

## **Chair's Update:**

This annual report follows a year marked by unprecedented and growing challenges for health services, including increasing health demands and pressures in most areas, particularly where there are shortages of resources. These are national issues that the Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC) has examined locally. The quality of care that patients have been receiving has been impacted by long wait times as well as disruptions. In its previous Annual Report, the JHOSC highlighted the issue of workforce shortages, and how pressures as a result of these shortages had significantly worsened since then. One year on, workforce shortages continue to affect healthcare services, particularly those provided by Oxford University Hospitals NHS Foundation Trust (OUH) and Oxford Health NHS Foundation Trust (OH).

In the context of rising pressures on the health service, which are both national and regional in scope, the JHOSC has intensified its scrutiny of healthcare services in Oxfordshire with a specific focus on some of these challenges. Nonetheless, in doing so, the Committee continues to operate as a “critical friend” to those with responsibility for providing health services to local residents. As a Committee with both County and District Council representation, the Committee benefits from significant county and neighbourhood level expertise and insights into some of the positive and challenging aspects of health services for Oxfordshire’s population groups, be they urban or rural residents. In line with the health and social care landscape in Oxfordshire, the JHOSC has closely coordinated with and kept a spotlight on the commissioning and provision of health services by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), Oxford University Hospitals NHS Foundation Trust, and Oxford Health NHS Foundation Trust, and the recently developed Oxfordshire Place-Based Partnership.

The Committee also continues to contribute to scrutiny at the level of the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) geography, with the County Council members of the JHOSC participating in the Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview Scrutiny Committee (BOB JHOSC). The cross-county JHOSC continues to engage in scrutiny of the ICB’s efforts to improve access to primary care and to explore further avenues to digitise health services against a backdrop of increased demand for services and technological advancements. The importance of continuing to participate in BOB-level scrutiny is greater at a time when government has announced plans to abolish NHS England, cut ICB running costs by 50 percent, and for ICB’s to potentially lose their health-provider oversight roles. This inevitably raises questions and concerns as to the impacts this could have on Place-level health and care services, and on the extensive and productive partnership working and collaboration that has been achieved between Oxfordshire County Council and its NHS partners.

Notwithstanding some of the key challenges in healthcare, the JHOSC has worked to retain and support strong relations with key stakeholders and organisations within the Oxfordshire system. The Committee seeks to support continued system collaborative work, as this would have a knock-on effect on the quality of services for residents throughout the county. Democratic oversight of health services is a crucial aspect of ensuring that healthcare systems function effectively, transparently, and equitably. It

involves the active participation and scrutiny of health services by elected representatives, and the general public. The JHOSC has therefore worked to ensure that this oversight is essential for maintaining public trust, promoting accountability, and ensuring that health services meet the needs of Oxfordshire residents. Much of the health scrutiny work of the Committee had been made possible through the extensive engagements with key stakeholders, individuals, and organisations in the Oxfordshire health and care landscape (including NHS representatives and Oxfordshire County Council Cabinet Members and Senior Officers) outlined below:

NHS:

- Susannah Butt (Transformation Director- Community Health Services, Dentistry and Primary Care, Oxford Health NHS Foundation Trust)
- Rachel Corser (Chief Nursing Officer, Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board)
- Julie Dandridge (Deputy Director, Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board)
- Olivia Clymer (Director of Strategy and Partnerships, Oxford University Hospitals NHS Foundation Trust)
- Daniel Leveson (former Oxfordshire Place Director, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)
- Matthew Tait (Chief Delivery Officer, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)
- Lily OConnor (Urgent and Emergency Care Director for Oxfordshire)
- Neil Flint (Associate Director of Planned Care, Buckinghamshire, Oxfordshire, and Berkshire West ICB)

Oxfordshire County Council

- Ansaf Azhar (Director of Public Health, Oxfordshire County Council)
- Stephen Chandler, (Executive Director for People, Oxfordshire County Council)
- Karen Fuller (Director of Adult Social Care, Oxfordshire County Council)
- Cllr Nathan Ley (Cabinet Member for Public Health)
- Cllr John Howson (Cabinet Member for Children, Education and Young People's Services)

I also wish to express thanks to the following members of the Committee for the previous year, all of whom had provided significant contributions and efforts toward the JHOSC's scrutiny functions and responsibilities:

- District Cllr Katharine Keats Rohan (Vice-Chair 2024-2025)
- District Cllr Elizabeth Poskitt (Vice-Chair 2023-2024)
- Cllr Jenny Hannaby
- Cllr Nick Leverton
- Cllr Nigel Champken-Woods

- Cllr Freddie Van Mierlo
- Cllr Michael OConnor
- Cllr Mark Lygo
- Cllr Yvonne Constance
- District Cllr Dorothy Walker
- District Cllr Paul Barrow
- City Cllr Susanna Pressel
- Barbara Shaw
- Sylvia Buckingham

The Committee issued a total of 53 recommendations in the previous council year of 2024/2025. Of these, I would draw particular attention to a few as illustrating the Committee's ongoing impact. These recommendations, the majority of which were accepted and implemented, revolved around key themes relating to medicine shortages, NHS workforce recruitment and retention, cancer services wait times and treatments, healthy weight promotion, and the support for patients discharged from hospital. One prime example was that as per the Committee's recommendation to the ICB to retain the urgent and emergency care director post in the context of the recent ICB proposed restructure, the decision was made to retain this post given the important role the director contributed to urgent and emergency care coordination and services jointly administered by the NHS and the County Council. Another example was the commitment by Oxford University Hospitals NHS Foundation Trust and NHSE South-East Region to follow the JHOSC recommendation to seek further funding and resource for epilepsy services in light of increased demand for these services and the shortages of epilepsy staff that Oxfordshire had relative to other areas around the Country with similar levels of demand. Additionally, in the context of its scrutiny of the development of Integrated Neighbourhood Teams, the Committee's recommendation to system partners to investigate health needs and population patterns for each locality and to allocate resources for these Teams accordingly was also accepted. System partners committed to working with Public Health, local councils and the information team in the Oxford University Hospitals to create a data pack for each Integrated Neighbourhood Team.

In line with its strong emphasis on coproduction, the Committee's substantial change working group remains closely involved in ongoing scrutiny of the Project Delivery Plan to expand hospital-like services at Wantage Community Hospital. This marks a continuation of the commitments by the Committee since January 2024 to monitor the delivery of the promises made by the NHS to the JHOSC, and the Committee's recommendations for Community Infrastructure Levy (CIL) funds to be utilised to expand clinical services for Wantage in light of the closure of the inpatient beds since 2016.

I believe the Committee operates in a collaborative spirit, and possesses a solid understanding of the landscape and factors impacting health and care services for

Oxfordshire residents. I wish to thank District Cllr Katharine Keats-Rohan for her contributions as vice-chair in the past year. The Committee is also fortunate to have Sylvia Buckingham join its membership as a co-optee. Sylvia brings a wealth of knowledge, expertise, and experience to the Committee's work.

I also wish to thank Healthwatch Oxfordshire for their extensive contributions to the Committee's work and insights into health and care services from the place-based perspective of service users on the ground. The JHOSC is again also grateful to members of the public that had invested efforts in writing to as well as speaking to the Committee.

Special thanks also goes to Dr Omid Nouri, the Health Scrutiny Officer, whose dedicated efforts toward supporting the Committee had proven exceptional. The Council's increased investment into the scrutiny function has proven to increase the support for Health Scrutiny as well as the value and impact it provides.

Councillor Jane Hanna OBE Chair of the Oxfordshire Joint Health Overview and Scrutiny Committee 2024/2025



## **What is the Oxfordshire Joint Health & Overview Scrutiny Committee:**

The Oxfordshire Joint Health and Overview Scrutiny Committee (JHOSC) is a Committee within Oxfordshire County Council which focuses on health scrutiny. As a joint Committee, it consists of 7 members from the County Council, five (one each from the Districts and City. Additionally, the membership also includes three co-optees (one of which is vacant at the point of writing this report) who are not councillors but have expertise in health-related areas. Work to recruit a third co-optee is in progress, with the aim of initiating a recruitment exercise immediately following the County Council elections in May 2025.

The JHOSC does not make decisions or amend policies directly. Instead, it scrutinises health services across Oxfordshire and can call individuals or organisations involved in health service commissioning or delivery to appear before it. The Committee leverages the diverse expertise of its members to provide oversight and issue recommendations (to Oxfordshire County Council's Cabinet, senior officers and NHS commissioners/providers) to improve health services and in ways that add value to such services. These recommendations adhere to the SMART (Specific, Measurable, Attainable, Realistic, Timely) criteria, and in line with statutory requirements, recipients are required to respond to these in writing within 28 days.

The JHOSC also uses its influence to highlight where national constraints limit local improvements and often seeks support from the national government to address these issues. Whilst HOSCs have lost the power to formally refer matters to the Secretary of State for Health and Social Care since January 2024, this does not prevent Health Scrutiny Committees from informally writing to the Secretary of State or from requesting the Department of Health and Social Care (DHSC) to call-in any decision by commissioners or providers to amend services in ways that could be perceived as a substantial change by the Committee. In fact, as outlined in further detail below in this report, the Committee issued a call-in request to the Secretary of State in relation to the ICB's initially proposed restructure, which the JHOSC and other key Oxfordshire stakeholders were concerned by as a result of the potentially negative impacts on the commissioning and delivery of health and care services at the level of place.

## Summary of Activity

### HOSC Activity in Brief

The Committee convened six Public Meetings in the previous municipal year 2024/2025. Over the course of these meetings it had scrutinised 18 substantive items this municipal year. Some of the key items of scrutiny involved:

- Winter Planning.
- Health and Wellbeing Strategy outcomes framework.
- BOB Integrated Care Board Restructure.
- Support for People Leaving Hospital.
- Maternity Services.
- Medicine Shortages.
- Epilepsy Services.
- Cancer Services.
- Musculoskeletal Services.
- Audiology Services
- Director of Public Health Annual Report.
- Oxford Health NHS Foundation Trust People Plan.

Within the past civic year, the Committee has issued 66 formal recommendations to the NHS as well as Oxfordshire County Council's Cabinet. Of these 66 recommendations, 32 were accepted, 22 were partially accepted, and 3 rejected. At the time of writing this report, the JHOSC is awaiting responses to 9 recommendations, which it should receive imminently.

The Committee had also received briefings from the NHS on a number of areas including:

- Changes to the BOB Integrated Care Board's operating model.
- Measures taken to improve maternity services in light of the findings of both an October 2023 Care Quality Commission (CQC) Inspection and the publication of a birth dossier produced by Keep the Horton General (KTHG).
- Patient safety from Oxford University Hospitals NHS Foundation Trust. This was to provide further detail on the steps taken by the Trust to address the CQC's previously flagged concerns regarding the handling of patient safety.
- The Committee also held an online meeting with Oxfordshire's MPs and the Council's Senior Leadership Team for the purposes of briefing local MPs on the likely impacts of the initially proposed changes to the ICB's operating model.

The Committee's substantial change working group had also held three online check-in briefings with representatives from the ICB and Oxford Health NHS Foundation Trust in the previous municipal year 2024/2025. This was to receive updates on the progress being made in implementing the JHOSC's recommendations for the NHS to deliver on the project delivery plan to expand hospital-like services at Wantage Community Hospital. The Committee's Oxford Community Health Hubs working group

also held three online check-in briefings with representatives of Oxford Health NHS Foundation Trust in the past year for the purposes of examining progress being made on establishing three key community health hubs in Oxford City, which will provide a variety of outpatient services to the Northern, Centre, and Southern sections of the City.

## **Key Accomplishments**

The JHOSC had dedicated significant time and work to scrutinising various areas that involved crucial developments and decisions impacting the health and wellbeing of Oxfordshire's residents. Over the past municipal year (as with the year prior to that), the Committee embraced a comprehensive and holistic approach to Health and Wellbeing, aligning with both national and local initiatives to further integrate health and care services for residents and to emphasise a broader model of health and wellbeing.

The success of the JHOSC can be measured by the positive outcomes of its work in contributing to developments that benefit the Health and Wellbeing of Oxfordshire's residents. The following constitute the JHOSC's most significant contributions.

### **i. Safeguarding Oxfordshire Place in the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board restructure:**

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board commenced a consultation in July 2024 on a new and revised operating model. The ICB perceived the consultation as relating to a staff restructuring and therefore limited its engagement with key partners. However, it remained clear from the consultation document that was shared with key stakeholders (including the JHOSC) that the proposed restructure constituted a significant change to the way that NHS services would be commissioned (and potentially delivered) in Oxfordshire. The proposed changes primarily related to key areas such as prevention and early intervention, urgent care services, infection control resources, and the place convenor (Director of Place for Oxfordshire) role. The proposed changes involved a centralisation of functions and activities that were previously managed effectively at place level, and the ICB had initially not provided appropriate reasonings and justifications as to why those changes were necessary, nor that they would result in improved outcomes for Oxfordshire residents.

The Committee was concerned given that a significant aspect of these changes revolved around the ICB role of Director of Place for Oxfordshire, which up until the summer of 2024 was a role that was pivotal in coordinating place-based collaborative work between system partners. This role was to be removed, and a new role of Director of Places and Communities to be created by the ICB, with a responsibility for Directing all three places of Buckinghamshire, Oxfordshire, and Berkshire West.

The Committee's view was that the ICB had not effectively and adequately reached out to Oxfordshire County Council (as well as other key stakeholders/member organisations of the Oxfordshire Place-Based Partnership) prior to formally presenting and announcing these proposals to key stakeholders. The ICB was of the view that the proposed operating model did not constitute a substantial change, and that there

was therefore no statutory obligation to engage in a formal public consultation. However, the JHOSC was of the view that the proposed operating model did indeed constitute a substantial change. The Committee understood that the ICB was instructed to make reductions to staffing costs. However, it believed that the proposals being made by the ICB reflected more than simple staffing changes or a minor amendment of the ICB's management structure. Services could be negatively and directly impacted in a manner that would make the proposed operating model a substantial change.

Upon hearing of the ICB's proposed changes to its operating model, a strong consideration was whether the Committee should submit a call-in request to the Secretary of State for Health and Social Care in relation the ICB restructure. The timing of the ICB's consultation period was problematic for the JHOSC from a scrutiny standpoint for two key reasons:

1. The timescales allocated to the consultation were too short for a proposal of great importance to Oxfordshire.
2. The consultation initiated in July, which was a period when the JHOSC, like other public meetings of the Council, did not have a planned meeting. This necessitated urgent action from the Committee.

Upon hearing of these proposals, the Committee convened an extraordinary meeting on 02 August 2024. The meeting had in attendance representatives from most of Oxfordshire's key stakeholder organisations and individuals, including MPs. During the meeting, there was a unanimous agreement by the Committee as well as those present that the ICB's proposed operating model would not be in the interests of Oxfordshire's residents. However, to allow further discussions between the ICB and key stakeholders, the decision to request a call-in by the Secretary of State was deferred. This request was made at a subsequent meeting in September 2024. The outcome of this was the Department of Health and Social Care declined to invoke ministerial powers to call-in the decision, although the government urged the Council and the ICB to continue to work together and to negotiate a resolution to the dispute over the ICB's changes to its operating model.

Nonetheless, the value of the JHOSC's involvement in this matter is manifested in the fact that notwithstanding the Department of Health's reluctance to utilise the call-in process, the work of the Committee had contributed toward the ICB's decision to revise their original proposed restructure in four ways:

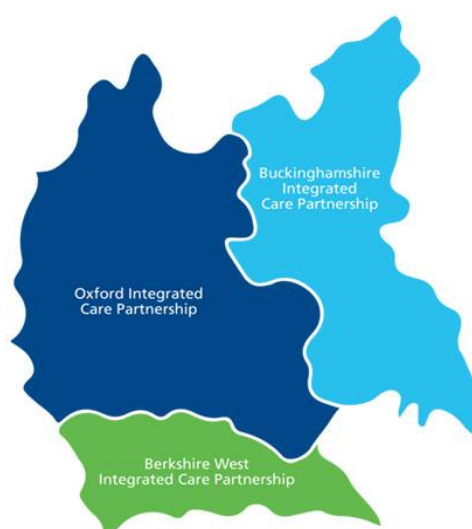
1. Contrary to the original proposition to centralise budgets, a number of delegated budgets would be retained at place level.
2. The ICB had decided to retain the post of Urgent and Emergency Director for Oxfordshire.
3. The ICB expressed that although they would no longer host the role of Place Director for Oxfordshire, that they would be supportive of any initiatives taken by Oxfordshire County Council and its partners to establish an Oxfordshire Place convenor role.



4. The ICB had also expressed a commitment to dedicate a member of their executive team to be an executive sponsor for Oxfordshire Place.

The Committee is involved in ongoing scrutiny of the developments taking place around the operating model and the ongoing negotiations taking place between the County Council and the ICB. The importance of ongoing scrutiny of these developments is even more crucial in light of central government's recent announcement to cut ICB running costs by 50 percent. The JHOSC seeks to remain at the forefront of ensuring that the importance and centrality of place is not diminished in the context of such revisions to ICB budgets and structures.

  
**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board



## **ii. Continuing to secure the future of Wantage Community Hospital**

Since the 'temporary' closure of the inpatient beds at Wantage Community Hospital in 2016, the Committee has remained engaged in ongoing scrutiny of the future of Wantage Community Hospital. A proposal to develop a solution with Wantage Town Council and local stakeholders came to the JHOSC in June 2023, and the Committee accepted the proposal to support and participate in a process of coproduction to determine the future of the services to be delivered on the ground floor of the hospital. Intensive work followed with stakeholder and public engagement involving coproduction with Wantage Town Council health representatives and the regular scrutiny undertaken by the JHOSC's substantial change working group. The outcome of this was to hold a JHOSC public meeting in January 2024, where it was agreed that the Committee would not refer the closure of the community hospital beds to the Secretary of State for Health and Social Care, and where the following specific recommendations were issued to Oxford Health NHS Foundation Trust and the ICB:

1. That there is no undue delay in securing the Community Infrastructure Levy (CIL) funding available in full for the purposes of providing the additional proposed clinical services on the ground floor of Wantage Community Hospital.
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.

During the previous municipal year 2024/2025, the Committee continued to scrutinise the delivery of the NHS' proposed project delivery plan for the future of hospital-like services through two key avenues:

- 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 met regularly in the previous year, and the JHOSC Chair and Health Scrutiny Officer also sit on this group.
- The HOSC substantial change working group (comprising Cllr Hanna, District Cllr Paul Barrow, and former Councillors Nigel Champken-Woods and Damian Haywood), held two meetings with key representatives from Oxford Health NHS Foundation Trust and the ICB on 22 October 2024, and on 16 December 2024.

Given that CIL funds would need to be accessed for the purposes of providing the clinical services that the NHS had committed to, the JHOSC's substantial change working group and the wider Committee had, during the previous municipal year, closely campaigned and monitored the process of ringfencing the available £600,000 CIL funds from the Vale of White Horse District Council for the purposes of financing the delivery of the hospital's project delivery plan. The fact that the Committee (and the working group) had District Council representation was also conducive to this.

In addition, the Committee had been emphasising and urging the NHS on the need to explore any further additional funds that could be made available for delivering the project, which would have had to be delivered in stages with delays to the originally planned timetable had available funds remained limited to £600,000. As a result, in the summer of 2024, the ICB and Vale of White Horse District Council had further discussions to increase the CIL fund amount to provide a total of £950,000 toward the project. The JHOSC welcomes this development and believes this will enable the project to be delivered in one tranche, without the need to phase its delivery. An additional fund of £100,000 will also be released by Oxford Health NHS Foundation Trust's charitable fund from a legacy intended for Wantage Community Hospital. Securing this fund was made feasible because of partnership working on the hospital's refurbishment. This additional charity fund will be utilised for providing an enhanced digital facility for the hospital.

Moreover, the Committee expressed its concerns on the potential impact that the removal of the Oxfordshire place director post could have on the project's delivery

and the significant progress that had been achieved by that stage. It was partly the contributions of a place director which enabled the coproduction exercise to be completed in 2023 and which established clear communication channels between the ICB and the local community in Wantage. The chief executive of the ICB provided assurance at the BOB JHOSC meeting in November 2024 that the removal of the place director post would not have any negative impacts on the project for Wantage.



**iii. Working to improve Primary Care access and the use of Digital Technology through the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview Scrutiny Committee.**

In 2024/25, the Committee has played a key role in scrutiny at the cross-county level of the Buckinghamshire, Oxfordshire, and Berkshire West geography. The BOB JHOSC includes Councillors from Oxfordshire County Council, as well as representatives from Buckinghamshire, West Berkshire, Wokingham, and Reading. This Committee focuses on scrutinising the Integrated Care System at a strategic, or 'system' level, rather than at the county level, which is primarily examined by the Oxfordshire JHOSC. Additionally, the BOB JHOSC investigates system-level developments that affect all member authorities collectively.

The BOB JHOSC convened a public meeting on 24 November 2024. As well as receiving an update on the changes to the ICB's operating model during this meeting, the BOB JHOSC had been actively involved in scrutinising two major strategies of the Integrated Care Board (ICB). The first is the *Primary Care Strategy*, which aims to enhance and transform the delivery of general practice, community pharmacy, optometry, and dentistry services within the BOB region. The second is the *Digital &*

*Data Strategy*, which outlines the ICB's digital, data, and technology goals for the next three years.

Regarding the changes to the ICB's operating model, the BOB JHOSC strongly urged the ICB to retain its commitments to place. The Committee expressed concerns relating to potential dilutions of the ICB's place-based focus if the ICB were to increasingly centralise its operating model and functions. The BOB JHOSC also emphasised that if the ICB was expressing commitments to supporting initiatives taken by each of the three places to establish place convenors of their own, that it should clarify how this would be the case if such convenors would not be employees of the ICB (meaning they may not have access to ICB data/intelligence in the same manner that an ICB Place Director post would).

Regarding the *Primary Care Strategy*, the BOB JHOSC received an update after having initially reviewed this as part of an item held in its meeting in January 2024. The Committee reiterated its recommendation for there to be greater transparency around the use of physician associates or administrative staff who were involved in triaging or treating patients, as well as over the existence of any competency frameworks that were being adopted to maximise patient safety and reassurance. Another key point emphasised by the Committee was the imperative for coproduction to remain at the forefront of the ongoing design and implementation of the strategy. Given that the strategy could have significant implications on how front facing primary care services are configured and provided, it is pivotal that patients and service users within the BOB geography have opportunities to provide input into a crucial component of healthcare services in local communities. The BOB JHOSC therefore agreed to issue the following recommendation to the ICB in relation to the strategy:

*'To ensure that coproduction remains at the heart of the design and delivery of primary care services. It is recommended that acute providers and local authorities are engaged with on any planned changes to primary care services.'*

The Committee is yet to receive a formal response to this recommendation, although the ICB has provided indications that they are adopting coproduction as part of the strategy. Moving forward, the BOB JHOSC will continue to request a formal response to this recommendation, and will be requesting evidence to indicate the degree to which coproduction is being exercised.

Another significant contribution made by the BOB JHOSC in regard to primary care scrutiny was the decision made to write to the Secretary of State for Health and Social Care to highlight the potential implications of the government's announced increases in the Living Wage and National Insurance Contributions on General Practice. The Committee highlighted to the government that there would be significant financial and operational challenges faced by GP surgeries in BOB due to increases in the living wage and national insurance contributions; and that while aimed at improving the economic welfare of workers, could hinder the functioning and sustainability of GP practices. The BOB JHOSC received a response from the Secretary of State with an acknowledgement of its concerns, and a commitment by the government to increase funding for general practice for 2025/26 with an increase of 7.2 per cent in cash terms. The response also outlined that the government would begin discussions on the

annual GP contract, and that the matter of the employers' National Insurance increase would be dealt with as part of that process.

In relation to the *Digital and Data Strategy*, the Committee urged the ICB and its chief executive officer (who attended the meeting on 22 November 2024) to exercise further transparency around the use of technology and how this will be governed and monitored, particularly in an age where health systems could make increasing use of Artificial Intelligence.

Looking forward, the Oxfordshire JHOSC will continue to actively participate in BOB JHOSC scrutiny, with a view to receiving further updates on developments in primary care and on any further changes to the ICB's operating model. Such updates will be particularly crucial given the government's recent plans to cut ICB running costs by 50 percent and the prospect of ICB's losing their provider oversight roles.



#### **iv. Securing further resource for Epilepsy Services**

The Committee conducted an in-depth review of epilepsy services during its meeting on 12 September 2024. To provide some context, the Committee had received written evidence at its previous public meeting on 16 January 2024 from the voluntary sector (SUDEP Action and Epilepsy Action), as well as from Professor Marian Knight (University of Oxford). The letter from Professor Knight concerned the findings of MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) of a near doubling of sudden deaths against a backdrop of the introduction of the Pregnancy Prevention Programme. The third sector raised a red flag to the Committee about the likely local safety impacts on residents and impacts on all stakeholders of a new national framework that valproate must not be started in new patients (male or female) younger than 55 years, unless two specialists independently

consider and document that there is no other effective or tolerated treatment. The Committee was alerted to this being a very dramatic shift in clinical practice.

The Committee wrote to Steve Brine MP, Chair of the Parliamentary Health Select Committee in January 2024, requesting national scrutiny of the MHRA (Medicines and Healthcare products Regulatory Agency) alert, the proposed timescales for implementation, the lack of a national impact assessment, and the lack of resources to support the new requirements. The Committee received a response that this was included on the list of potential scrutiny items for the Parliamentary Select Committee. Additionally, in April 2024, the Committee received the ICB local impact assessment on the MHRA Pregnancy Prevention Update of November 2023. The impact report outlined that there were unavoidable consequences, and current services were ill-equipped to handle the implementation.

Having received the evidence, the Committee conducted a deep-dive into the current state of epilepsy services at its 12 September 2024 meeting, receiving two reports on this item: from Oxford University Hospitals NHS Foundation Trust, and NHS England South-East Region. The Committee's areas of interest included: the health inequalities implications surrounding epilepsy; the number of full-time equivalent neurologists/specialists and patterns of demand on clinical time and pressures; the steps being taken to address sudden death in epilepsy; and the local impacts of the MHRA regulations on Valproate and Topiramate.

Through the evidence it received and its own investigations, it became apparent to the Committee that there were especially severe local impacts due to poor provision of the epilepsy service and because of unfunded and unbalanced national mandatory policies. Therefore, the Committee issued the following recommendations to the ICB, Oxford University Hospitals NHS Foundation Trust, and NHSE South-East Region.

For the ICB and Oxford University Hospitals NHSFT to:

- *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.*
- *To secure further funding and resource for epilepsy services.*

For NHS England South-East Region to:

1. *Give support to the ICB and Oxford University Hospitals NHS Foundation Trust to help achieve the above prioritisations.*

A key success for the Committee was that through bringing some of its evidence to the local and regional NHS bodies, its above recommendations were accepted; with both Oxford University Hospitals and NHSE South-East committing to working to secure further resource toward epilepsy services.



The Committee also submitted a separate recommendation to Oxfordshire County Council's cabinet, urging it to consider the likely impacts of the Valproate policy for the local authority commissioning arrangements and the provision of safe residential care and out of county placements. It was also recommended that the Cabinet Member for Public Health and the Director of Public Health consider the epilepsy population as part of the Council's programme to tackle public health inequalities. The cabinet partially accepted this recommendation and committed to examining the impact of the valproate policy on the services they commission for special education and residential care for children and adults with learning disabilities and/or autism (who may be affected by patient safety concerns).

The Committee also wrote to Karyn Smith MP (Minister of State for Secondary Care) on 18 October 2024, urging greater resource to be allocated to epilepsy services, and for the suspension the MHRA regulatory updates of 2024 pending an independent national review of the UK's Pregnancy Prevention Programme. Letters were also sent to Layla Moran MP (Chair of the Parliamentary Health Select Committee) urging for the Select Committee to embark on thorough scrutiny of the Pregnancy Prevention Programme, and to NHSE Specialist Commissioning to ask for greater resource allocations for epilepsy services in Oxfordshire. To date, a response was received from Layla Moran's office, with a commitment to add this topic to the list of considerations for items for the Parliamentary Select Committee work programme.

**v. Promoting healthier advertising and restrictions on fast food outlets in Oxfordshire:**

Excess weight poses significant challenges to healthy living, being a leading cause of early deaths. Excess weight levels also raise susceptibility to a vast array of health conditions (including some cancers and Type 2 diabetes) and can also worsen one's mental health. For children, this can result in reduced educational performance and for adults increased sickness in employment. An individual's overall life expectancy can also be reduced by obesity.

It is for these reasons that the JHOSC continued to retain a spotlight on the measures taken by Oxfordshire County Council and its key NHS partners to promote healthier weight amongst Oxfordshire's residents. The Committee continues to stress that tackling excess weight should remain a key priority for both the Health and Wellbeing Board as well as the Health Improvement Board in Oxfordshire.

In its 21 November 2024 public meeting, the JHOSC commissioned and received a report which provided an update on the work undertaken by system partners to promote Healthy Weight. The report received included input from Oxfordshire County Council's Public Health team, as well as from the ICB. The Committee initially examined this topic in its September 2023 public meeting, and sought 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. Some of the insights sought by the Committee involved: details of any new data relating to excess weight in Oxfordshire; any ongoing coproduction that had been adopted as part of the work to tackle excess weight; and an update on the licensing of both fast-food outlets and advertising of HFSS (High in Fat, Salt and Sugar) products.

The Committee issued a key recommendation calling for the development of clear and measurable Key Performance Indicators (KPIs) so as to evaluate the impacts and progress of the work to promote healthy weight. This recommendation was accepted by system partners, with expressed commitments to continuing to work with a clear action plan associated with healthy weight which includes KPIs. These KPIs would then be reported to the Health Improvement Board.

In addition, the Committee issued another recommendation on the imperative for ongoing coproduction of healthy weight services that could include input from those with comorbidities or from vulnerable population groups. This recommendation was also accepted, and whilst it may be difficult or potentially inappropriate to be seeking out individuals systematically, Oxfordshire County Council's public health team will now work on coproducing healthy weight services with organisations supporting such vulnerable residents. Moving forward, it would be ideal for the JHOSC to receive further information on which particular organisations had been approached, and on which vulnerable population groups are represented by these organisations.

Furthermore, the Committee also agreed to and submitted two letters to both Oxford City Council and Cherwell District Council in relation to urging both councils to adopt policies that:

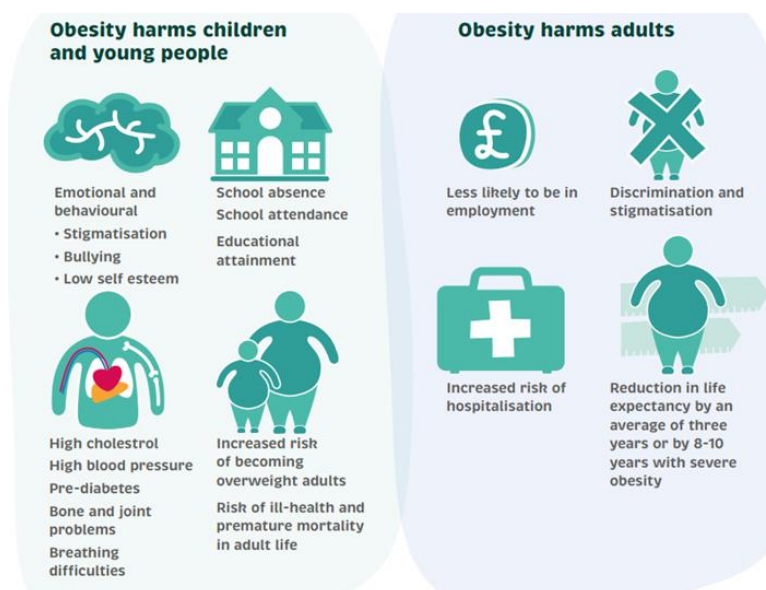
1. Promote healthier food advertising.
2. Restrict the opening of new hot food takeaway shops in areas with the highest level of childhood obesity and in close proximity to schools.

The Committee shared evidence it received from the County Council's public health team around which particular areas of Oxford City and Cherwell contained populations with the highest levels of excess weight; and urged both Councils to build on their own work to support the health and wellbeing of residents by taking a number of crucial steps to address the advertising of unhealthy food products as well as the presence of new hot food takeaway shops.

The JHOSC sought to reassure both Councils that they need not be concerned, if indeed it was a concern about losing revenue as a result of implementing healthier advertising policies for two reasons:

1. These policies would not require a ban on any particular brand from advertising, only that brands would have to switch to advertising healthier products that they are able to offer customers.
2. To date of the local authorities who had implemented such policies, none have reported revenue losses. For example, Haringey Council confirmed that there had been no loss in revenue as a result of allocating advertisement places to advertisers of non-HFSS products.

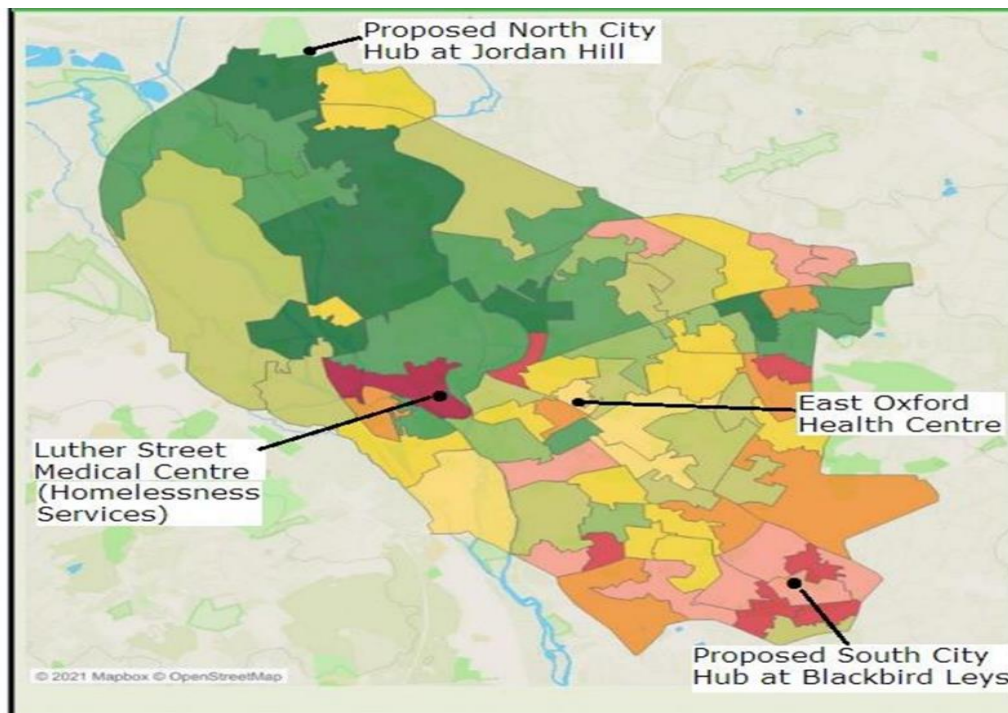




## Other Key Highlights of HOSC Activity:

### Supporting improvements in community health provision via the Oxford Community Health Hubs Project:

A key area of JHOSC scrutiny had been around the Oxford Community Health Hubs Project launched by Oxford Health NHS Foundation Trust. The purpose of this project is to integrate primary, community, and dental care services within Oxford City (comprising 300 staff, 40 teams, and nine existing bases) into three hubs. The Trust believes that the integration of such community-based services into three key hubs will enable a more effective delivery of these services to patients in their communities. The project aims to establish three health hubs, each located in the North, Centre, and the South of the City respectively. Below is a map of where these Hubs will be established:



The JHOSC has scrutinised the progress made against this project via its Oxford Community Health Hubs (OCHH) working group (which was established in January 2024). The working group held four meetings with representatives from Oxford Health NHS Foundation Trust in the previous municipal year on 11 July 2024, 11 September 2024, 9 December 2024, and on 4 March 2025. The working group, on behalf of the JHOSC, had and continues to express its support for this project as it could lead to better health and care outcomes for patients in Oxford City who rely on these community-based services. For instance, the services within the scope of this project that patients will benefit from include children's services (including therapies and community nursing), community nursing and therapy for adults, podiatry, community specialist services (including dietetics and respiratory services), and dental community services. The hubs will also host quality and directorate management teams.

The JHOSC working group believes that these health hubs would serve as a space for the co-location of health and care professionals that provide services to local communities. The increasingly multidisciplinary nature of community healthcare necessitates greater integration and collaboration between both clinical and managerial/administrative teams, which the working group believes these hubs can help foster through accommodating various professionals and staff in single and larger integrated hubs.

Nonetheless, the working group, on behalf of the Committee, urged the Trust to strongly consider the likely impacts of integrating these community services into large hubs on both staff as well as accessibility for patients. In terms of staff, whilst there could be benefits in creating integrated multidisciplinary working and a pleasant physical work environment, some services are delivered through clinics that will change location by a few miles to a new, purpose-built clinical facility better equipped to deliver patient care (e.g. dental, podiatry). This change could impact some patients and staff who attend these clinics. To help remedy this, the JHOSC working group had facilitated early discussions between the County Council's Transport Services and the

Trust for the purposes of exploring avenues to allow easier access for staff and patients to these hubs. This included facilitating contact with Transport services officers as well as the Council's Cabinet Member for Transport, who was invited to attend one of the working group meetings with the Trust. A key point raised by the working group was the imperative for staff who conduct home visits from these hubs to be able to easily access patients who happen to reside on roads with restrictions. Extensive travel planning should therefore form a key part of the Trust's engagements with its staff and patients/carers; particularly for those who may experience impacts with transportation and accessibility.

The working group will continue to engage in scrutiny of key developments in this project, as this represents a new model of community healthcare provision that should be handled delicately, with all variables and dependencies taken into account. At the time of writing this annual report, the next working group meeting with the Trust is scheduled to take place at the North City Health Hub. This will constitute a briefing as well as an opportunity for all members of the JHOSC to witness first hand the progress made in establishing the North City Hub.

### **Scrutinising improvements to Maternity Services:**

Maternity services play a crucial role in supporting the health and wellbeing of mothers and their babies. These services encompass prenatal care, delivery, and postnatal support, each phase being instrumental in ensuring healthy outcomes for both mother and child. With this in mind, the Committee was also alarmed by key developments around maternity services including the outcome of a CQC inspection in 2023, as well as the publication of a dossier by Keep the Horton General (KTHG) which outlined the experiences of several mothers and families who had experienced difficult births in Oxfordshire.

The JHOSC commissioned a report from Oxford University Hospitals NHS Foundation Trust, which was discussed during its public meeting on 21 November 2024, with a view to examining the steps taken by the Trust and its partners to overcome the challenges around maternity services throughout the County.

The challenging experiences of service users served as an indication as to not only the challenges with maternity, but also in the specific lines of enquiry and recommendations that the Committee adopted as part of its scrutiny.

Some of the themes the JHOSC investigated included: details of any partners, stakeholders or patients that had been engaged with for the purposes of coproducing and improving maternity services; data on local trends with regard to injuries, deaths, and birth trauma; and the specific actions taken to improve maternity services in ways that address concerns raised by the CQC and the KTHG birth dossier.

The Committee was also of the view that staff should be thoroughly supported throughout the process of improving Oxfordshire's maternity services. This should include a two-pronged approach of not only ensuring that staff receive appropriate training, but that they are also not subjected to any additional negative pressures in addition to existing pressures they are facing as frontline healthcare workers. In an informal briefing held with the Trust, the Committee urged the Trust's Chief Executive

and Chief Medical Officer to ensure that a careful balance was achieved in regard to generating improvements whilst upholding staff wellbeing.

As part of its scrutiny of maternity services, the JHOSC laid emphasis on and issued some key recommendations (which were accepted) around some of the areas highlighted below. Below is also a brief outline of the indications of how some of these recommendations had been accepted and how the Trust is taking steps to take these recommendations from the Committee on board:

1. The Committee recommended that maternity staff received ongoing training around improving maternity services, and that staff should also be trained in patient-centred care. The Trust accepted this recommendation, and committed to enhance communication skills training for all maternity staff, with an emphasis on empathy, compassion, and kindness. The Trust would also be conducting monthly reviews and monitoring through the Trust's training compliance portal, with the aim of reporting progress through clinical governance processes.
2. The Committee also recommended for the development of a maternity trauma care pathway for ongoing support for mothers (and their partners) to include those who had experienced difficult births, complications, premature babies, still births and bereavement. This recommendation was also accepted, with the Trust committing to continued working with Oxford Health NHS Foundation Trust on a shared Birth Trauma Pathway. The Trust will also work alongside specialised mental health midwives to identify and address any mental health concerns that may require different referrals.
3. Another key point raised and recommended by the Committee was around the importance of coproduction remaining at the heart of the design as well as the improvements of Maternity Services. The Trust accepted this recommendation, and plans to continue to coproduce improvement activities with the Oxfordshire Maternity and Neonatal Voices Partnership, healthcare professionals, service users, family members, and relevant system partners to discuss and review Maternity Services. The Trust will also continue to create channels for service users and families to provide feedback on these services, and will utilise this feedback to make continuous improvements.

The JHOSC is pleased to see some of the initial steps embarked upon by Oxford University Hospitals NHS Foundation Trust to improve maternity services, and will continue to engage in scrutiny of this area moving forward with a view to receiving concrete evidence as to how improvements have been made and achieved.



**Oxford University Hospitals**  
NHS Foundation Trust

### **Securing local and national mitigations to tackle Medicine Shortages:**

The Committee has received several reports of medicine shortages impacting local residents. The JHOSC understands that such shortages are also national in scope and are occurring as a result of several complex and interacting factors which often erupt at short notice and that can rapidly change. It is for this reason that the Committee commissioned reports (for its 12 September 2024) meeting from the ICB as well as Oxford University Hospitals NHS Foundation Trust to further investigate the causes of medicine shortages, the impacts such shortages were having on patients, and the steps being taken by local NHS system partners to address this.

A key concern for the Committee were the implications and risks this could have on patients. Community Pharmacy England conducted a survey with pharmacy teams across England, which outlined that 97% of pharmacy teams reported patients being inconvenienced as a result of medicine supply issues, and 79% reported that patient health is at risk due to these issues. The Committee also received a statement on Medicine Shortages from Dr Leyla Hannbeck (Chief Executive of the Independent Pharmacies Association [IPA]), and the Committee agreed with the IPAs concern around the lack of transparency regarding the supply of medicines. The Committee also supports the IPA's view that the DHSC should bring healthcare professionals on the frontline, as well as wholesalers, suppliers and patient groups together to discuss these challenges with a view to explore solutions.

As part of its scrutiny of medicine shortages, the JHOSC laid emphasis on and issued some key recommendations around mitigating some of the challenges with medication shortages. All these recommendations were accepted by the ICB and Oxford Health NHS Foundation Trust. A summary of how these recommendations were accepted is below:

1. The JHOSC recommended that efforts were made to reduce the prospect of additional excessive workloads on both clinical and administrative staff in the event of medicine shortages, and for staff to be provided with meaningful support as well as additional resource if need be for the purposes of tackling any additional demand/burdens. This recommendation was accepted, with the

ICB and Oxford University Hospitals NHS Foundation Trust committing to minimising the impact on staff workloads through coordination with national bodies and the use of national resources to help to support this. There is a dedicated Medicines Supply Shortages practitioner at Oxford University Hospitals who will lead on this local and national coordination to mitigate excessive burdens on staff.

2. The Committee also recommended that there was effective communication, coordination, and transparency within and between the local and national levels to help mitigate risks associated with medicine shortages. The ICB accepted this recommendation, with a commitment by its Medicines Optimisation Team to provide advice to local practices and community pharmacies on medicine shortages and communicating current shortages and suitable alternatives via its regular newsletter and website, both of which are available to all primary care clinicians. The team will also 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.
3. The JHOSC issued a strong recommendation for there to be processes 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. This recommendation was also accepted by the ICB and Oxford University Hospitals NHS Foundation Trust, with expressed commitments to closely monitor national impact assessments, which would determine which shortages were deemed higher risk or those that were expected to have the most impact. These impact assessments and determinations are communicated specifically, in the form of a Medicine Supply Notification (MSN) or National Patient Safety Alert (NatPSA). There would also be local observations of any Serious Shortage Protocols (SSPs) when these are put in place. This would then enable community pharmacists to supply patients with specific alternative medicines; which are available to view on the NHS Business Service Authority's dedicated SSP web page, along with any supporting guidance.

## **Looking Ahead 2025-2026:**

### **Staffing and Capacity:**

The Committee continues to produce a significant number of recommendations as well as reports which are being issued to the NHS and to a lesser extent Oxfordshire County Council's Cabinet. Within the previous municipal year 2024/2025, the Committee benefited from additional support from a democratic support officer. This has contributed to undertaking the administrative work associated with the Committee's business. This additional support has allowed Scrutiny Officer time to be diverted to higher-value work, enabling the Committee to be better informed through briefing and research, building stronger relationships and closer joint-working with system partners at local and national levels, and contributing more to the output of the BOB HOSC.

## **Co-optees:**

The JHOSC's membership allows room for three co-optees. Again, the presence of co-optees adds two key values to the Committee's work. First, such members are recruited based on the level of expertise they have with health services in Oxfordshire, which provides professional and insightful reflections for the JHOSC in determining what to scrutinise and how to do so. Second, given that they are recruited outside the County Council, they do not necessarily have a clear affiliation with any political party, enabling the JHOSC to receive apolitical stances and contributions.

In last year's annual report, it was highlighted that there were two vacant co-optee posts on the Committee. Since then, a recruitment exercise was launched, and one further co-optee has been recruited. Sylvia Buckingham applied for the advertised vacancy, and was interviewed by a panel comprising the Health Scrutiny Officer, Chair and Vice-Chair of the JHOSC on Wednesday 09 October 2024. The Panel recommended to the Committee that Sylvia Buckingham be appointed as a co-optee member of the JHOSC. She was formally appointed at the 21 November 2024 public meeting. Since then, Sylvia has actively participated in the Committee's work, providing extensive input into the JHOSC's forward work planning and has contributed to the drafting of key lines of enquiry and recommendations for public meetings. Sylvia brings a wealth of expertise from her background as a nurse and as an academic, and is also a Healthwatch Oxfordshire Trustee and a patient safety partner at Oxford University Hospitals NHS Foundation Trust. This experience provides further perspective and reflections into the JHOSC's scrutiny of health services.

The Committee seeks in the course of the coming civic year to fill its final vacancy.

## **Practicing Equality, Diversity and Inclusion:**

A key commitment outlined in last year's Annual Report was to increasing diversity and engagement, in addition to further public involvement in Scrutiny. In continuation of the trend from the year before last, there has been an ongoing improvement in the diversity of public speakers who have registered to speak at HOSC meetings. The Committee had a total of 13 public speakers within the last civic year. The public speakers were from a variety of backgrounds and organisations, and spoke on a range of issues including epilepsy, medicine shortages, and SEND services. The Health Scrutiny Officer will work with the JHOSC Chair to explore ways to increase opportunities for further public input into health scrutiny. Allowing greater public input would contribute toward the JHOSC's perspectives and insights into key issues being experienced by patients who use health services.

Furthermore, as part of the process of improving equality, diversity and inclusion, the JHOSC is committed to appointing its third co-optee from a BAME (Black and Asian Minority Ethnic) background. This would enable further input and expertise to be received from a BAME perspective. The Committee understands and recognises that there are specific and unique challenges that BAME residents can experience, both in terms of their own health and wellbeing, as well as in terms of their experiences with health services. Hence, appointing a BAME co-optee would constitute a lot more than a tick box exercise of ensuring greater ethnic representation on the Committee, and



will also yield further tangible benefits for how the Committee recognises, understands, and investigates the experiences of ethnic minorities. This is also in keeping with the overall principles of Equality, Diversity, and Inclusion which Oxfordshire County Council is committed to as a local authority encompassing a geography containing a diverse ethnic footprint.

### **Future items of scrutiny:**

Noting that the new membership has control over its Forward Work Programme there are a variety of themes that could constitute potential items of scrutiny in the ensuing municipal year for the JHOSC. These include ongoing scrutiny of existing priorities and new developments and may include:

#### *Abolition of NHS England:*

The government made a series of recent announcements that could significantly impact the health and care landscape both nationally and locally; including on how services are commissioned and delivered. The changes include:

1. The abolition of NHS England and its integration into the Department of Health and Social Care.
2. The need for ICB's to reduce their running costs by 50 percent.
3. The prospect of ICB's losing their provider oversight function.

These changes will naturally have a significant impact on the local health landscape, and the Committee will seek to champion patient outcomes throughout the process.

#### *Primary Care:*

Access to GP and dentistry services, should also constitute a key focus of ongoing scrutiny for the JHOSC. The Committee last examined GP and dentistry services in the municipal year before last, and the time is ripe for further in-depth reviews into the steps being taken to increase access to primary care. The Committee had previously raised concerns around population increases as well as rising residential developments. In line with previously made recommendations to the ICB on this, the Committee should therefore review the degree to which efforts have been made to secure further funding for primary care estates. Collaboration between the ICB and District Councils will be crucial in this regard for the purposes of coordinating the use of available funds. Further reassurances should also be sought around how the ICB is working to avert the prospects and appearances of dentistry deserts throughout the County, particularly in rural areas (which can often be elicited by practices refusing to provide NHS treatments as a result of less rewarding NHS dentistry contracts).

#### *Health and wellbeing strategy outcomes framework:*

The Committee continues to support the ongoing development and delivery of Oxfordshire's health and wellbeing strategy, and recognises the collective efforts of system partners in this regard. To build on its ongoing scrutiny of the strategy's implementation, it is crucial to retain a spotlight on the outcomes framework developed



by the Health and Wellbeing Board, and to receive regular updates on the incremental evaluation of the strategy's delivery by the Board. The strategy is in the process of being evaluated in stages, with the Board incrementally focusing on certain key strategy priorities at each of its meetings.

*Children's Emotional Wellbeing and Mental Health Services:*

The Committee previously examined Oxfordshire's Emotional Wellbeing and Mental Health Strategy for Children in its November 2023 meeting. The Committee agreed on the imperative for there to be a follow-up update on key progress made around the strategy's delivery and how it produced tangible benefits to the emotional wellbeing and mental health of Oxfordshire's youngest residents. The Committee examined the theme of children's emotional wellbeing as part of its scrutiny of this year's Director of Public Health (DPH) Annual Report (which focused primarily on this area), and it will be crucial to examine how the commitment and recommendations outlined in this year's DPH Annual Report interlinked with the objectives and Key Performance Indicators being utilised in the context of the Emotional Wellbeing and Mental Health Strategy. This is an important area of policy given the increases in mental health decline amongst children and young people, particularly since the Covid-19 pandemic.