case template with support from BOB ICB. • Digital pilot project to include OUH, production of easy-read and translated patient information leaflets, and inclusion in regional approach to valproate prescribing. • Liaison with MHRA and Patient Safety Specialist & Clinical Improvement Lead, and colleagues to share concerns raised by clinicians and ICBs in the SE region. • Attendance at national Valproate Integrated Quality Improvement community of practice calls (VIQI). Opportunity to understand approaches nationally and share SE approach. • Attendance at launch of Patient Safety Commissioner's launch of Redress Report into valproate and mesh (February 2024). • Attendance at ICB valproate meetings in BOB and liaison with ICB patient safety lead. • Meeting with experts by experience from Oxfordshire and across the region. These included charity and care provider leads, parents of people

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				with epilepsy, people with learning disability, and carers of people with learning disability. • Oversight of regional neurology and mental health appointment delays to understand regional variation and issues arising from additional workload potentially increased by MHRA requirements. • Governance of regional valproate programme continues through Regional Quality Group. Progress is also reported in the internal regional weekly status and monthly quality reports. Updates are shared across the region in a regular valproate newsletter.
		3. For OCC Cabinet: For Oxfordshire County Council Cabinet members and senior officers responsible for education and residential care for children and adults with Learning Disabilities and/or autism (who are affected by patient safety concerns), to consider the likely impacts of the valproate policy for the local authority commissioning arrangements and the provision of residential care and out of county placements.		**Partially Accepted** HESC is not the commissioner of epilepsy services, therefore cannot fully respond to the recommendation. We will: Consider the impact of the valproate policy on the services we commission for special education and residential care for children and adults with learning disabilities and / or autism (who are affected by patient safety concerns).

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