Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee
Tuesday, 10 May 2022

ADDENDA

5. Access to Services - Primary Care (Pages 1 - 12)

10.05

For the Committee to receive a paper from the Oxfordshire Clinical Commissioning Group on the current position of primary care services.

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

14:00

To receive an update from the Chair of The Committee on work progressed in between meetings and future issues.

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BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Oxfordshire Joint Health Overview and Scrutiny Committee

Date of meeting: 10 May 2022	**Paper no:**

Title of paper: Oxfordshire Primary Care Provision and access

Paper is for:	**Discussion**	✓	**Agreement**		**Information**	✓

Purpose of paper:

The paper sets out the key aspects of delivery in the provision of primary care services in Oxfordshire, specifically general practice services. It includes appointment data including the significant contribution that was made to the COVID vaccination programme, and recent patient feedback on accessing GP services.

The paper is presented to provide Members with data relating to provision of services and patient feedback in relation to those services.

Recommendations

Members of HOSC are invited to note the contents of this update paper

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Date of paper: 3 May 2022

Primary Care Provision and Access in Oxfordshire

1. Introduction

This report is provided to the Joint Health Overview and Scrutiny Committee for information and discussion. The paper sets out the key aspects of delivery in the provision of primary care services in Oxfordshire, specifically general practice services. It includes appointment data including the significant contribution that was made to the COVID vaccination programme, and recent patient feedback on accessing GP services.

2. Background Position

The last 2 years, initially in response to the COVID pandemic then in response to the ongoing pandemic and roll out of the COVID vaccination programme, has been unprecedented in the delivery of all public services. The NHS and General Practice within that has key and clear business continuity plans and measures in place for the sustainability of service provision in the event of an unforeseen incident in place.

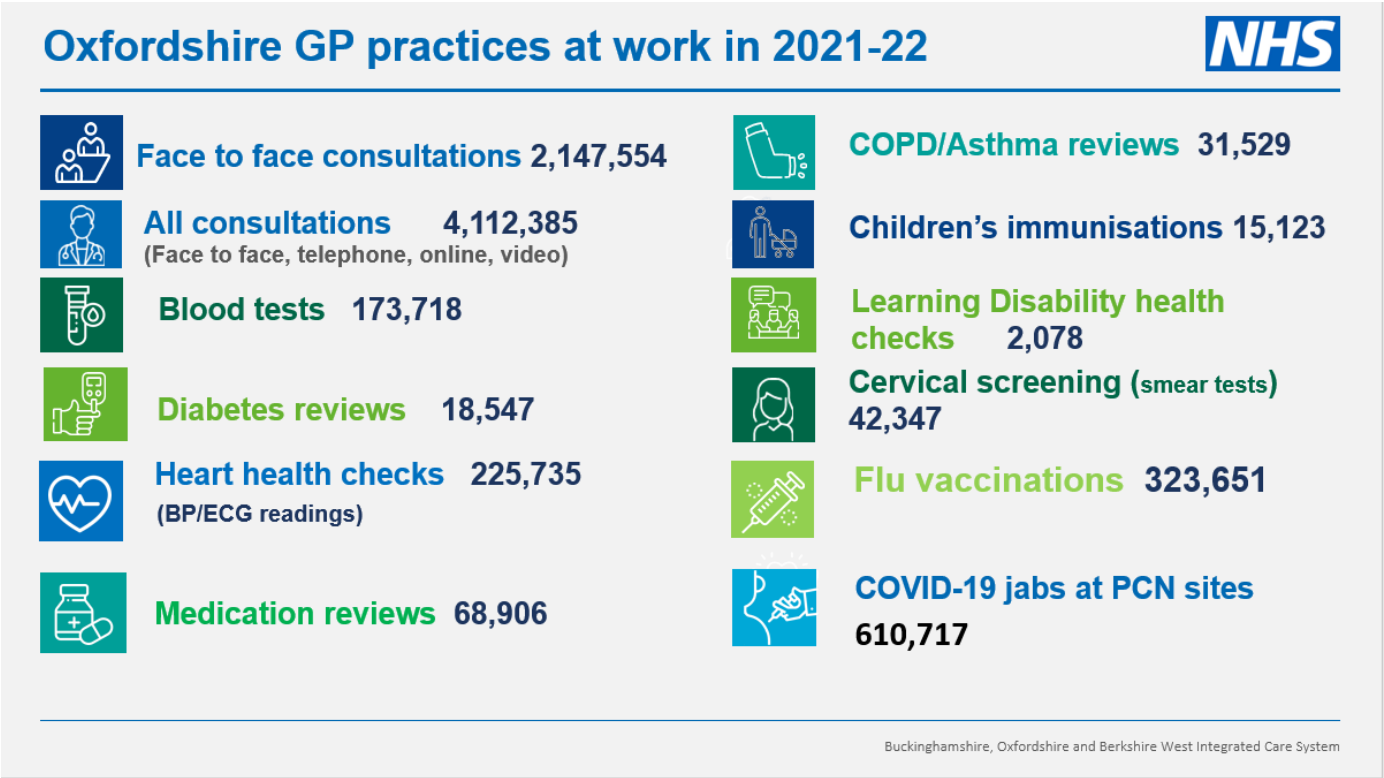
The County of Oxfordshire responded to these challenges with excellent public sector coordination and joined up response and delivery. Statutory organisations worked with community and voluntary sector partners to ensure that the needs of our populations were met in respect of both the pandemic response and ongoing service delivery. There is a legacy of partnership working across Local Authorities, health and care providers and commissioners including our community and voluntary sector partners which we continue to build on.

The reality of the situation is that aspects of work and delivery were prioritised over others and recovery from that prioritisation is not instant. Primary Care and General Practice is no exception to that. Both the Clinical Commissioning Group (CCG) as commissioner and the practices as providers recognise that we need to help patients understand how services have changed and what further changes there are to come.

The use of total triage and increased use of virtual access are two of the most significant changes in general practice. As a clear step to reduce the spread of COVID-19, patients were assessed by a GP over the phone or online first, allowing many people to be offered advice, prescriptions or referral without the need for a face-to-face appointment. For patients with the relevant technology, appointments have been available using video conferencing with healthcare professionals.

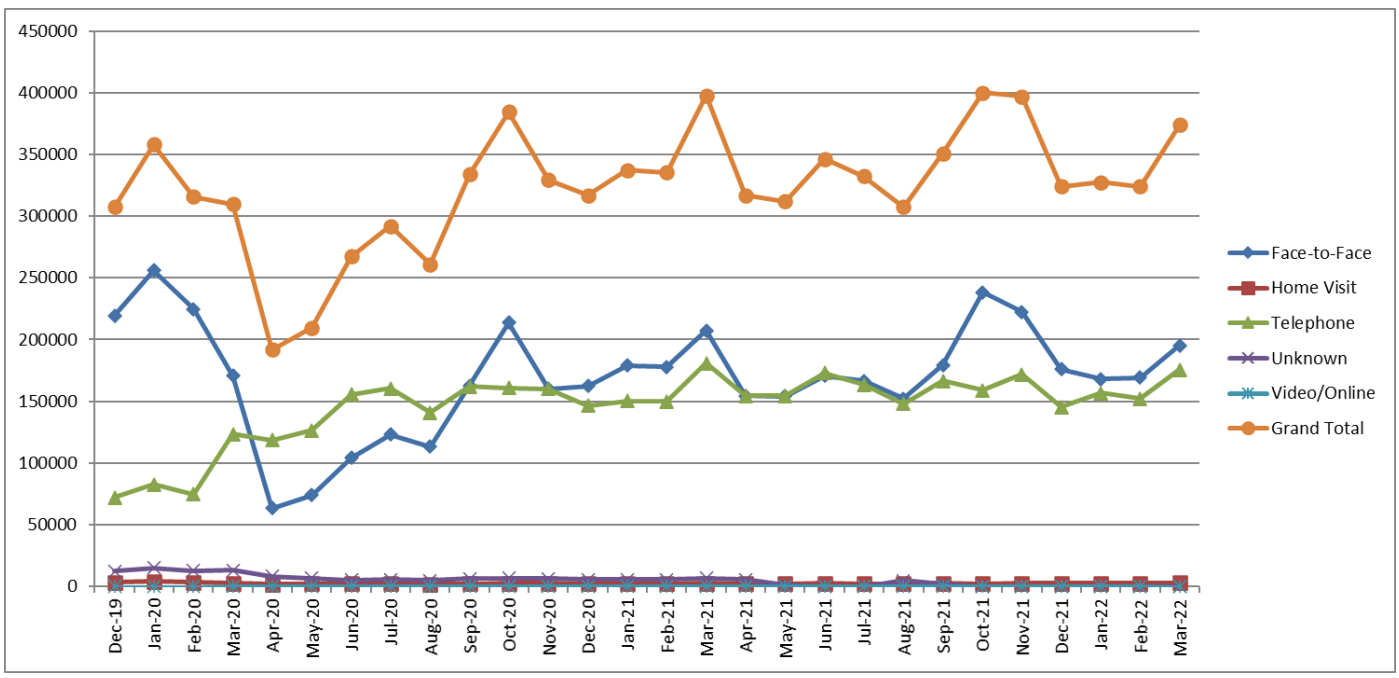
This paper will not repeat the detail of the national policy instruction, as a part of a National Level 4 Incident, to concentrate the delivery of face-to-face services at the height of the pandemic, as this has been discussed in previous meetings. The infection prevention and control aspects of this were reported at the time, and as a part of our restoration and recovery work. These were a key factor in managing the spread the disease amongst patients and health and care staff. This paper sets out that appointments provided by general practice were returned to and have been sustained at pre-pandemic levels since September 2020.

3. General Practice



3.1. Appointment data

Appointments in General Practice are collected and reported nationally each month[1]. The graph below sets out the appointments since December 2019.



Graph 1 General Practice appointments by mode

In Oxfordshire appointment levels returned to pre-pandemic levels in September 2020. This was a key deliverable in the restoration and recovery of services. These levels have been sustained at pre pandemic numbers since that time. The appointment patterns follow the

[1] https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice

seasonal trends seen in previous years and the majority of appointments are delivered face to face.

Primary Care Networks (PCNs) as groups of GP practices played a significant delivery role from the outset of the COVID vaccination programme. This work was commissioned by NHS England directly with the Primary Care Networks, lead providers (Oxford Health NHS FT) and vaccinating Pharmacies. Practices delivered the vaccinations work over and above their core General Medical Services General Practice contracts.

	Total general practice appointments Oxfordshire				
Year	**April - September**	**October - March**	**Full year**	**COVID-19 Vaccination (given by general practice)**	**Grand total**
2019/20	1,913,382	2,031,835	**3,945,217**		**3,945,217**
2020/21	1,556,001	2,100,639	**3,656,640**	281,248	**3,937,888**
2021/22	1,966,244	2,146,141	**4,112,385**	610,717	**4,723,102**

Table 1 Summary of general practice appointments and vaccinations delivered by PCNs

The table above shows the total number of appointments delivered by General Practice. There was a reduction in the number of appointments in the first half of 2020/21, this was during the period of first lock down. Appointment figures returned to pre pandemic levels, and were higher in the second half of that year.

When the figures for the numbers of vaccinations are added to the general practice appointments it is easy to see the significant increase in delivery by general practice.

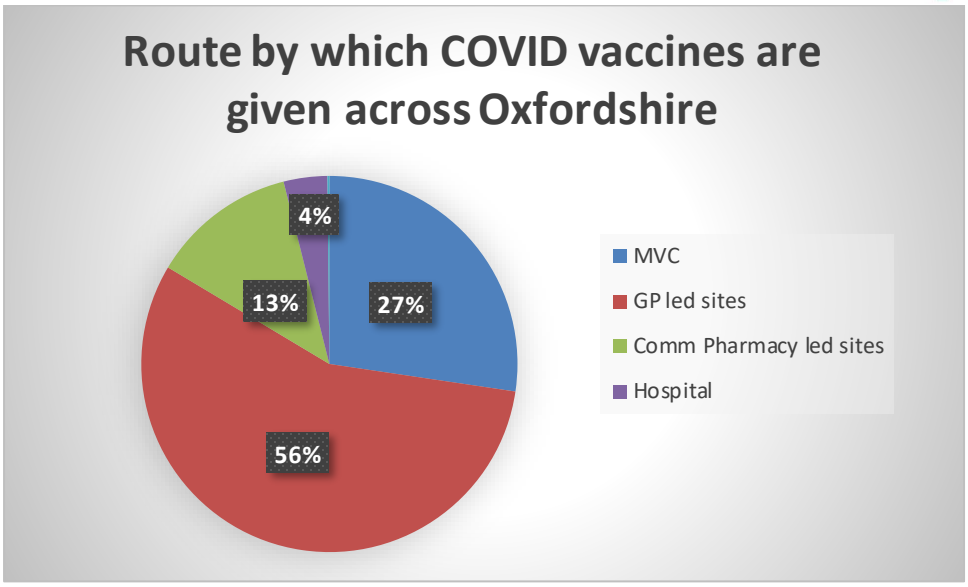
For March 2022 – Oxfordshire provided on average 2.09 appointments per patient compared to 2.07 (national range 1.59 to 3.00) and 2.18 across BOB (Julie - if we have the range for **BOB** then that number has a stronger meaning)

Patient attendance has a significant impact on the ability of general practice to plan and organise work and their workforce. Non attendance at a booked appointments are recorded and monitored.

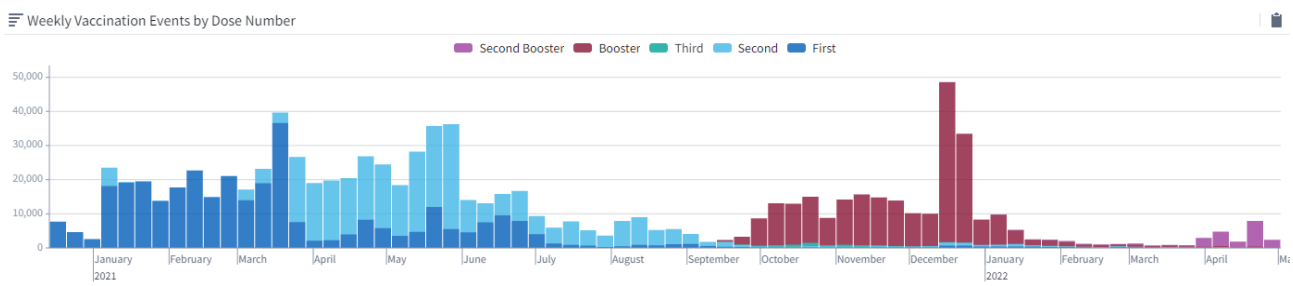
In March 2022 the *Did Not Attend* (DNA) rate was 3.6%
This is more than 13,400 appointments that were missed (BOB range 3.6-4.3% and national range 2.4-7.2%

3.2. Vaccination programme

Oxfordshire General Practice has maintained an active part in the roll out of the COVID Vaccination programme since the first three sites administered their first vaccine in December 2020. To date they have delivered over 910,000 vaccines across 21 general practice led sites (working at PCN level) accounting for more than 56.2% of the total vaccines delivered.

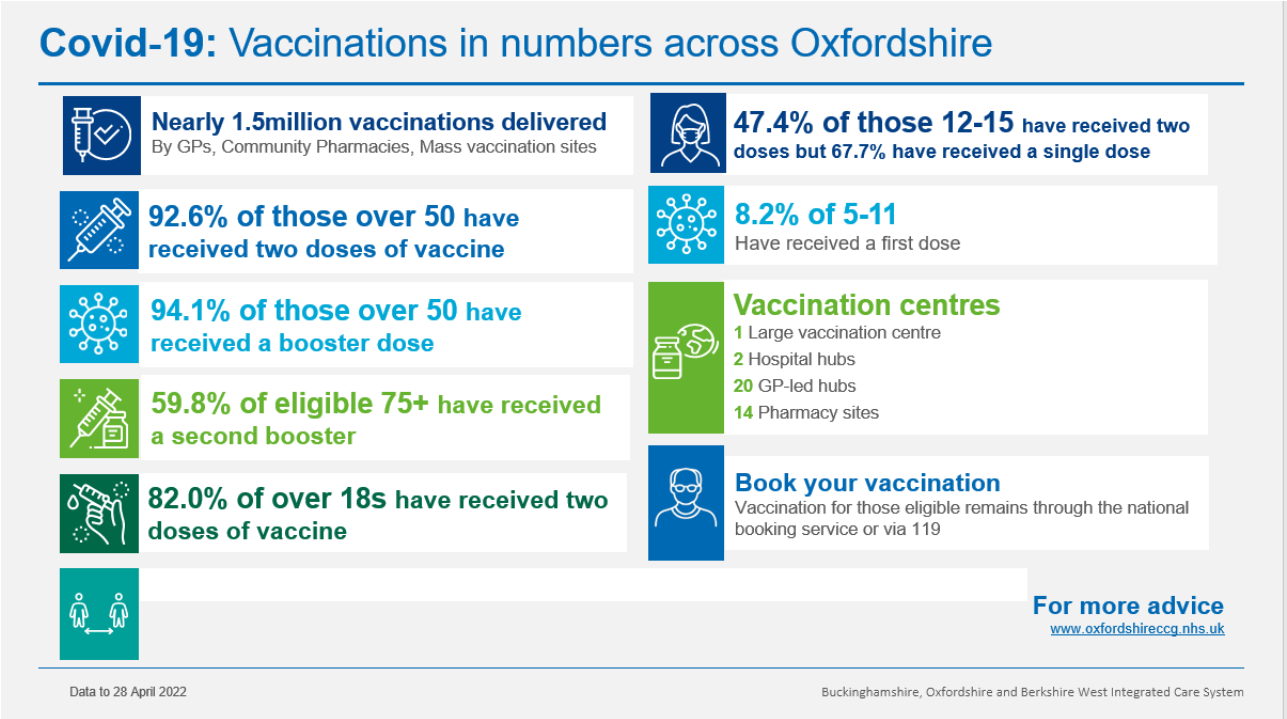


The 21 sites started vaccinating between December 2020 and February 2021 with all general practice sites 'live' by mid-February. Some sites only offered vaccination to their local population whilst others joined the national booking service offering appointments to patients wider than just the practice list. Sites have also been able to be flexible in their provision allowing them to deliver vaccinations to the older population and most vulnerable whilst the more mobile patients attended the mass vaccination sites, pop up sites and community pharmacies. Most impressive was the ability of General Practice sites to rapidly increase capacity during December 2021 during the accelerated roll out of the booster vaccination.



Weekly number of COVID vaccines administered by general practice sites

The provision of vaccines near an individual's home has enabled a very high uptake across Oxfordshire and BOB. In some categories BOB has been at the top of uptake table.



3.3. Winter Access Fund

A programme of work to improving access to general practice over the winter period known as The Winter Access Fund (WAF) was introduced by NHS England in October 2021. The aim was to drive improved access over Winter 2021/22 to primary care by increasing capacity and also increase resilience of the NHS urgent care system. The programme of work ran between November 21 and March 22 and a full qualitative and quantitative evaluation is currently taking place.

Across Oxfordshire schemes included more appointments in general practice and out of hours, additional administration staff, a phlebotomy service, and a collaborative on the day service know as an 'Acute Hub'. The Winter Access Fund provided an opportunity to pilot various schemes at practice and PCN level.

Early data suggests the Oxfordshire schemes delivered at least

- 2,427 additional GP sessions (a morning or afternoon surgery)
- 38,832 additional GP appointments
- 4,874 additional hours provided by other clinicians
- 14,622 additional clinician (non GP) appointments
- 9,413 additional hours of reception staff time

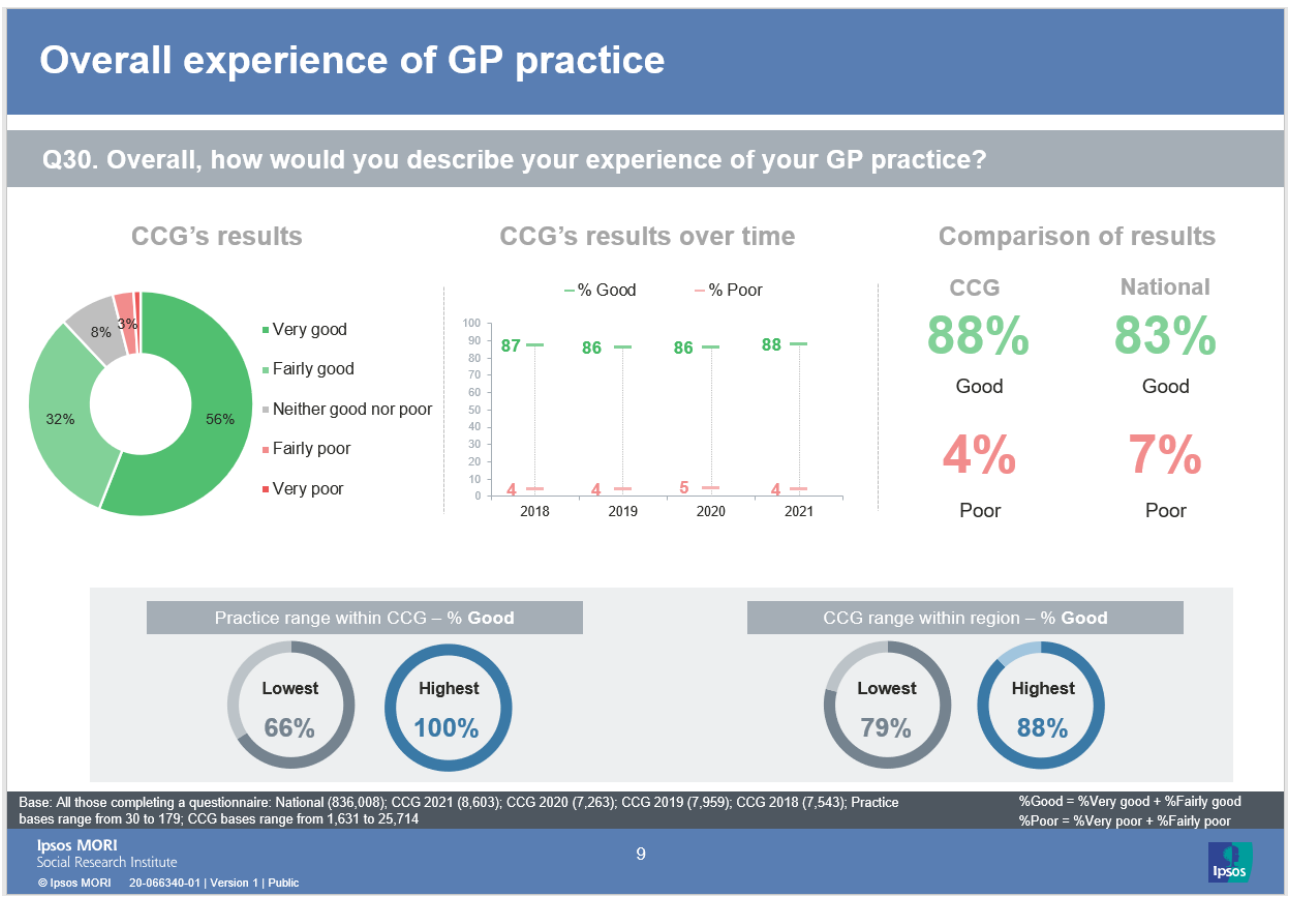
The scheme operated across all of BOB and the funding was specifically to increase capacity and improve access through the height of the winter period. The funding sought to enhance those areas where access had been found to be most challenged. The system has learned a great deal from the experience of investment specific to primary care during the winter period. The evaluation work will include work to inform any future funding should it become available. A key point may be is the lead in and planning time that a response like this takes. The system normally plans for Winter in the Summer but primary care did not have the benefit of a long lead time to use this funding to best effect.

4. Patient Feedback

4.1. Patient Access

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over two million people across the UK. The results show how people feel about their GP practice and information on patients' overall experience of primary care services and their overall experience of accessing these services. The latest survey results were published in July 2021 with data collected from January to March 2021. Oxfordshire CCG results can be found here . Across Oxfordshire 22,566 questionnaires were sent out by Ipsos MORI and 8,718 (39%) were returned completed.

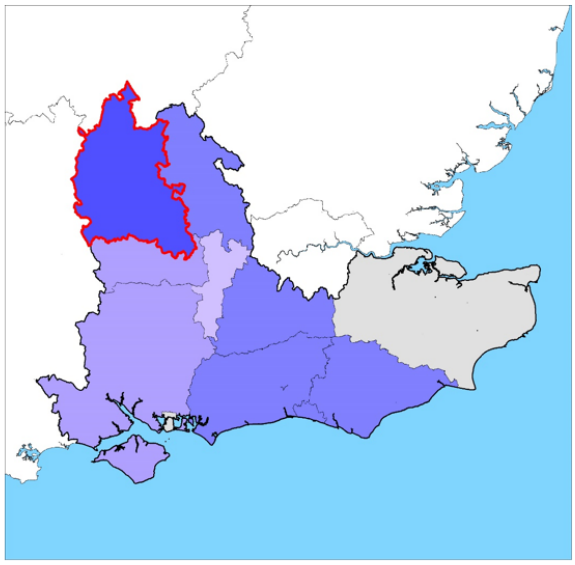
Data showed that 88% of patients surveyed described their experience of GP practice as either good or very good compared to the national average of 83% (and had the best results across the South East). There has also been a small improvement compared to previous years as demonstrated in the slide below. As expected, there is variation across practices and the CCG quality and primary care team continue to work with the five practices that have a result of less than 80%



Overall experience: how the CCG's results compare to other CCGs within the region

Q30. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice
%Good

- 86.0 up to 88.9
- 84.0 up to 86.0
- 82.6 up to 84.0
- 80.1 up to 82.6
- 72.2 up to 80.1

Results range from

79%

to

88%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: CCG bases range from 1,631 to 25,714

%Good = %Very good + %Fairly good

Ipsos MORI
Social Research Institute

10

The CCG is aware that many patients report not being able to get through on the phone to their local practice. This has been made more difficult due to new ways of working including remote consultations and total triage. The CCG is committed to improving access and is working with practices to introduce an advanced telephony system which provides more lines into the practice as well as call back and queuing facilities.

There is a large amount of data presented in an Oxfordshire slide pack and members of HOSC are invited to review the data which can be found here

4.2. Healthwatch report reflections

Oxfordshire CCG is grateful to Healthwatch Oxfordshire for the work that they do to seek patient experiences of various health services. This provides the commissioners with useful feedback enabling changes to services. In March 2022, Healthwatch published a report on patient experiences of contacting GP surgeries in Oxfordshire undertaken between September and November 2021. The full report can be found here

As a result the CCG has

- Invested in an advanced telephony solution to make use of the telephone system more consistent and efficient recognising that patients still want to be able to contact their GPs by phone
- Procured a number of different online options for practices to consider. We will be working with practices over the coming months as they consider the most appropriate online tool for their patients
- Supported practices with additional funding through the NHS England Winter Access Fund to provide more GP and nurse appointments over winter
- A project to promote the NHS app where patients can access their records, book appointments, order repeat prescriptions and view text results

The CCG response to the report can be found here

4.3. Patient Survey on online services

A public engagement was undertaken from 8 November 2021 - 21 November 2021 to inform a procurement process across the Buckinghamshire, Oxfordshire, and Berkshire (BOB) Integrated Care System (ICS). The procurement related to online and video consultation services and text messaging solutions. The purpose was to inform the procurement process, to understand what patients think of the tools and how they help patients to manage their health. Across BOB, 1125 people responded to this survey, with greatest response rate from Oxfordshire.

The key themes raised by Oxfordshire respondents were:

- **Online Consultation** is easy to use, convenient and accessible. People liked that they could see a GP rather than talking on the telephone. They felt that the service was easy and convenient. The service is not widely offered across all practices and for some they felt it does not replace face to face appointments. Screening questions could be improved, and it doesn't save information, so data must be repeated. Online consultation was perceived as being a good tool for quick enquiries or when saving time and convenient for the individual. It was recognised that it also reduces pressure on general practice
- **Video Consultation:** Only 30+ individuals responded about Video Consultation; this suggests that this service has very limited use. There was recognition that the service is useful at reducing face to face appointments during a pandemic or if a patient is too unwell to visit a practice.
- **Text messaging:** It does appear from the responses that most people receive text messages as a means of reminders for appointments. Practices do not appear to be contacting patients by text message for more route healthcare information, such as results or to have a dialogue with the patient. The text messaging service is an outward push notification to patients, rather than a means for consultation or engaging with the patient. People would prefer the option to reply to text messages and have a two-way dialogue with the practice.

Overall, people seemed to prefer the online consultation service for routine appointments, but where complex care or continuity of care is required people still preferred face to face appointments. Text messaging for reminders was perceived as a useful tool. With all three systems, there was recognition that these cannot be used in isolation and that there is still a requirement of face-to-face communication with general practice. It was also recognised that the use of digital technology solutions is not always suitable for all patients.

5. Quality of our practices

All Oxfordshire practices are rated by the Care Quality Commission (CQC) as 'Good' except for four practices who are 'Outstanding' and one which has recently been inspected and as a result improved from Inadequate to 'Requires Improvement'. Ongoing support is being provided to assist the practice in its continuing drive for further improvement.

A BOB primary care quality dashboard can be found here

6. Next steps and look forward

6.1. Enhanced Access

As a part of the 2022/23 Network Contract for Primary Care Networks from 1 October 2022, PCNs will need to deliver Enhanced Access between the hours of 6.30pm and 8pm Monday to Friday and between 9am and 5pm on Saturdays. This will include the delivery of general practices services including planned care appointments such as vaccinations and immunisations, screening, health checks and PCN services which reflect the demand and preferences of the PCN 's patients' population. Working with the commissioners, PCNs will be able to define what they deliver and when.

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MAY 2022

CHAIR'S UPDATE

REPORT BY CLLR JANE HANNA, COMMITTEE CHAIR

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

   a) Note the report;
   b) Agree the actions within.

UPDATES

Thanks from the Chair

2. Can I take this opportunity to thank all the Committee, officers and partners for their participation and commitment this year to advance the Health Scrutiny Committee's work programme.

Visit to Wantage Hospital

3. The 4 May visit has been postponed and at the time of drafting this report, a new date is being circulated amongst the Committee's members.

Update on BOB ICS

4. I share relevant public reports with the Committee here on the ICS / ICB to appraise Members on these developments. It is critical that the Committee understands how the ICS/ICB will operate so to better understand how it will affect the improvement of service delivery across Oxfordshire.

Item-13a-ICS-Development-Programme-Update.pdf (oxfordshireccg.nhs.uk)

Item-13b-ICS-Roadmap-Paper-fs.pdf (oxfordshireccg.nhs.uk)

Developing the BOB ICS Delivery Roadmap Key streams of work (oxfordshireccg.nhs.uk)

Update on BOB HOSC and Appointments from Oxfordshire County Council

5. The November HOSC recommended that the membership of the BOB HOSC align with the Oxfordshire HOSC. Members will be aware that a delegation of existing HOSC members were appointed onto the BOB HOSC at Council in April. Those Members are –

Cllrs Champken-Woods, Leverton, Ley, van Mierlo, Hanna, Edosomwan, Haywood.

6. **Very** early work is underway, led by the Interim Scrutiny Manager, in which to develop principles of common working between local HOSCs, BOB HOSC and the ICB. Once an initial starter for discussion has been arrived at, it will be shared amongst BOB LA partners and the ICB.

Developing the Committee's Work Programme

7. The Committee will be aware that we are nearing the close of the current municipal year and preparations must take place to plan the work programme for the year ahead. The Interim CEO, Stephen Chandler will be meeting with Members shortly to support the facilitation of this. Opportunities to engage with NHS on their priorities for next municipal year will follow. At the Committees informal meeting on 26 April, ideas were further shared on the content of that work programme. Those issues of interest are: -

End of Life Care
Dentistry
Support for Carers / Young Carers (with a probable interface with People OSC Committee)
The Effectiveness of the Musculoskeletal Service
Ensuring health provision / infrastructure in the Planning process
Refresh of Health Scrutiny Protocols

8. **Action** - The Committee request further information from the Interim Scrutiny Manager on these services to ensure the Committee can add value if they are placed onto the work programme.

9. The most recurring theme throughout the last year in respect of access to and recovery of services has been workforce. The committee has been concerned to scrutinise access through engagement on system plans so that there can be reassurance on resilience planning.

10. The Mental Health session in March was a good exemplar of system wide papers that were both substantial and open and the committee has committed to an updater in the year. Primary Care and Maternity are the two substantive items on the agenda for May for which the committee is likely to return to as update items.

11. The Committee did not receive the COVID Recovery Plan at the March meeting. I had a meeting with Stephen Chandler, the Interim CEO in April. He will be meeting with members shortly to support the facilitation of this for the June meeting, to share system priorities ahead of the Committee finalising the rest of year programme in June.

The Committee's Next Meeting – 9 June

12. At this stage, we have an agenda that will focus on the Covid Recovery Plan and Members are likely to receive the first of a new performance report that details system wide recovery and resilience. This report is currently in

development. This will sit alongside a work programme item which will sequence the work to be covered by the Committee over the next municipal year.

High Court Judgement

13. Members should be made aware that a recent High Court judgement ruled that the discharge of untested Covid-19 patients to care homes was unlawful.

Covid: Discharging untested patients to care homes 'unlawful' - BBC News

Action – To note the judgement and to agree any further actions, if necessary.

Minute of an informal meeting of the Committee's Members

14. On 26 April, Cllrs Hanna, along with Co-opted Members Barbara Shaw and Alan Cohen met with Karen Fuller, Interim Corporate Director of Adult Services to discuss the discharge to care related actions within the Committee's action plan.

That note of that meeting is enclosed at **Appendix 1.**

Action - Members note the minute of that meeting.

15. The response to the original work of the Committee is available here.

JHO_NOV2521R08a - Annex B - Response to First 30 days v0.4.pdf (oxfordshire.gov.uk)

Action – That any further actions are agreed by HOSC in light of the above response to the report 'Response to First 30 days'.

16. Progress in the coming weeks will be made in relation to the Infection Control items within the Committee's action plan and in concert with Cllr Paul Barrow the author of the infection control work undertaken in Winter 2021.

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Minutes of an informal meeting of Members of the HOSC in relation to discharge to care homes

9 am on 6 April 2022
Microsoft Teams

Attendees
Cllr Jane Hanna OBE (Chair)
Dr Alan Cohen
Barbara Shaw

Also in attendance:
Karen Fuller, Corporate Director of Adult Social Care
Pippa Corner, Deputy Director of Commissioning
Victoria Baran, Deputy Director of operations, Adult Social Care
Ben Awkal, Scrutiny Officer

Key points

1. The Corporate Director agreed with a statement by the Chair that health and adult social care were facing unprecedented times and added that this had brought some opportunities, such as improving health and social care joint working. There was significant pressure on home care, but provision had increased by approximately 22% since March 2020: circa 21,000 to 26,000 hours per week of support. However, the complexity and intensity of service user needs had increased significantly across the system. Additional funding supplied by Government and administered through the Hospital Discharge Operating Guidance had previously enabled more discharges but ended in April 2022; it has been agreed, working collaboratively with Oxfordshire Clinical Commissioning Group (OCCG), that funding will be extended until the end of May 2022. The adult social care sector nationally has continually raised concerns regarding the withdrawal of this funding, the local system was discussing how to mitigate the impact of this.

2. The Deputy Director of Adult Social Care of operations explained that social care hospital teams had experienced a significant increase in demand with 26% more referrals for support than in the same 6-month period last year. Delayed Transfers of Care are no longer counted as per the Care Act but are now counted according to the numbers of those Medically Optimised for Discharge as per the national guidance on reporting from acute settings. The hospital discharge operating guidance introduced 3 supported discharge pathways:

    - 0 – discharge without need for continuing statutory care support (performance here was described as strong)
    - 1 – discharge to home with some short-term support (this was the pathway where greatest focus was needed to increase use)
    - 2 – discharge to short-term bedded facility such as nursing home or community hospital for further assessment or support (an increase in use had occurred during the latter stages of the pandemic)

- 3 – minority of patients who need long-term care in a bedded facility (high numbers in Oxfordshire likely due to high nursing home population).

In Oxfordshire a key goal is to reduce the number of people going to pathway 2 and 3 and to increase the number of people going directly to their own homes for further assessment support as needed. During the pandemic Oxfordshire as per all other areas did purchase more nursing home beds to support pathway 2, however any data around these should be viewed with caution as throughout homes have rightly had to close due to outbreaks and as such discharge planning may have taken longer than anticipated due to this.

3. The Chair asked about current covid-infection risks and infection control measures in adult social care. The Corporate Director explained that the council had utilised additional Government funding effectively, such as by providing additional oversight of capacity, which enabled the system to address issues proactively. Infection control guidance was very clear and risk assessments could be undertaken, if appropriate in conjunction with Public Health. The system adopted a robust and transparent approach to discharge.

4. Barbara Shaw asked what information the Committee needed regarding discharge in the future. The Chair explained there would be a discussion at a future Committee meeting regarding the data it would like to receive, and they had received a system-wide commitment that would be provided. Barbara noted that there were not as many patients being discharged as previously, and asked who the lead executive with oversight of, and the coordinator for the system partners for, discharge were. The Deputy Director of Adult Social, operations Care explained she oversaw all the adult social care teams dealing with acute and community hospital discharge as the service manager for hospitals, there was a system lead for the reablement pathway (pathway 1), and they formed a group with other system leaders with day-to-day responsibility for management of discharge. The Corporate Director reported into the A&E Delivery Board monthly. Strategic oversight was shared between Oxford Health, OCC, and Oxford University Hospital Foundation Trust, and as system leaders, we meet daily.

5. Barbara asked how more patients could be discharged from hospital to home for assessment of their longer-term care needs when there was insufficient staff to deliver this. The Corporate Director explained that each patient would have a discharge plan, followed by a post-discharge assessment of their continuing needs. Pathways needed to be simplified, staff utilised to maximum effect, and therapies used to reduce duration of hospital stays. The Deputy Director of Commissioning added that when discharged to home, patients often recovered quickly, and their longer-term needs were less than anticipated in hospital.

6. Dr Cohen explained that he had been expecting to be discussing the reporting of information on the timeliness of discharge from hospital, following the recommendations of a report on the discharge of patients to care homes during the first thirty days of the pandemic and what happened beyond. They asked how what and how often attendees thought they should report to the Committee. The Chair added that they had discussed this with the Chief Executive regarding an agenda item for June on discharge to care amongst other performance

information – the member supported the reporting of discharge data with other information, concurring that it should not be viewed in isolation.

7. The Deputy Director of Adult Social Care, Joint Commissioning explained that delayed transfers of care had previously been counted and reported in accordance with detailed government guidance. The hospital discharge policy published at the beginning of the pandemic suspended counting and reporting of delayed transfers of care. It was widely accepted (nationally) that counting and reporting system was not a worthwhile measure of the success of the success of a system and there had been no appetite for its reintroduction. A new dashboard of metrics for the Better Care Fund is expected from the Department for Health and Social Care in June, but it was anticipated that this would exclude delayed transfers of care and focus on measures which provided a good insight into system performance. The dashboard was in the public domain and could be utilised by the Committee, it currently included non-elective admissions and reablement after 91 days of discharge. They cautioned that the Committee should contextualise data to properly understand it.

8. Barbara Shaw asked whether quarterly or monthly discharge data could be reported to the Committee to enable the observation of trends across pathways. The Deputy Director of Commissioning confirmed that data was counted daily and subsequently validated. The Corporate Director suggested they report back with activities undertaken by the health and care system around discharge and outcomes for service users.

9. The Committee asked whether staffing data, including vacancies, could be reported as the success of the system is contingent on front-line staff. The Corporate Director explained it was challenging to collate data across the system, although possible for individual organisations and suggested the Committee focus on the joint workforce strategy.

10. Dr Cohen welcomed the commitment to provide data to the Committee, noting the importance, and challenge, of understanding its connection with the community strategy. They asked what else the group could do to help the Committee's more effectively scrutinise issues in addition to the submission of performance information and explanations of related activities. The Corporate Director suggested that the Committee not focus on delays which are no longer counted as previously, that the Committee should consider working to understand the health and care system in totality and avoid viewing particular issues and strategies in isolation, particularly in the context of the development of the integrated care system, and that the Committee enquire into how the council's activities in the place arena are influencing the integrated care system.

11. The Chair asked what metrics might be available to understand the experiences of carers and families during the ongoing changes and asked whether 'legal letters' were used in Oxfordshire in 2022 to prompt patients to be discharged from hospital to do so. The Corporate Director said such letters had not been, but sometimes the Service invoked the Patient Choice Protocol when service users were refusing discharge and sometimes experienced legal challenges.

12. Barbara Shaw added that it would be helpful to receive data on readmissions to hospital due to care arrangements not meeting needs. The Deputy Director of Adult Social Care operations explained the Service already provide data around 91 days post reablement but noted that it was important to interpret readmission rates carefully as some patients would face higher risks of readmission due to risk factors such as comorbidities or choosing to be discharged early; and suggested it may be better to review the work being undertaken to prevent admissions in the first place – Barbara suggested the Committee enquire into this.

13. The Corporate Director added that the system needed to improve at capturing service user experience to provide assurance and was trialling collecting such feedback and noted that the People Overview and Scrutiny Committee had taken an item on the carers service, which had been improved and analysed due to poor feedback. They wished to align reporting into various bodies to avoid duplication and suggested the way forward would be for the Service to report to the Health Overview and Scrutiny Committee on the system's activities re discharge and admissions and key performance information discussed during the meeting. The Chair agreed, adding inspection readiness.

Next steps

14. The Chair was to update the other Committee members in attendance on her proposals for future scrutiny of the matters discussed at the meeting upon receipt of the minutes from the Scrutiny Officer.

Meeting closed at 10.14 am