Notice of Meeting Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 14 July 2022 at 3.00 pm

Council Chamber - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

If you wish to view proceedings online, please click on this Live Stream Link.

In line with current Government advice, those attending the meeting are asked to consider wearing a face-covering.

Membership

Chair - Councillor Jane Hanna OBE
Deputy Chair - District Councillor Paul Barrow

Councillors:	Nigel Champken-Woods	Damian Haywood	Dr Nathan Ley
	Imade Edosomwan	Nick Leverton	Freddie van Mierlo
District Councillors:	Jabu Nala-Hartley	Jason Slaymaker	
	Elizabeth Poskitt	David Turner	
Co-optees:	Jean Bradlow	Dr Alan Cohen	Barbara Shaw

Notes: ***Date of next meeting:*** *22 September 2022*

For more information about this Committee please contact:

Chair - Councillor Jane Hanna OBE
Email: jane.hanna@oxfordshire.gov.uk

Committee Officer - *Colm Ó Caomhánaigh, Tel 07393 001096*
Email: colm.ocaomhanaigh@oxfordshire.gov.uk

Stephen Chandler
Interim Chief Executive

July 2022

What does this Committee review or scrutinise?

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

How can I have my say?

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

About the Oxfordshire Joint Health Overview & Scrutiny Committee

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

About Health Scrutiny

Health Scrutiny is about:

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

Health Scrutiny is NOT about:

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

What does this Committee do?

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

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

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

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

3. Minutes (Pages 1 - 12)

To approve the minutes of the meeting held on 9 June 2022 (**JHO3**) and to receive information arising from them.

4. Speaking to or Petitioning the Committee

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

Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate 'hybrid' meetings we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. 9 am on Friday 8 June 2022. Requests to speak should be sent to colm.ocaomhanaigh@oxfordshire.gov.uk .

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

5. Oxfordshire Integrated Improvement Programme (Pages 13 - 46)

3.10pm

Ben Riley, Managing Director for Oxfordshire Health, and Helen Shute, Programme Director, Oxfordshire Community Services, Oxford Health will be presenting a report on the Oxfordshire Integrated Improvement Programme. The Committee is asked to consider the report and agree any recommendations it wishes to make in response.

6. ICB Response to OJHOSC letter on Consultation and Engagement (To Follow)

3.50pm

Catherine Mountford, Director of Governance at Buckinghamshire, Oxfordshire and Berkshire West ICB, and Amanda Lyons, Interim Director of Strategy and Partnerships, will present a response to the letter submitted by HOSC in relation to issues of consultation and engagement. The Committee is asked to note the response and agree any action it wishes to take arising from the response.

7. ICB Development (Pages 47 - 70)

4.05pm

Catherine Mountford, Director of Governance at Buckinghamshire, Oxfordshire and Berkshire West ICB, and Amanda Lyons, Interim Director of Strategy and Partnerships, will introduce a presentation on forthcoming development of the ICB. The Committee is asked to note the presentation and agree any actions it wishes to take in response.

8. ICB - Oxfordshire Place Developments (To Follow)

4.35pm

Catherine Mountford, Director of Governance at Buckinghamshire, Oxfordshire and Berkshire West ICB, and Amanda Lyons, Interim Director of Strategy and Partnerships, will introduce a presentation on the activity to date to establish the Oxfordshire Place within the ICB, and the future road map for further development. The Committee is asked to note the presentation and agree and actions it wishes to take in response.

9. Healthwatch Oxfordshire Annual Impact Report 2021/22 (Pages 71 - 102)

4.50pm

Rosalind Pearce, Executive Director of Healthwatch Oxfordshire, will present the Healthwatch Oxfordshire Annual Impact Report 2021/22. The Committee is asked to note the report.

10. Muscular Skeletal Services Update (Verbal Report)

5.00pm

To receive a verbal update on the outcome of the meeting held on 11th July relating to the changes to Muscular Skeletal Services. The Committee is asked to note the update and agree any further action it wishes to take in response.

11. Work Programme (Pages 103 - 112)

5.05pm

To review and agree the Committee's work programme for the remainder of the 2022/23 municipal year.

12. Actions and Recommendations Tracker (Pages 113 - 120)

5.10pm

To review progress against the Committee's agreed actions and recommendations. The Committee is asked to note progress made and agree any actions arising.

13. Chair's Report (Pages 121 - 140)

5.25pm

Cllr Hanna will introduce her Chair's report. The Committee is asked to note it, having raised any questions relating to its content.

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or email democracy@oxfordshire.gov.uk for a hard copy of the document.

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

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

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair
	Councillor Nigel Champken-Woods Councillor Imade Edosomwan Councillor Damian Haywood Councillor Dr Nathan Ley District Councillor Paul Barrow District Councillor Elizabeth Poskitt District Councillor Jo Robb (In place of District Councillor David Turner)
Co-opted Members:	Jean Bradlow Dr Alan Cohen Barbara Shaw

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting together with addenda and agreed as set out below. Copies of the agenda, addenda and reports are attached to the signed Minutes.

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

(Agenda No. 1)

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

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

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

(Agenda No. 2)

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

24/22 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 3)

The following Committee Members had sent their apologies:

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

25/22 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 4)

The following non-pecuniary interests were declared:

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

26/22 MINUTES
(Agenda No. 5)

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

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

27/22 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 6)

The Chair informed the meeting that there was one speaker (Julie Mabberley) who would address the Committee on agenda items 8 & 10. The Chair said that she would propose that item 8 on the agenda (BOB ICB Strategy for engaging the communities and the public) be withdrawn from the agenda of this meeting (reasons to follow) yet she would let Julie Mabberley read out her statement related to that matter.

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

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

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

28/22 OXFORD UNIVERSITY HOSPITAL NHS FT QUALITY ACCOUNT

(Agenda No. 7)

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

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

Following a presentation from Dr Brent these points were highlighted:

- Trust's Quality Priorities were developed with stakeholder input from across the whole organisation and its divisions, and then approved by the Trust's Medical Executive and the Trust's Board. The Quality Priorities were seen as a vehicle for getting traction on particular issues, and for other issues there was a separate workstream put in place.
- The Trust would use national framework when investigating any incidents in terms of the harm and the levels of harm. At its most basic, the clinicians would review and report if they believed there was a case of harm in patients.
- In terms of Quality Priorities, under Medication Safety / Insulin and Opiates – this priority was different from last year when Insulin and Anticoagulants were listed. The rationale for changing from anticoagulants to opiates was that many of previous priorities had become business as usual with strong governance process in place to oversee the delivery.
- The Committee expressed their concern that despite clear description of priorities in the presentation, there was no information about outcomes of the priorities that were set last year and what improvements had been put in place as a result. Dr Brent responded that outcomes of the priorities were available, yet it may not be a public document, and that would be something he could discuss with his colleagues for future reports.
- The Trust has to report nationally on C.difficile and MRSA pathogens in line with set national targets. This was seen as business as usual for the organisation and therefore not set as a priority. In terms of antimicrobial stewardship – the Trust

was an example nationally on its conservative position in terms of broader spectrum of antibiotics being used only when they were needed.

- Dr Brent explained to the Committee that the Trust had used NHS England and NHS Improvement major improvement programme called GIRFT (getting it right first time) which would use hospital data to benchmark across the country, and that data would then be used for action plans.
- The Committee felt that future Quality Priorities reports from the Trust and other partners should be standardised considering suggested improvements by the Committee.

It was RESOLVED that the Committee:

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

29/22 BOB ICB STRATEGY FOR ENGAGING THE COMMUNITIES AND THE PUBLIC

(Agenda No. 8)

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

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

30/22 OXFORD HEALTH NHS FT QUALITY ACCOUNT

(Agenda No. 9)

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

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

Following a presentation from Jane Kershaw these points were highlighted:

- Sexual safety for staff and patients within Mental Health wards was part of the national quality improvement collaborative which was paused due to pandemic and other reasons in order to prioritise restricted practice.
- Some Members of the Committee expressed their concern that some outcomes, such as physical health of people with mental illness and the Trust's measure of

success were seen as ticking a box rather than delivering improved outcomes. The Chair suggested that the Committee would like to work with the Trust's work programme in terms of the physical health of people with mental illness.

- The Committee welcomed the glossary at the end of the report and suggested that all partners should follow the same practice when presenting their reports to the Committee and to the public.
- The Trust had been successful in staff recruitment, retention and use of agency staff yet there was shortage of staff in some professional groups. The Trust was successful in international recruitment of nurses and podiatrists (90 people recruited out of which 45-50 people started working in services). There was an ongoing campaign to recruit more homegrown and international staff, and new staff had been given right training and support. However, there were still a number of problems in particular services due to staff shortages.
- Integrated Care Partnership (ICP) was a forum where all NHS providers and commissioners meet and exchange information around future objectives as well as ongoing pressures such as district nursing staffing, care planning, continuity of care, service to improve patient records system, etc.

It was RESOLVED that the Committee:

a) Noted a presentation from Jane Kershaw on the Quality Accounts (QAs) of both NHS Foundation Trusts.

b) Agreed to provide comments on the accounts, to specifically include progress against the Quality Objectives for 2021/22 and their identified objectives for 2022/23.

c) Agree to delegate to the Interim Scrutiny Manager the task of compiling the Committee's comments on the Quality Accounts in the form of a letter and to authorise the Chair to sign the letter to Oxford Health NHS Foundation Trust on behalf of the Oxfordshire Joint Health Overview and Scrutiny Committee for incorporation into the 2021/22 Quality Accounts.

31/22 WORK PROGRAMME

(Agenda No. 10)

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

These points were highlighted by the Committee during the debate:

- Helen Mitchell reminded the Committee that Scrutiny was a Member-led function within the Council and as such it was for the Committee to determine its work programme. Members of the Committee should take responsibility for both drawing up and managing their own work programme. The work programme was a dynamic document that was a subject to change and Members could add, subtract, and defer items as necessary.
- The Chair outlined that she would meet with Interim Chief Executive to discuss on resources to deliver the programme.

- Some Members felt that Primary Care update could be brought forward considering that a lot of concerns had been raised at the last meeting.
- In terms of the Primary Care update – the Committee expressed their concerns at the last meeting and going forward on this matter there may be a workshop in September
- The Chair informed the Committee that she had not lost sight of 'Covid recovery' and 'Community Services Strategy' items. The Chair reminded the Committee that concerns were raised by Members at March meeting in terms the lack of information and wider public, partners and community groups engagement (in particular for 'Community Services Strategy') on these issues, and for those reasons dates for above items were yet to be allocated.
- Members of the Committee were invited to engage in items on the work programme and therefore minimise pressure on scrutiny officers and internal/external officers. Such engagement could be in a way of visiting sites, discussions with public, partners and community groups, performing a research, etc.
- The Chair welcomed a proposal from the Committee to add 'Smoke Free Strategy' to the Work Programme. The Chair suggested that this item could be consider at September meeting of the Committee.
- The Committee debated next steps in terms of the Sub/Working Group work as well as progress with Briefings for Member Information. The Chair said that progress on these would depend on Member engagement and their time to participate in workshops, officers and partners availability and the timing of events relevant the nature of particular issues (i.e. development of ICB Strategy, details around section 106 agreement within housing developments and primary care neds, and similar).

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

32/22 EMOTIONAL WELLBEING OF CHILDREN

(Agenda No. 11)

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

These points were highlighted during the debate:

- Members of the Committee welcomed collaborative work between Children Services and Public Health Team, including engagement of wider stakeholders' groups, to conduct a strong evidence-based approach in creating a list of suggestions for young people, and their parents, and ask them for a feedback both positive and negative, and highlight any areas for improvement.
- A single point of access would not be restricted just for CAMHS; it would be a wider single point of access across Children Services. This single point of access would be available to a range of services and not be limited just for mental health services.

- Children Services would anticipate that extended elements of basic Mental Health First Aid training would be part of the core curriculum for all school staff and support services which go into school in order to offer support to children no matter what setting they were working in.
- In terms of anonymous online platforms that children and young people had asked for - this was an ongoing work in progress which had been discussed with health partners and which would require looking at further opportunities for funding this type of service.
- Transition was very important and children and young people felt there was a need for the 16-25 transition service; however, not many young people knew about it and they have felt this was not very well promoted. For instance, a young person who had recently turned 18 was not eligible for adult mental health services yet in a need for this service. There was a need to continue to fund and promote to ensure all those being discharged from CAMHS were offered this service if they had an ongoing mental health condition.
- There was also a need to recognise a transition from primary to secondary school, and help children adjust to new environment and new ways of schooling, such as moving from class to class instead of staying in one class throughout school hours.
- The Committee felt that, following the pandemic, an increased number of children and young people needed support with their emotional wellbeing. The Committee supported an initiative to seek more funding for necessary resources. Services and support should be evidence-based, adapted to be welcoming and appropriate to support a wide range of needs, including children and young people who were neuro divergent. Language and terminology could be important part when trying to reduce stigma and increase engagement (i.e. use terms like ‘wellbeing’ over ‘mental health’.
- The Committee welcomed the timeline of the key milestones for finalising the strategy and action plan and requested progress update report for September 2023.
- The Chair summed up the debate by saying that transitions were crucial for at risk children, and they way how those transitions were implemented was vital in terms of working with parents/carers of the children at risk. The Chair also stressed the importance of systemic approach in terms of access to good support for children and their parents/carers which would de-stigmatise the whole notion of mental health stigma. The Chair, on behalf of the Committee, pleaded for more resources for the programme to help vulnerable children in terms of their emotional wellbeing, and in reaching out to champions of good practice within the area.

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

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

33/22 OVERVIEW OF INTEGRATED CARE PROGRAMME

(Agenda No. 12)

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

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

These points were highlighted during the debate:

- 93.3% of social care in the County has been rated good or outstanding as of 3rd May this year, which was encouraging. Nevertheless, there were huge challenges coming ahead, if they were not properly funded, with a whole host of new statutory responsibilities because of the new care reforms that had come forward.
- Habits of the population had changed massively in the way how they want to access healthcare which put a pressure on ambulance services. All of the providers were committed in joint working to provide exemplary healthcare to the population, such as new clinical modules, new booking and referral standard for patient's care, partnership working for developing new and innovative service with collaborative working not just with health providers and commissioners but also with voluntary sector.
- Digital system was one of the challenges that the partnership would be looking to improve. For example, a 999 call would be received by one service/team which would not necessarily be shared with other primary and secondary care providers (such as GPs, etc). There was an ongoing work to merge these systems into a single portal.
- The biggest part of the programme would be focused on prevention and assessing people at their homes in order to reduce the length of time patients spend in bed.
- On a point of how this would link with Community Strategy – a lot of what has been presented and discussed today was part of the Community Strategy as the Strategy was much bigger and would be presented at one of the future Committee meetings. The conversation held today was about the partnership working and proposed pilots for better provision of healthcare.
- More detailed data in terms of patients' feedback would be available by the end of the year (6 monthly data).
- Pathway 1 where patients require additional support to return home; Oxfordshire have performed below the national average due to challenges with workforce pressures which have resulted in pick up rate from bed-based care below expected levels.
- There would be an additional funding that we would be given to GPs in order to coordinate the communication between secondary care and the GPs.
- In terms of carers in a need of urgent care at the hospital – instead of taking person who has been cared for to the hospital because their carer had fallen, a

dedicated team would stay at home with a person needing care (i.e. dementia patient).
- Profile of the patients walking through the urgent care such as where they were coming from or level of care that they needed had not been presented in the report.
- The data which would describe what difference this programme would make to patients would be available in November.
- In terms of staff engagement on this programme – all of the staff had been engaged and encouraged to provide their feedback. Some

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

34/22 HEALTHWATCH REPORT

(Agenda No. 13)

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

These points were highlighted during the debate:

- Healthwatch have asked for formation of focus group to deal with children from minority groups.
- The Committee congratulated Healthwatch on the work done in the last 12 months.
- The Committee welcomed the reports that had been produced by the Healthwatch and asked that future Healthwatch Report should have website links to those reports.
- Healthwatch was keen to see much broader development of user service groups.
- Six months after Healthwatch report with recommendations was published, Healthwatch would go back to organisation to which the recommendations were direct to for an update. In case of not receiving an update in the first six months, Healthwatch would give another six months to organisation to provide an update.
- The Committee thanked Healthwatch for their part in Women's Views on maternity services.

It was RESOLVED to note the report.

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

(Agenda No. 14)

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

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

It was RESOLVED to:

a) Agree to renew Mrs Barbara Shaw's term for a further 2 years (from the point in which her initial term expired) concluding in April 2023.
b) Note that Dr Alan Cohen will have served two maximum terms and will therefore leave the Committee in August 2022.
c) Place on record the Committee's thanks to Dr Cohen for his dedication and contributions to this Committee.
d) Agree to undertake a recruitment exercise to fill the vacancy with a view to ensuring that the co-opted member is present at HOSC on 22 September.
e) Consider the composition of its co-opted member cohort and assures itself that it reflects the needs of the Committee, its work programme and the diversity of the people of Oxfordshire.

36/22 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 15)

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

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

Cllr Barrow read out the following statement:

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

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

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

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

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

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

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

The Chair thanked Ansaf Azhar for that information.

The Chair drew Members' attention to the letter that she would want to send to Cllr Bearder and the Board Secretaries of the ICB, OH and OUH to follow up formally against the backdrop of the high court judgement in respect of discharges to care homes.

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

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

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

(Agenda No. 16)

The Chair invited Helen Mitchell to introduce the report.

These points were highlighted during the debate:

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

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

38/22 OJHOSC ANNUAL REPORT
(Agenda No. 17)

The report was introduced and agreed upon without discussion.

It was RESOLVED to approve the Annual Report.

..... in the Chair

Date of signing .....

Oxfordshire Integrated Improvement Programme
HOSC 14th July 2022

Programme Directors	Helen Shute, Programme Director, Oxfordshire Community Services
	Lily O'Connor, Oxfordshire Director for Urgent Care
System Executives / Senior Responsible Officers	Sam Foster, Chief Nurse, Oxford University Hospitals FT
	Dr Ben Riley, Executive Managing Director, Oxford Health FT
	Karen Fuller, Interim Corporate Director of Adult Social Care, OCC
	Matt Powls, Executive Place Director, BOB ICS

Contents

Executive Summary

- Since the last time the Community Services Strategy was presented to HOSC in March, considerable work has been undertaken to develop the strategy to improve the health, wellbeing and independence of Oxfordshire residents and to optimise the use of our community-based workforce, buildings and resources. Throughout the development of the Programme we are presenting today, we continue to reference the eleven principles that were developed through public engagement last autumn and ratified by the Board at its December 2021 meeting.

- This report outlines the progress made on the programme of work to deliver these objectives and principles. Recognising the overlaps and synergies that existed across multiple community-based projects and services, the system partners have agreed to bring together the Community Services Strategy work and Urgent and Emergency Care work into a single Integrated Improvement Programme for Oxfordshire. This report details the programme's priorities and scope, governance arrangements and sets out the next steps for delivery.

- The need for transformation in both Community Services and Urgent and Emergency Care is widely accepted and much work is already underway to develop and deliver this, based on local and national priorities. As teams across Oxfordshire have come together over the course of the last 18 months, it has become increasingly clear:

    - That the scale of transformation we need, across the spectrum of health and social care providers, requires a single, dedicated Programme Management Office at place level to act as 'air traffic control' and support the successful delivery of a diverse yet interconnected set of transformative programmes
    - That the historical separation of 'Routine Community Care', 'Urgent and Emergency Care' and 'Preventive Care' is artificial and increasingly unhelpful, especially when we consider them through the eyes of the local population, and that we need to consider their development and integration in the round to achieve the best outcomes for our citizens, our workforce and from our resources. This is key to deliver the principles the public strongly support to improve the experience of care, provide more joined-up services, and to deliver more resilient care closer to home.

Following detailed consideration and design, a new, integrated strategy, the Integrated Improvement Programme, has been developed with key strategic priorities, priority programmes and a focused set of projects for the coming 12-18 months. More detailed work is now underway to map existing workstreams and resources into the programme.

In future, our Community Services and Urgent and Emergency Care priorities will be reported through the lens of the Integrated Improvement Programme (IIP).

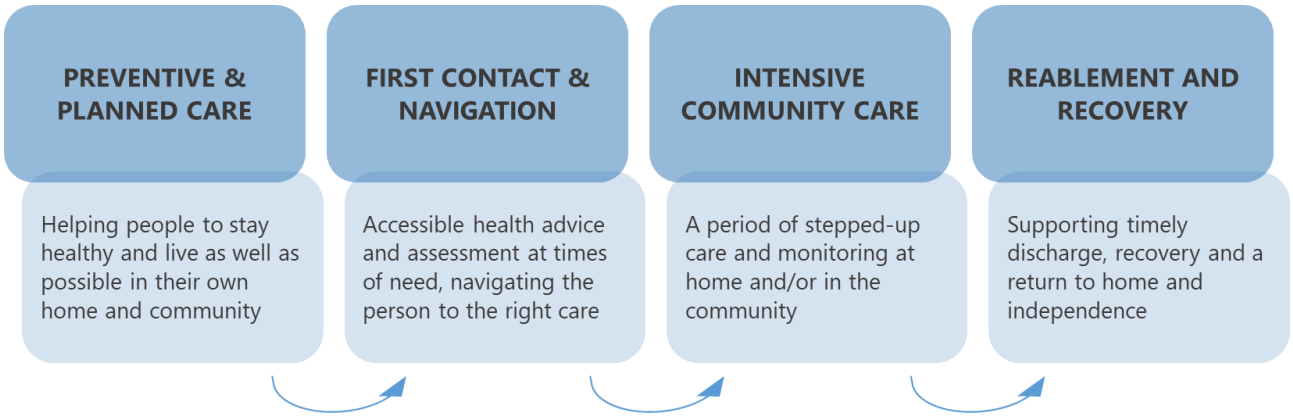
Defining the Services and Activities in scope

It is important that, as system partners, we have a common understanding of the scope and purpose of the Community Services and Urgent & Emergency Care (UEC) pathways. When we talk about the scope of work of the Integrated Improvement Programme, we are considering a range of health, social care and voluntary sector services across Oxfordshire, which include:

- Services that deliver preventative and proactive care and support in home and community settings, which aim collectively to maintain health and wellbeing, optimise the management of long-term health conditions and prolong independent living

- Urgent care delivered in homes and community settings that reduces the need for ED attendance and ambulance conveyance, including (not exhaustively) urgent 'first contact' assessment and triage 24 hours a day for people experiencing a health or care crisis; this includes urgent assessment and responses (health and social care), ambulatory care, minor illness and injuries, virtual wards and hospital at home services
- The services we traditionally associate with the care of older people in the community, such as district nursing and therapy, care home support, community hospital care and care during the last phase of life

These services can be illustrated as:



In addition to the services, we also need to include the supporting infrastructure in our scope and definition:

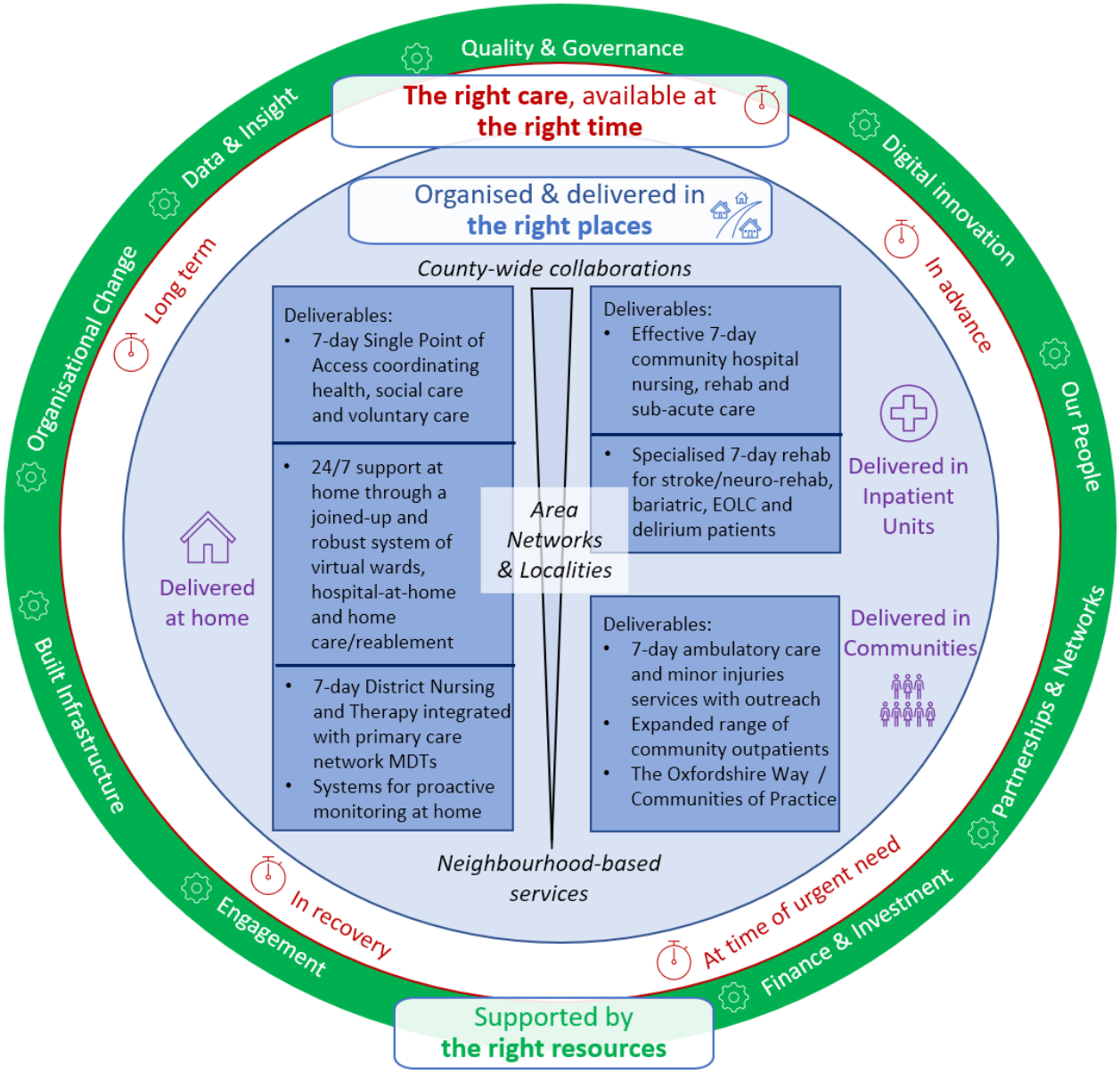
- The integrated leadership, management, coordination and enabling resources and infrastructure for all these services, in order to deliver a more effective, personalised and joined-up experience of care for residents and families.

Although many of these services cater predominantly for older people, including those with frailty or multiple health conditions, primary care and many community-based urgent care services take a population-based approach and provide care for people of all ages, including children and young people.

Our Strategic Priorities

Although our ambition for Oxfordshire is broad, it can be distilled into four high level, essential strategic themes:

The right care, at the right time, in the right places, supported by the right resources



A. The Right Care at the Right Time – 'keeping people safe at home'

- We need to work in a more integrated way to deliver care interventions which are more efficient and effective. This means thinking more clearly in service design about the benefits of the interventions our services provide and what current evidence and technology enables us to do and not do - as well as the enablers (processes, structures) they require
- We need to develop our skill mix and working practices to ensure that our workforce has the skills and experience required to deliver evidence-based care interventions at the point of need, reducing delays or the need for ED attendance or onward referral
- We need to focus on delivering interventions that lead to measurable improvements in outcomes not process-based numbers
- We need to provide more proactive and preventative care 'upstream', shifting focus and resources into this area to delay and reduce health crises for patients and improve system sustainability
- We need to find ways to reduce time spent in bed-based rehabilitation pathways to improve independence.

What this programme will involve:

- This programme focuses on the design, modelling and implementation of more integrated, joined up and cost-effective professional and clinical care pathways delivering improved health outcomes relevant to UEC and community care. It considers this aspect of service transformation through the lens of *when* patients need support:
    1. In Advance
        - Preventive and planned care pathway (including the Oxfordshire Way, health improvement and wellbeing, social prescribing, long-term condition care, proactive care for complex patients, and voluntary sector support)
    2. At Times of Need
        - First contact and navigation - including initial assessment, triage and signposting through 111, single point of access, OOH GP services, Urgent Care Centres, minor injuries units, triggering a coordinated response
        - Intensive community support – provision of a coordinated and effective response in the community, including acute Virtual Wards, integrated hospital at home services, ambulatory care units, urgent community response, End-of-Life care (e.g. RIPEL)
    3. During Recovery
        - Community rehabilitation and recovery pathway (including community inpatient and bed-based care, home reablement and 7-day-a-week rehabilitation). Patients who require support to return home either with reablement or long-term care are discharged on Pathway 1. Pathway 2 is for those requiring 'stepdown' bed-based rehabilitation.

- We are bringing all three of the above workstreams under a single programme due to their interdependency; better preventative care will reduce health crises and the corresponding demand. Better deployment will support this shift to proactive and preventative care.
- A reduction of lengths of hospital stay across pathway 1 (reablement at home) or pathway 2 (bed-based rehabilitation) will result in greater capacity to reduce the number of people ready to leave bed-based care who are either in acute or rehabilitation beds.
- This programme of work starts with a population-based approach to prevention and self-care, to target support for people with long term physical and mental health conditions and finally supporting people with complex care requirements and/or at higher risk of deterioration. While services for older people will naturally be favoured through this approach, the services and the proposals will apply across adult services
- The local Multidisciplinary team can access the available population-based data to identify the people who would benefit from an initial intensive assessment followed by interventions to promote wellbeing and improved independence.

- The new integrated pathway includes same day emergency care, short term and anticipatory care planning for the local population, including those in care homes. It is based on the development of teams across primary care, community nursing, specialist nursing, social care, therapists, pharmacists, RIPEL (EOL), and access to acute specialists, all working as an MDT to support Primary Care Network populations.
- A central transfer of care team will also be developed where patient transfers are coordinated to increase the number of people returning home who require either no ongoing care or a discharge to assess pathway home. A focused approach to discharge to assess at home will start with the general medical and trauma wards at the JR and HGH sites. This will continue to be developed across all beds bases in Oxfordshire.
- The combined digital and physical Single Point of Access (SPA) is a key enabler.

B. The Right Places – enabling people to be assessed and treated in their own home

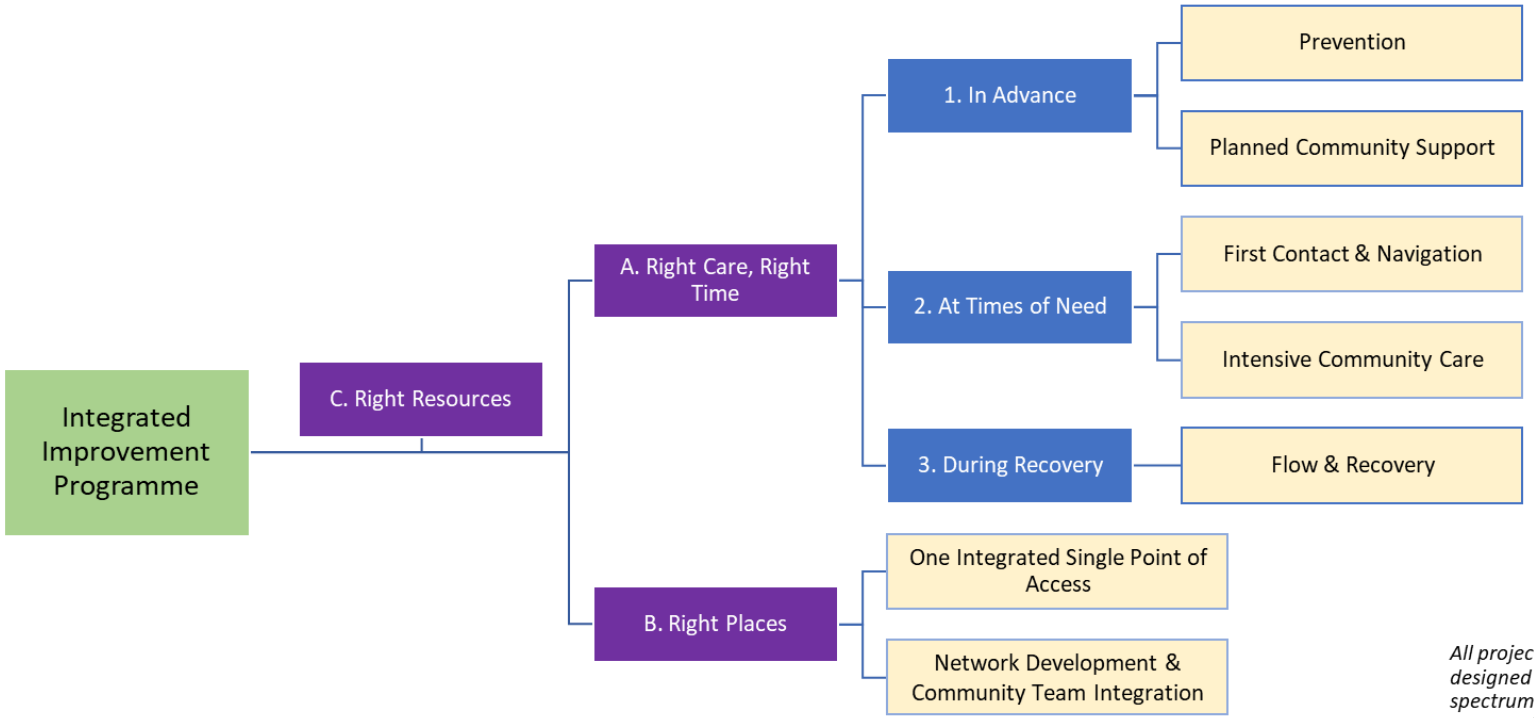
- We need to shift care closer to home – it's better for the patient and more deliverable for the system – with knock-on benefits for, for example, staff, morale and efficiency. This means both care in people's homes and where we offer services across the county
- In the urgent and emergency care (UEC) pathway, staff currently work in a fragmented way across the three Oxon Hospital @ Home teams and an Urgent Community Response team with medical oversight and daily MDT from the acute physicians, plus complex referral systems with social care and primary care colleagues
- This programme focuses on re-imagining *where* services should be delivered, turning the concept of North, City and South Area Networks into reality and considering the projects and support PCNs need to take on the role envisioned in the NHS Long Term Plan
- In addition, the creation of a truly integrated Single Point of Access (SPA) team will be scoped and developed to support the Right Care, Right Time programme across the county
- To reduce the need for hospital-based UEC, assessments using diagnostics and treatment that would normally take place in secondary care are carried out in the patient's own home
- An integrated team bringing together hospital at home and the acute virtual ward will support and treat the person in their own home until they are ready to be transferred to their primary care team and Neighbourhood-based preventive care
- Oxfordshire has acute digital virtual wards being set up but requires an SOP for admitting / discharging patients with responsibility to ensure it is maintained and kept up to date. It will hold a central list of all those on the virtual ward
- Examples of the care that can be delivered in the person's own home range from point of care testing, 24-hour infusions to lung/cardiac ultrasound. If a person requires further diagnostics, they can have these carried out either on the day or the following day in a Same Day Emergency Care unit (SDEC)
- To develop this at pace it requires further integration of all the teams working in a collaborative way and for 999 crews and the control room to be able to refer directly to the virtual ward pathway(s)

C. The Right Resources – making Oxfordshire 'ICS-ready'

- This is an overarching facilitation programme focused on enablers under the principle of 'do once', whether that is providing information to support decision making or aggregating needs from each of the workstreams to consider (and deliver) them in the round
- We need to support this work holistically to provide teams with the right input and support to design and deliver integrated, transformation in community services, whether that's a need for data, engagement, workforce, technology, estates or myriad other interdependent activities necessary to meet our goals
- Part of this programme is the need for a full, funded *organisational change* programme. We cannot achieve transformation without it. This needs to be properly funded and everyone needs to understand this goes far beyond the legal requirements into a hearts and minds transformation.

The Integrated Improvement Programme in detail

Programme Structure



All projects and teams will be designed to incorporate the full spectrum of health, social, community and voluntary sector inputs and outputs

Summary of priority programmes, projects and objectives

Strategic Aim	Programme	Programme Objective	Project	Project Objective
The Right Care at the Right Time	A. Prevention	A targeted population health programme to enable people and families to stay healthy and live as well as possible in their own homes. We will achieve this by strengthening preventative services and activities to ensure we are providing earlier support to people, carers and families closer to where they live, through stronger community networks	A1. Extending the LiveWell online resources	To develop, promote and maintain a centralised, easily accessible online resource to support self-help and signposting to relevant community services across Oxfordshire.
			A2. Activating our communities to improve health (including the Oxfordshire Way)	To promote wellbeing and independence for the people of Oxfordshire by improving co-production, establishing local communities of practice and healthy, active communities. Will enable identification, assessment and delivery of support and other interventions for higher risk people and families
			A3. Integrated population health and vaccination service	To integrate multiple existing community child/adult vaccination and health promotion services into a single, integrated vaccination and population health service that will deliver at-scale programmes for population immunisation, reduction of health inequalities and improving the health of cohorts with outlying clinical outcomes
	B. Planned Community Care & Support	A programme to support patients, carers and families to live more independently at home for longer. We will do this by delivering planned care and support to individuals in a more integrated and personalised way, mobilising the full range of formal and community networks to prevent health crises and reduce demand on formal healthcare services	B1. Extending Enhanced Healthcare in Care Homes	To build on existing care home support to deliver a comprehensive care and support package for care home residents, including 24/7 urgent and emergency care, intensive community care, preventive, planned and End of Life care.
			B2. Delivering sustainable 7-day planned community care	To design and implement the new process and costed plans for commissioning and delivery of sustainable planned community care, including the wraparound enablers for effective 7-day working and resilient staffing
			B3. Expanding community outpatients	To develop and pilot and expanded range of outpatient service provision at community sites, to benefit local residents and improve health and wellbeing outcomes
	C. First Contact & Navigation	To deliver more streamlined access to health advice, assessment and services when they are needed, 24/7	C1. A 24/7 integrated first contact and navigation pathway for Oxfordshire	To deliver a 24-hour, 7-day first contact care and navigation pathway for the Oxfordshire population (all ages) that is able to provide effective triage, assessment and initial treatment/support and consistently. This will safely navigate people with further needs to the right care, at the right time, in the right places.
	D. Intensive Community Care	To manage acute deterioration by providing a period of stepped-up	D1. Implementing a 24/7 integrated	To deliver an integrated system of inter-connected services that provide the care that enables a person experiencing an urgent

		care and monitoring at home and / or in the community, providing treatments that would traditionally take place in hospital where it is in the patient's best interest to do so.	intensive community care and support pathway for Oxfordshire (including Acute Virtual and Virtual Care Wards)	health or care need to remain at home (with a more intensive level of support for a period of time), when they are at risk of being admitted to a hospital bed unnecessarily.
			D2. Implementing an integrated, multi-provider End of Life Care pathway that dovetails with First contact, ICC and planned care pathways	To deliver an integrated approach to the planning, provision and management of EOLC in Oxfordshire
	E. Flow & Recovery	To build on existing system work to deliver a more effective patient discharge pathway that reduces unnecessary hospital stays, promotes recovery at home and increases the long-term independence and wellbeing of Oxfordshire residents.	E1. Developing a new Discharge to Assess (D2A) pathway, bed base and MDT	To redevelop the Hub beds into a D2A service with a larger MDT inputting into them to keep LOS at a minimum, leading to reduced time in secondary care and supporting the person to be assessed in a more appropriate setting, dovetailing with the CH rehab pathways
			E2. Optimising Community Hospital In-patient rehabilitation and nursing care	To develop costed plans and options for Community Hospital inpatient pathways that address changing population needs, best practice, workforce and financial sustainability challenges and sets out a development plan for Oxfordshire's Community Hospitals* *including the future of Wantage CH inpatient unit
			E3. Developing a system-wide Transfer of Care Hub	To create a single integrated Transfer of Care Hub/Team across the partner organisations / different inpatient settings to streamline flow, discharges and provide a joined-up view on the best use of available beds and resources
			E4. Implementing a Reablement Task Force	To reduce the duration of the reablement journey (in both P1 and P2), by creating a task force to increase capacity in the pathways and focus on reducing time in and dependency on reablement services.
	F. One Integrated Single Point of Access (iSPA)	To develop a unified, integrated Single Point of Access for Oxfordshire, providing residents and professions with 7-day access to and coordination of the full range of health, social and voluntary sector services, whenever they need them,	F1. Development of a phased and costed programme plan for the development of a unified, integrated Single Point of Access for Oxfordshire	To work with partners to identify the access priorities for each organisation and residents - and the opportunities to consolidate resources and deliver services more effectively through a new SPA, to develop a PID/delivery plan.

The Right Care in the Right Places		and serving as a virtual and physical hub for an integrated, multi-disciplinary workforce		
	G. Network Development and Community Team Integration	To establish the networks, structures and resources required for partner organisations, residents and other stakeholders to engage, plan and work together successfully at appropriate levels of scale and deliver their objectives to improve the health and wellbeing of the population	G1. Area Network Development (North / Central / South)	To develop Network Areas as an organised grouping of local health and care services, voluntary and community groups, Primary Care Networks, Community Hubs, secondary care and Local Authority teams, who work closely together to improve the health and wellbeing of their population.
			G2. Developing the integrated Neighbourhood Team	To develop the local multi-professional and multi-agency community team with responsibility for planning and delivering the care of older, frail or LTC patients within a defined population or geography (e.g. the residents of one or more PCNs).
The Right Resources	H. Cultural and Organisational Change	To deliver a comprehensive organisational change programme across organisations and teams to facilitate and embed place level transformation	H1. System Level Change Management	To provide joined-up, practical support tailored to teams across all levels of organisations to break down barriers and transition to new, shared ways of working
			H2. Extended Programme Teams	To change ways of working to integrate wider support teams into the programme to deliver specialist practical support and prioritisation and ensure the enablers to delivery are proactively planned for and in place

This is a summary of a working document and may be updated in response to local and national priorities.

Delivering the change

Much of the work that sits under our priority projects is already underway and delivery of our key national priorities (such as the Urgent and Emergency Care priorities) have not been lost. Rather, we are taking this opportunity to work across system partners to map existing projects and to consider what we need to:

- Start – what are our gaps – or where do we need to think differently / more strategically now we are focused on our key priorities
- Stop – what doesn't fit within our programme, needs to be done differently, or duplicates other work / services
- Continue – what is already underway, in the right way, that delivers our programme and national priorities?

As part of this process, we are mapping the resources already dedicated to these projects so we can consider how best to use / redeploy what we already have and where our gaps in expertise, capacity or experience lie. This is a complex piece of work across all partners and work is already underway to complete the exercise. Once we have finalised this work we intend to 'lift and shift' the work that forms part of the programme under the leadership of the PMO. Engagement around this will be key and it is important we give these teams the right experience as we ask them to work differently. This is a key focus of our work to get the governance (see below) and processes right before we make the change.

In future, many of the projects that have been reported separately will be reported through the lens of the Integrated Improvement Programme. We will have a single reporting structure, including highlight reports, that ensure teams can focus more of their efforts on delivery of the projects, spending less time duplicating work for different Boards.

This structure and process is a key marker of our approach in future. The work we capture in this programme determines our scope, our priorities and our work plan. This does not prevent improvement work taking place within individual organisations, rather it ensures a clear and deliverable plan for integrated improvements across partners. Over time, new priorities (national and local) will emerge. To be included in this programme, the Board will review both fit with our strategic priorities and whether they can be integrated into existing projects and programmes. This will ensure we minimise duplication and maximise resources.

Joining the dots

There are many projects already underway that HOSC members will be familiar with from previous discussions. While we do not intend to go through all of these in detail here, there are two particular areas we would like to draw attention to:

1) For the avoidance of doubt, the new Integrated Improvement Programme includes the work on Community Bed Reconfiguration (Project E2. Optimising Community Hospital In-patient rehabilitation and nursing care) and Outpatients (Project B3. Expanding Community Outpatients). Further information on the Community Beds work and the Wantage out-patient pilots can be found at Appendices 2 and 3)
2) The Urgent and Emergency Care priorities that were presented at the May HOSC meeting also form part of the Integrated Improvement Programme (IIP) and come under the programme umbrella. The work will continue through the IIP and future reporting will be through these programme updates and the structure laid out in this paper.

Dedicated resources

In addition to existing project resources that are being mapped and redeployed as part of the exercise outlined above, the Oxfordshire Integrated Improvement Board (OIIB) have approved the appointment of a small, core team of specialists to resource the System Programme Management Office (PMO). Recruitment processes are now underway. These are not roles that have existed before and they are crucial to the success of this new structure and approach.

The remaining resource gap we need to fill is from our support teams. The new approach requires us to fully integrate the specialist teams who support our services (not exhaustively, finance, HR, estates, quality, data, IT). The scale of transformation we need to deliver means new ways of working not just for our clinical teams but those who will need to adapt to everything from pooled budgets, to shared HR contracting, cross-organisation estates, aligned QC systems and robust 24/7 IT support). We need to identify system representatives (with ringfenced time) for each of these functions who play the following key roles:

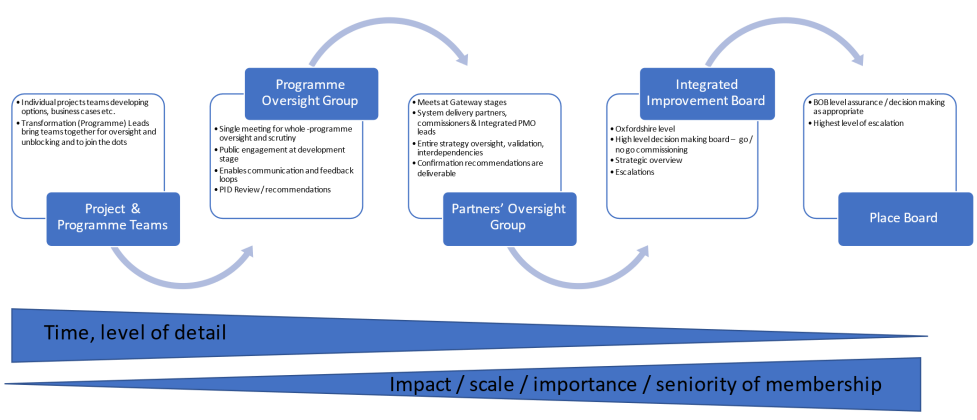
- System representative and decision maker on key groups and Boards. (This will require a mandate from, and robust communication and feedback loops with, their peers)
- Deployment of specialist support into project teams
- Aggregation of project and programme asks for validation, prioritisation and approval

The Oxford Health / Oxford University Hospitals Provider Collaborative has identified helping unblock some of these conversations and sticking points to be a key role they can play in supporting the delivery of the outcomes we need.

Programme Governance

Across Oxfordshire we are agreed we need to better empower teams and enable them to take decisions more quickly. As a team of system partners we have identified a number of ways to do this:

1) Act in concert:
    a. 'Team Oxfordshire'. Agreement across system partners that we commit to this shared process and act as one
    b. Joint communications to our organisations and teams to ensure there's no room for dilution or confusion
2) A new approvals and flow process (a larger scale copy is available at Appendix 1)



For each group, between the project and programme teams to OIIB (Oxfordshire Integrated Improvement Board), we are defining:

- Why: Clear purpose and accountabilities
- When: Meetings will be synchronised to ensure enough time for each stage to consider proposals and make amendments before paper deadlines for escalation. We will work back from established Place Board dates
- What: Clearly defined delegation that is consistent and everyone understands – spanning both that in PIDs (Project Initiation Documents) and parameters for improvement projects for existing services. Not every decision needs to go to every stage.
- Who: Membership that is appropriate to the stage in the process and the expertise / input we need. This includes fuller engagement with PCNs and earlier stage involvement for citizens and representatives of groups such as Healthwatch

Engagement

We are mindful of the need to begin more detailed public engagement. We believe the foundational work we are doing now to finalise the detail, put in place the scaffolding roles for the PMO (Programme Management Office) and set up the governance to create a single line of sight will stand us in good stead to create the narrative and specifics we need to gain meaningful input into our work. This single programme and narrative will enable a much more cohesive and powerful conversation with our citizens than the fragmentation we previously saw and our communications team is in the early stages of developing engagement proposals for this autumn.

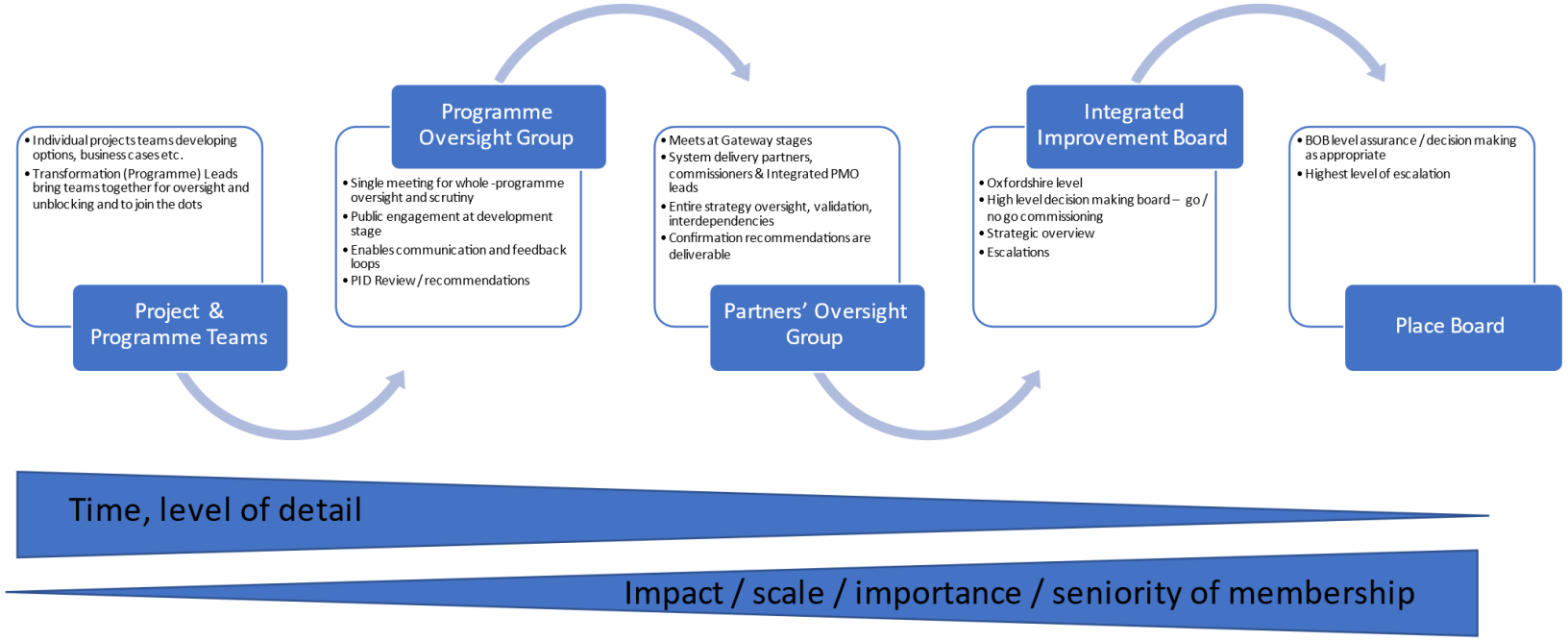
Conclusion

Much has been achieved over the last few months and while there is still much to do we have a clear plan to achieve it. The pace of progress will depend on how quickly we can fill the core PMO roles. Once it is in place, monthly reporting will be streamlined and we will be able to present regular, clear and comprehensive reports on progress.

Appendix 1

Approvals and flow

Enabling rapid decision -making and scrutiny appropriate to scale / importance of decision. Each level has focused membership, ToR and Scheme of Delegation. Timings are synchronised to minimise delays while ensuring join-up.



Appendix 2

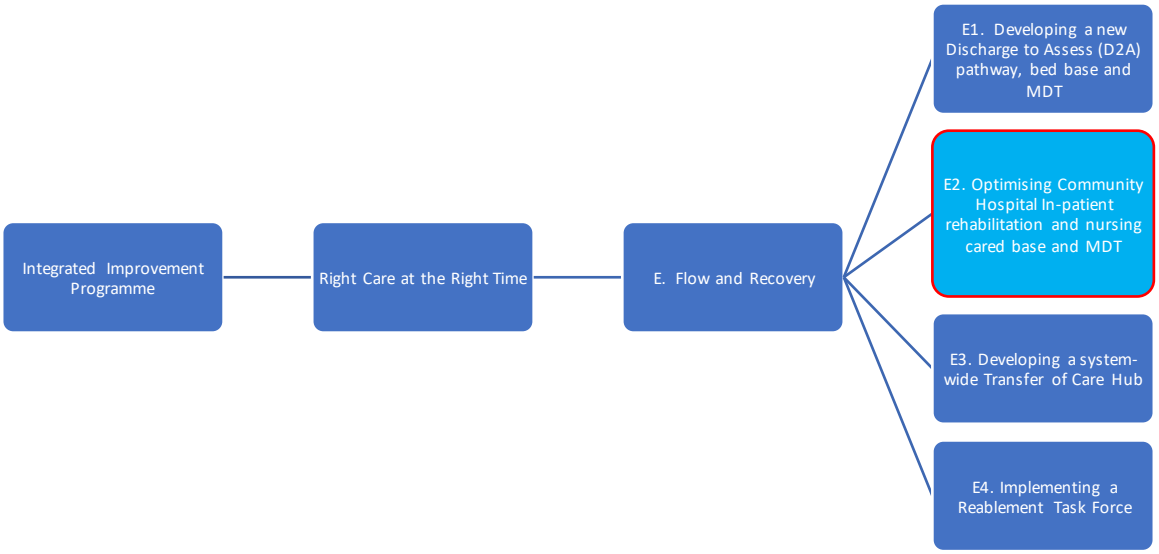
Project E2: Optimising Community Hospital In-patient rehabilitation and nursing care

Introduction

To help bring the strategy to life, we are providing a high level update on the community beds project. We trust this will also reassure you the development of the umbrella programme has not prevented progress on our key priorities.

Community Hospitals and the Integrated Improvement Programme

The Integrated Improvement Programme (IIP) allows us to take a complete overview of the work, and interdependencies we need to transform the Oxfordshire health and care system. In future we will report each of the projects and programmes through the lens of the IIP to provide a holistic picture of progress. As illustrated below, our work on Community In-patient Rehabilitation is part of our Flow and Recovery Programme.



Progress to date

Considerable background work has been undertaken to date covering:

- The role of Community Hospitals in the wider system
- The care people receive both in in-patient units and other community beds
- Mapping current provision, both in numbers and locations of community beds
- An analysis of the current in-patient model in relation to both patient needs and staffing requirements
- The geographical spread of current in-patients in relation to distance from their homes

Using this information, a working group has begun to identify more detailed design principles and to develop recommendations for further exploration. The following section sets out an improved model for community hospital-based care, with more focused and streamlined rehabilitation pathways, in order to provide better outcomes and experiences for patients and a more sustainable service.

Design principles

As a general principle, Community Hospital beds are best used to provide a period of expert therapy and nursing care which cannot be delivered effectively or safely in the home or a day care setting. This includes people with a 24-hour nursing need or a therapy need which cannot be delivered at home; such as where an individual does not have the space for essential equipment or requires intensive support from multiple staff members.

The working group agreed that admission to a community bed should be based on:

- The identification of a care, reablement or therapy need that cannot be met in the patient's usual home environment
- The frequency and intensity of health care needs, i.e. how often the individual needs care
- Diagnostic certainty and relative medical stability, i.e. how confident professionals are that the needs of the patient are understood and likely to remain consistent

In order to manage discharge to the community, a 7-day therapeutically-focused approach should be implemented. This will reduce the extent to which discharges would be affected by the time and day on which a patient is due for discharge. For example, currently there are fewer patients discharged over the weekend period and planning for discharge is largely carried out within the day, this can delay the discharge of patients. In addition, a target estimated (currently called anticipated) discharge date will be agreed at point of admission and regularly reviewed through the Multi-disciplinary team (MDT) discharge process.

As noted, the high level of demand for services within Oxfordshire means that it is important we are confident that beds are being used appropriately, alongside both acute care and care at home. For this reason, the following approach to determining whether someone's needs are best met within a community bed is recommended:

- We will always consider first whether someone can return home and if their needs could be better met within the community.
- No one whose care and health needs can be met at home at the time of discharge should be placed in a community bed. To inform this decision making, it is recommended that a frailty score could be used to assess the needs of each patient.
- We will minimise wherever possible delays which result in people remaining in the bed when it is not the right place for them.

It is recognised that patient choice is important and should be considered as part of any decision making. However, choice will need to be balanced against the needs of all patients within the system. To ensure that both the patient and family are clear about how long a patient should remain in a community bed and how decisions on discharge are made, it is essential that staff work really closely with families to set expectations and be realistic about care goals. This will ensure that everyone is clear about what support is most appropriate. Community Hospital beds should not be used to provide respite provision as this is better provided within another setting, such as a care home.

Partnership between all staff involved in the care of the patient as well as close working with patients and their carers is key. This will need to include considerations around housing and where the patient is from. It is important that consideration is given to all organisations who can support strength-based approaches to community living, including the voluntary sector. Consideration will also be given to how we can support both formal and informal carers.

Staff will aim wherever possible to discharge people home with care rather than waiting until they can go home without a care package; it is recognised, however, that this is dependent on the capacity of home care and visiting services.

Overview of the proposed community hospital inpatient pathways

The working group have recommended further work is undertaken on the following suggested pathways for Community Hospitals in Oxfordshire. These pathways form part of a continuum of service provision that spans home, community and hospital settings; they require suitably resourced and staffed community inpatient units to meet the needs of certain patients, in order to deliver the therapeutic interventions and outcomes that require a focused period of inpatient care. These recommendations are interdependent with other projects in the Integrated Improvement Programme alongside the need for extensive work through our 'Right Resources' programme and the below forms the framework for the next stage of work.

In summary, six potential updated Community Hospital inpatient care and rehabilitation pathways have been identified:

1. Sub-acute medical care and stabilisation
2. Strength-based rehabilitation for people in recovery
3. Specialist rehabilitation for people with bariatric needs
4. Specialist rehabilitation for people experiencing acute confusion
5. Specialist stroke and neurological rehabilitation
6. Specialist care at the end of life

The following section describes the intended benefits of the care pathways in more detail. They were derived from the analysis of patient outcomes, experience, service data and clinical expertise.

1. Sub-acute medical care and stabilisation

- **The need:** People who become unwell, injured or whose health deteriorates and who have frailty, multimorbidity or complex needs, may require an actively managed period of stepped-up medical assessment and monitoring, medical treatment, nursing care or therapy in an inpatient unit until they are stabilised; but don't need the facilities of an acute hospital
- **Location**: Patients in this pathway require rapid assessment in an ambulatory care or same day emergency care unit, following by a period of monitoring and treatment from a suitably trained multi-disciplinary team of medical, nursing and therapy professionals. They also require access to diagnostic and imaging services, such as x-ray, and so these facilities should be co-located together. Because of these essential needs, it is necessary to provide this care on a limited number of specialised Community Hospital sites with appropriate staffing and facilities.
- **Examples of patients supported**:
    - An older person who is unable to walk due to unexplained weakness and has become slightly confused
    - A person with multiple health conditions who has become gradually more breathless and fatigued over the past week
    - A person with frailty who has been seen in an acute hospital and is well enough to return home, but requires a specific treatment and re-assessment by clinical team the following day

2. Strength-based rehabilitation for people in recovery

- **The need:** A proportion of people who have had a significant period of illness or immobilisation, including some people who are recovering from injury or surgery, need expert inpatient rehabilitation and/or nursing to reach strength-based goals within a target timeframe.
- **Location:** A period of bed-based reablement or rehabilitation is required by approximately 4% of all acute hospital discharges according to national models and should be made available to patients in all Network Areas of the county through a series of well-resourced, equipped and suitably staffed Community Hospital inpatient units.

- **Examples of patients supported**: People with multiple care needs and diagnoses (co-morbidities) who require full time care and therapy to be rehabilitated. Examples might include a person who was:
    - Admitted to hospital following a fall which caused multiple fracture admitted for rehabilitation. Rehabilitation limited due to pain and postural hypotension
    - Admitted to an intensive care unit and is recovering from post ICU deconditioning in addition to having general frailty
    - Admitted following a fall with a history of reduced mobility and who also has a learning disability
    - Admitted with respiratory issues post COVID-19 and associated pneumonitis, struggling with fatigue and multiple wounds/pressure ulcers.

3. **Specialist rehabilitation for people with bariatric needs**
    - **The need:** There is an increasing number of people with a high BMI who require specialised equipment, facilities and professional input to enable them to experience safe and effective rehabilitation, so they can return home and access appropriate support for weight management as well as other health and wellbeing needs
    - **Location:** This cohort requires use of specialised equipment, premises adaptations and staff trained in providing care for plus-sized people. As a result, it is necessary to provide this care on a limited number of specialised Community Hospital sites with appropriate staffing and facilities.
    - **Examples of patients supported**:
        - A person with a BMI of 40 who has had a fall causing toe fractures and is immobile. Previously transferred with pivot transfer but unable to do so with fractured toes so needs significant support.
        - A person with a high BMI who is recovering from a below knee amputation.
        - A person with a high BMI and complex diabetes and a skin infection

4. **Specialist rehabilitation for people experiencing acute confusion / delirium**
    - **The need:** People experiencing an acute confusional state, also known as delirium, (which is often caused by a combination of acute illness and dementia) can require inpatient care from specialist staff and resources, as they are often unable to engage successfully with 'standard' therapy in a traditional ward setting. These patients more frequently wander, are at increased risk of falls, and can exhibit challenging behaviours or distress. An acute ward environment is often suboptimal as it can cause additional confusion and distress for the person and their family. Skilled assessment is often required to provide evidence that the delirium will resolve with treatment and to establish clear goals to enable people with underlying permanent confusional states (e.g. advanced dementia) to move onto appropriate long-term care placements.
    - **Location:** This service would be best developed at a site with suitable facilities, layout and staffing to provide the appropriate environment for people with acute confusion to receive effective care and maintain their dignity. A site with close links to Adult Mental Health expertise and support would be ideal.

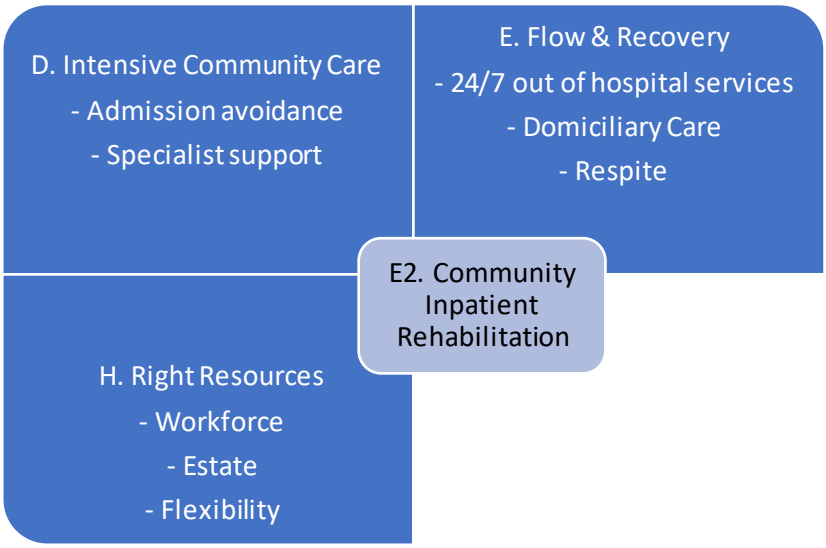
5. **Specialist stroke and neurological rehabilitation**
    - **The need:** A significant proportion of people who have had a stroke require a period of targeted rehabilitation in an environment with specialised staff and facilities, in line with national stroke guidance.
    - **Location:** Specialist stroke care is provided at the Oxfordshire Stroke Rehabilitation Unit (OSRU), located at Abingdon CH

- **Examples of patients supported**:
    - A person who has had a stroke and needs intensive therapy to help them to regain the ability to eat, speak and move themselves. This might include speech therapy, support from a dietitian and therapy to improve movement.
    - A person who needs 2:1 care following a stroke to support them with eating drinking, washing, dressing, toileting and overnight needs. They also may need dietitian and specialist support to feed including starting up Peg feeding and NG tube feeding and support to learn to feed themselves prior to returning home.
    - Inpatient care and rehabilitation for those with level 2 neuro-rehabilitation needs (as defined in national guidance) could be co-located with Stroke rehabilitation to enable sharing of specialist resources, facilities and expertise and a more sustainable staffing model

6. **Specialist care at the end of life**
    - **The need:** Most people prefer to die at home when nearing the end of life and this aim will be supported through enhanced community-based end-of-life-care services and primary care, in partnership with the hospice charities. Much care for people in the last year of life will continue to be provided in Community Hospitals with the aim of restoring their independence and enjoyment of life at home for as long as possible. However, a small number of specialist palliative care beds is necessary to support some people at the end of life when it is not possible to provide them with adequate symptom control at home or when other factors mean an admission is necessary to ensure safety or minimise distress. Not all patients admitted to one of the specialist palliative care beds will die there; some will have a planned return home once stabilised.
    - **Location:** Specialist end-of-life care is best provided in a purpose-built facility that provides a calm environment, enables family members to stay on site and where staff can develop specialist skills in palliative care.
    - **Examples of patients supported**:
        - A patient with hard-to-manage symptoms for whom a period of in-patient care would be preferable to care at home. The reasons for this can include carer fatigue or distress; the patient lives alone without support between carer visits; there is no suitable hospice placement available
        - A patient who prefers not to live their last days in the family home; the patient may be a parent of young children; there may be symptoms which could be more easily stabilised in an in-patient environment; or they may require additional nursing support or treatment in their last days.

Dependencies

The following dependencies have been identified which will need to be taken into consideration when developing the new community hospital inpatient beds model. These include health, social care and voluntary sector contributions. Each of these dependencies is being addressed through the wider Integrated Improvement Programme as illustrated and the below diagram is designed to show how the wider health and care ecosystem needs to work together to transform care for citizens in Oxfordshire.



D. Intensive Community Care:

- **Developing the intensive community care pathway to support admission avoidance**
  The intensive community care pathway, of which the urgent community response is part, will reduce the number of people who require admission to an acute hospital bed. This will therefore have a significant impact on the way in which people are supported within their own homes and reduce the need for community inpatient rehabilitation.
- **Access to specialist support such as hospital at home**
  Community based interventions such as hospital at home which is a service to enable people with complex health needs to remain at home, have a significant role in enabling admission avoidance.

E. Flow & Recovery

- **Expanding the 'out of hospital' 7-day community services**
  Community beds make up only a small part of the community services offer. Services in people's homes are central to supporting the wider population to remain as healthy as possible and reduce lengths of stay in acute hospitals. Any future model of beds needs to consider the way in which beds fit into the wider community therapy and nursing offer to enable more people to be supported at home.
- **Domiciliary care & respite beds and support for informal carers**
  By strengthening both the domiciliary and respite care within the community the number of people needing to be admitted to a community bed and also the length of stay of those who have been admitted can be reduced.
- **Providing more night-sitting and live-in carers**
  A number of patients are currently admitted to a community bed because they are not safe to return home and be alone during the day or overnight. Development of a night sitting offer and strengthen live in carers would reduce the number of community beds required.

H. The Right Resources

- **Workforce recruitment and retention**
  Where a ward has only a small number of beds it is much harder to maintain a core team to provide sustainable staffing, which can impact on the ability of that environment to provide optimal care. To ensure wards can be staffed appropriately to meet patient needs, consideration needs to be given to a viable ward size and smaller units have higher running costs on average. The Lord Carter review

(2018) noted that "a much clearer idea of 'what good looks like' is needed but one thing is certain – an isolated 10-bedded inpatient facility is unlikely to be clinically or financially secure"[1].

- **Flexibility and responsiveness to system need**
  The need for any delivery model to provide flexible bed and staffing numbers to meet changing patient need; for example, there has tended to be an increase in demand for bedded care over the winter period and at peak times during the pandemic. This means that any future model must include a degree of flexibility in numbers to allow for this variation Sustainability of staffing for small rehabilitation wards and challenges around recruitment.
- **Physical estate**
  A number of community bed sites have limitations relating to their physical estate including parking, building size, design and age, and requirements to share space with other services. Future co-design of options and subsequent decisions on the optimum location for community beds will need to include a review of the physical estate constraints for each ward as well as consideration of any capital works which could be completed to mitigate these.

Next Steps

The Community Hospital Rehabilitation project and the interdependent projects and programmes around it are being wrapped into the Integrated Improvement Programme as laid out in the wider HOSC update paper. As this mapping is completed, and resources identified, a clear timeline for the interdependent work will be able to be identified and planned for.

In future, all projects under the Integrated Improvement Programme will be reported under that umbrella with regular Highlight Reporting to demonstrate both progress and any challenges encountered to enable targeted discussions and interventions to keep projects on track.

[1] Lord Carter review (2018)https://www.england.nhs.uk/wp-content/uploads/2019/09/20180524_NHS_operational_productivity_-_Unwarranted_variations_-_Mental_....pdf

Appendix 3

Wantage Community Hospital Outpatient Pilot Interim Evaluation – June 22

Introduction & Background

In summer 2021, it was agreed to trial a range of outpatient clinics within Wantage community hospital. The aim was to evaluate the benefits and feasibility of providing additional services to the population of Wantage who would otherwise have had to travel to Oxford. The pilot services are being provided in the clinical space previously used for the in-patient unit, which has remained closed pending the outcome of the Oxfordshire-wide review of Community Services now underway.

The following services are included within this pilot:

- Ophthalmology (eye assessments and treatments)
- Ears, Nose and Throat (ENT)
- A range of community Mental Health services

Prior to the launch of the pilot services, the clinic rooms were refurbished to bring them in line with current best practice and standards. This work was designed to be fully reversible so as to not pre-judge the outcome of the community services review relating to the inpatient unit and any public consultation arising from this work.

The Pilot launched on 4 October 2021. The reception is open from 8am until 6pm Monday – Friday. Both Receptionists are local to the area and are able to walk to work. The site has a facilities team who maintain the site along with their colleagues who ensure infection control is in place. As part of the pilot, there are now 5 clinical rooms, 3 therapy rooms and a waiting room. All of the clinical rooms are identical, and all of the therapy rooms are identical, other than the size. Structural and permanent changes were not made to the rooms so that they can deliver the services determined by the outcome of the revie w. It was necessary to improve the facilities for the staff and an additional staff break and wellbeing room was created. In addition, the garden was upgraded with the support of the local garden centre and donations from the Oxford Health charity and this is available for patient and staff use. (A floor plan and pictures of the renovations can be found at Appendices 1 & 2)

Work is ongoing on the optimal use of Community Hospitals across the county; this report assesses the impact of the additional outpatient services so far and is intended to inform discussions on whether these pilot services should be continued while the long-term future of the inpatient unit is being considered an determined.

Services included in the outpatient pilot

Ophthalmology

Ophthalmology which is provided by Oxford University Hospitals NHS Foundation Trust (OUH) joined the team on 17 November 2021. The team consisted of a visions team, nurse and orthoptist/visual fields technician. They have delivered the service three days per week since that date and continue to have full clinics each day.

Mental Health

The Oxford Health Mental Health teams joined Wantage on 12 October 2021 and have slowly, due to the COVID guidelines and hybrid working, increased the teams and now use the majority of the three therapy rooms. Currently the rooms are used by Neuro Development, Talking Space, Adult Mental Health, Psychological Therapies, Children's Mental Health, Adult Eating Disorders across Monday to Friday.

Audiology & Ear, Nose & Throat (ENT)
We have an NHS Provider audiology organisation that use a room for a full day each month. 7 patients a day (for Audiology) all over the age of 55 with an average appointment lasting one hour. The appointments are in high demand and the hospital is very popular and well liked. Patients occasionally need follow up, however generally one appointment is sufficient, and this also helps reduce waiting times. Most patients come from Wantage or Faringdon.

OUH provided ENT haven't yet joined the Wantage team as they have experienced resource and recruitment issues. Part of the plan is to install a hearing booth to support the ENT clinics which we hope to have in place by the end of the summer. Once this is in place, ENT will use four rooms on Tuesdays all day.

GP clinics
On four occasions to date the local GP practice have seen patients on site due to room shortages at their practice, while their extension is being developed. We aim to continue to offer ad-hoc room bookings for local healthcare providers to expand local healthcare provision.

Existing outpatient services
Wantage Community Hospital has a history of offering outpatient services and also continues to host these outpatient services and teams:

- Podiatry
- Adult Speech and Language
- Children's Integrated Services
- MSK/Physiotherapy*
- School Nursing Team
- Maternity Unit

* The MSK contract has recently been re-procured by OCCG and a new county-wide provider has been appointed. The Community Hospital administration team is holding discussions with the new MSK provider to facilitate the continuation of the service at Wantage Hospital.

Additional planned services
We plan to implement a further update to one of the rooms which involves improved filtering and ventilation to enable intravitreal (eye) injections to be carried out by the Ophthalmology team. This is hoped to be in place in July 2022 with 5 rooms Mon, Wed-Fri to Ophthalmology (1 room on Tuesdays).

Evaluation of the pilot

As set out within the HOSC update on the community services June 2021, the evaluation of services has been carried out against a range of criteria (see appendix 3) to assess the benefit and impact of this pilot from both a patient and staff perspective.

Quality and safety of care

All services provided within the inpatient pilot are registered under the Care Quality Commission and are delivered to the standards required under the relevant commissioning framework. Staff training is carried out by each provider organisation to ensure that all staff have the required competencies to deliver the service.

Following investment to upgrade the facilities at the community hospital, services delivere d align with current best practice and quality standards. The final service which is planned (Eye injections) is due to start

providing appointments in July 22 following further upgrades to air-conditioning to meet the required standards for this service.

Patient contacts

Summary footfall of patients from 4/10/21-25/5/22

Service	Attended appointments
Ophthalmology	1105
Adult Mental HT	70
Psychological Therapies	70
Adult Eating Disorders	53
Talking Space	48
GP Health Centre	22
Perinatal	17
Neuro Development	37
NHS Provider audiology	23
TOTAL	**1,445 + additional remote patients**

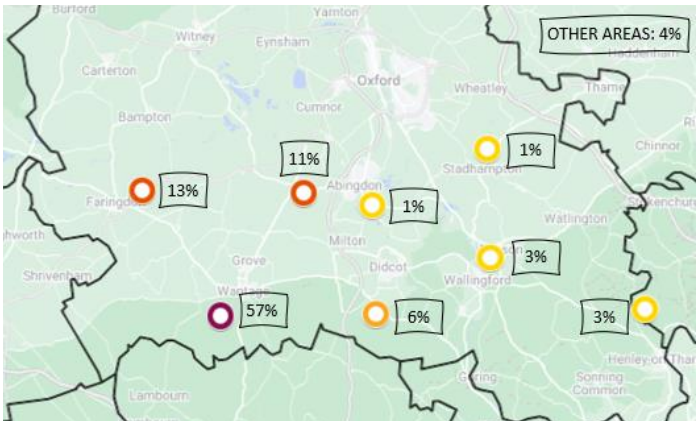
At present, the pilot rooms have a 50% utilisation rate (a detailed breakdown can be found at Appendix 4). This is projected to rise to 56% in August. This indicates that at full capacity, pilot services could be expanded to benefit around 50% more residents than the currently.

Alongside the pilot of face-to-face services, teams have also used the community hospital facilities to provide virtual appointments. This hybrid way of working has been received positively by patients and has provided continuity of care so is expected to continue across outpatient services.

Location and Patient Benefit

One of the key themes that came up several times in the original criteria was that of population needs and patient locations. 68% of patients seen at Wantage Community Hospital during the pilot came from OX12 & OX13 postcode areas. With a total of 87% from within around a 20-minute drive time.

Postcode area	% of patients
OX12	57
OX13	11
OX10	3
OX11	6
OX14	1
OX44	1
RG9	3
SN7	13
Other	4



Patient feedback

A full breakdown of patient feedback from this survey can be found at appendix 5.

During the pilot period, patients have been asked to provide feedback through a patient feedback survey. The following response were received in answer to the question 'how was your experience?'. A total of 401 surveys were completed (ca. 28% of those attending pilot services). These can be broken down into:

- 331 people gave positive feedback including:
  - Brilliant(10) Good (60) Efficient (16) Very easy (19)
  - Wonderful (2) Quick (17) Great/friendly/helpful staff (17) Easy access (6)
  - Prompt (3) Excellent (34) Kind (5) Easier than the JR (11)
  - Fantastic (3) Fine (13) Great (7) Very good (79)
- 32 people gave negative feedback:
  - 21 involved distances from their home (5.2% of all comments)
  - 11 involved parking being unavailable (2.7% of all comments)
- 38 mixed negative/positive comments

Staffing implications

As has been well documented in both the local and national press, we have experienced a number of challenges in staffing some services during the pilot period. This remains one of the biggest risks associated with delivering services though we are pleased to highlight the expansion of services this summer as we have successfully addressed vacancies and are expanding services as outlined in this report. Workforce plans are in place to strengthen the staffing of these services as part of Trust work to implement both the NHS People Plan and Promise. Local staff have been hired to provide reception services.

Looking ahead, the lessons from Wantage will be vital as we progress the preventive and planned care parts of the Integrated Improvement Plan. Service staffing costs, numbers and vacancy rates will all be considered as part of the wider review, options and recommendations.

System benefits

The capital investment in Wantage to upgrade the clinic rooms was provided through an Oxford Health capital funding bid. The revenue cost of running these services is equivalent to that of the other Oxfordshire Community Hospitals. As part of implementing this outpatient pilot, a review of the financial implications of running outpatient services at our community hospitals across Oxfordshire has been completed. As a result a partnership working agreement has been put in place to provide improved clarity of costs to ensure that these services are budgeted for appropriately and are sustainable.

As part of the ongoing Covid-19 recovery process, demand for outpatient clinics remains high. The services put in place as part of this pilot have seen a high level of demand, in particular, mental health services have seen a significant increase in demand since the pandemic. By providing these services within Wantage Community hospital we have been able to increase the number of appointments closer to patient's homes.

Recommendation & next steps

Lessons have, and continue to be, learnt from the Wantage Outpatient Pilots. It is clear from the activity data and overwhelmingly positive feedback that the pilots are fulfilling a useful service function, are very popular with local people and the vast majority of patients who have benefitted from them live locally (i.e. within OX12 or the neighbouring postcodes).

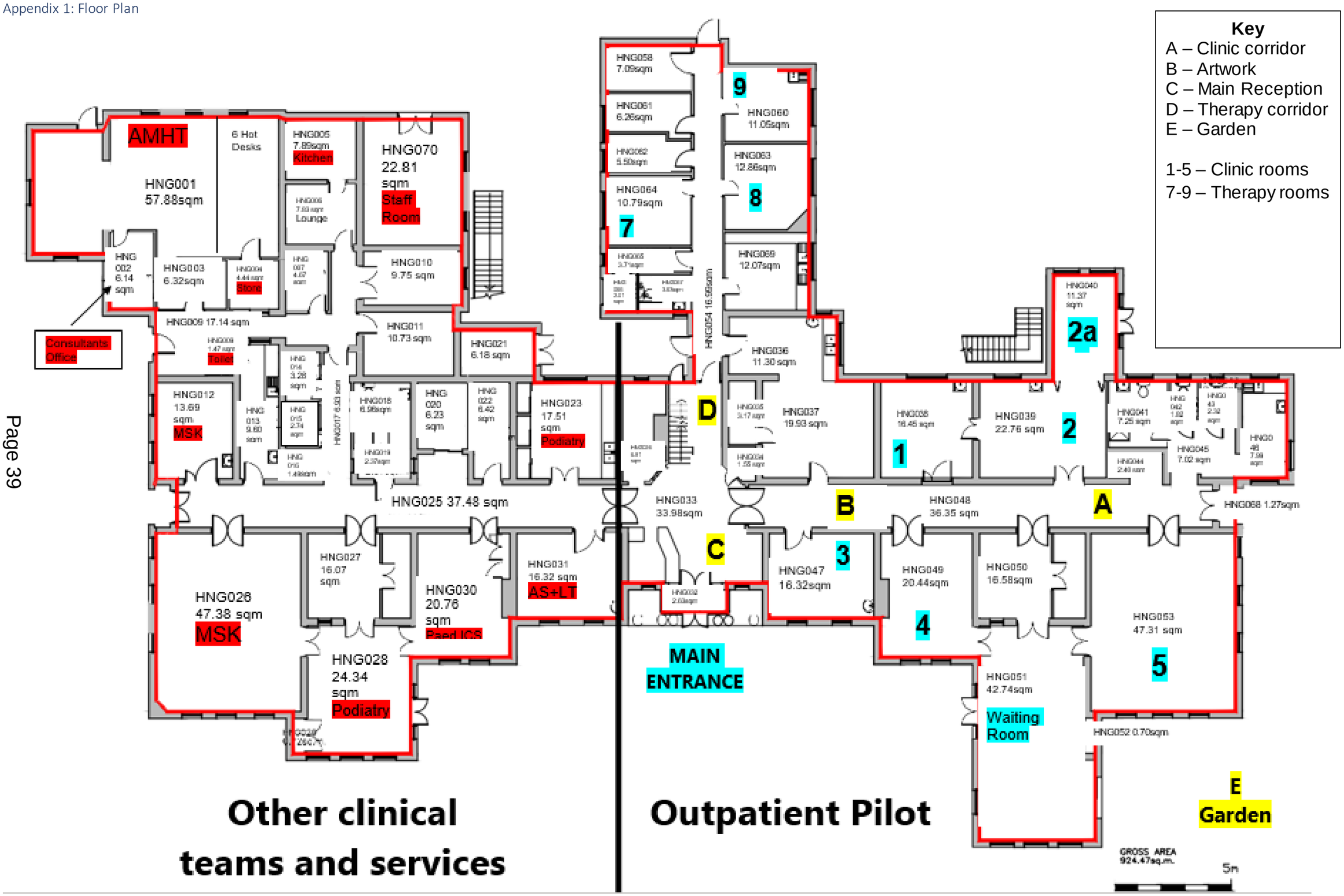
The multi-provider nature of the services has meant that there are some areas where the evaluation on the impact is not yet fully complete, due to data challenges. In addition, staffing restrictions and the challenges presented by COVID-19 mean we have been unable to fully assess the costs and benefits of the approach and there is room for further learning and analysis to assess:

- The impact of services that have yet to start
- The identified expansion of services (e.g. eye treatments)
- The opportunities presented by the spare capacity in the clinical rooms
- The changing economic environment where the cost of travel to appointments further away for patients is becoming more challenging

We therefore propose to continue and expand the pilot to continue to benefit residents and to inform the work of the Oxfordshire Integrated Improvement Programme. It is important to note, however, that the longer-term future of the inpatient unit at the hospital remains under review and so no permanent commitment to delivering these services can be made at this time. An update on the community hospital inpatient pathway planning work has been provided along with this paper.

The patient feedback and review completed to assess this pilot will be taken into consideration as part of the work being carried out within the Oxfordshire Integrated Improvement Programme. This Programme is responsible for completing the work to determine the longer-term optimum model for community services Oxfordshire as a whole as well as for Wantage based on resources and local needs.

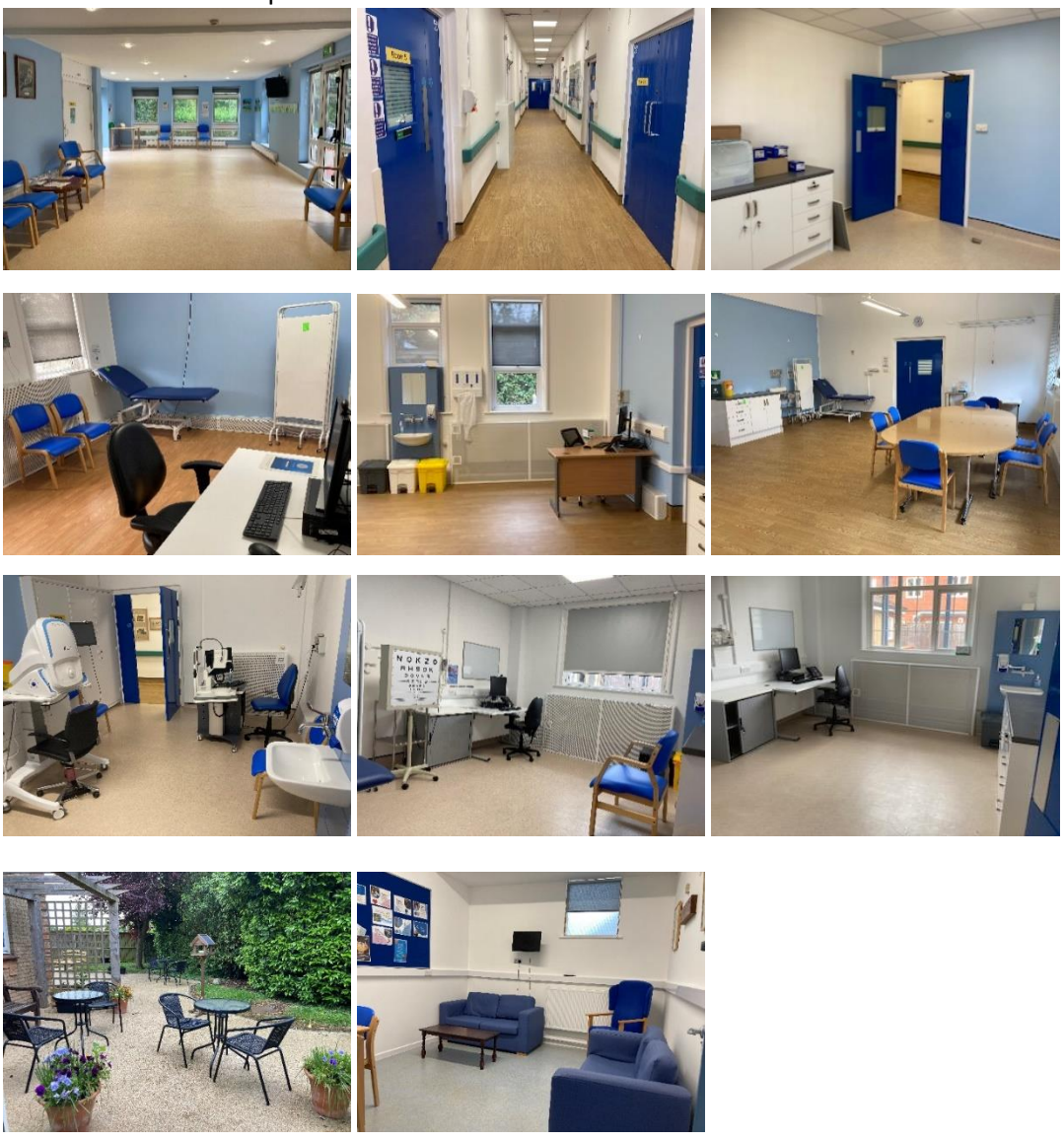
Appendix 1: Floor Plan



Appendix 2: Picture of the renovations

Before renovation

After renovations – September 2021



Artwork from a local school – asked for seasonal or healthcare related pictures, plus others from school topics





Appendix 3: Evaluation criteria

Quality and safety of care

Is the service providing best practice and evidence-based care?

Is the service meeting identified population needs?

Is the service delivered in a way that ensures a high level of quality with respect to staff training, skill-mix and use of equipment and resources?

Patient contacts

- Is there sufficient demand to justify this service within the local area at the proposed scale of delivery?
    - Number of referrals
- How many people are benefitting from this service?
    - Number and characteristics of patient contacts
    - How efficient is the Clinic at delivering intended interventions and outcomes?
    - Numbers of DNA/cancelled appointments
- How has digital technology been used and is this safe, effective and equitable? Is this benefitting the community?
    - Patient location data
- Has the pilot improved access to services?
    - Waiting times
    - Reduced travel times/distances (considering environmental impacts of both patient and staff travel)

Patient feedback

- Are people positive about their experience of the service?
    - Patient feedback surveys

Staffing implications

- Is it possible to staff this effectively?
    - Staff vacancy rate
    - Cost of staffing
    - Number of staff required to run the service

System benefits

- Is this a cost-effective and affordable service?
    - Capital and revenue cost implications
    - System cost implications
    - Benchmarking against other similar services
- Is there an opportunity to deliver services differently?
    - Review opportunities to run clinics digitally
- Demand within the wider system
    - Waiting lists across the wider system for these types of services

Whilst understanding system cost/benefit we will work through the overall capacity requirements for the service; what might be done digitally and what are physical capacity requirements. This will then assist in establishing if these clinics are beneficial to Oxfordshire as a model of care.

Appendix 4: Outpatient usage chart

	Room 1 Standard Room	Room 2 Standard room	Room 2a	Room 3 Standard room	Room 4 Standard room	Room 5 Standard / meeting room	Room 7 Therapy room	Room 8 Therapy room	Room 9 Therapy room
Mon AM	Ophth visions	Available	Available	Available	Ophth diag.	Private ENT (wk 2) Available wk 1,3,4	Talking space +	AMHT	AMHT
Mon PM	Ophth visions	Available	Available	Available	Ophth diag.	Private ENT (wk 2) Available wk 1,3,4	Talking space +	AMHT	AMHT
Tues AM	Available	ENT (From August)	ENT (From August)	ENT (From August)	ENT (From August)	ENT (From August)	Available	AMHT	AMHT
Tues PM	Available	ENT (From August)	ENT (From August)	ENT (From August)	ENT (From August)	ENT (From August)	Available	AMHT	AMHT
Wed AM	Ophth visions	Available	Available	Available	Ophth diag.	Perinatal (wk4) Available wk 1,2,3	Available	AMHT	AMHT
Wed PM	Ophth visions	Available	Available	Available	Ophth diag.	Perinatal (wk4) Available wk 1,2,3	Available	AMHT	AMHT
Thur AM	Ophth visions	Available	Available	Available	Ophth diag.	Adult Eating Disorders	Talking space +	AMHT	Psychological therapies
Thur PM	Ophth visions	Available	Available	Available	Ophth diag.	Adult Eating Disorders	Talking space +	AMHT	Psychological therapies
Fri AM	Available	Available	Available	Available	Ophth diag.	AMHT	NDC Available alt wks	NDC	Psychological therapies
Fri PM	Available	Available	Available	Available	Ophth diag.	AMHT	NDC Available alt wks	NDC	Psychological therapies
Usage %	**60%**	**20% from August**	**20% from August**	**20% from August**	**80% (100% from August)**	**50% (70% from August)**	**50%**	**100%**	**100%**

Appendix 5: Detailed patient feedback

573 responses received

Questions asked

1. Date attended - 19/11/21-17/5/22
2. Email and name
3. Service attended – Ophthalmology, Mental Health Services, GP, Audiology
4. Method of travel

Drove / were driven	Bus	Cycled	Hospital Transport	Walked	No response
495	27	2	7	18	24

5. Were the services at Wantage Community Hospital suitable for you?

Yes	No	Maybe	Blank
503	11	21	38

6. What was your experience?

In total 400 comments were left

- 331 positive comments including:
  Brilliant Good (60) Easy and efficient Positive Wonderful Quick Great staff Easy access Uncomplicated Friendly and prompt Excellent (34) Helpful Kind Fantastic experience Fine (13) Great Very good (79) Very easy (19) Easier than the JR (11)

- 42 negative comments
  - 21 involved distances from their home
  - 11 involved parking being unavailable
- 27 mixed negative/positive comments – available for review
- 173 no comment left

7. Were you treated with dignity and respect?

Yes	No	Maybe	Blank
546	0	3	24

8. Did you feel involved enough in the decisions about your care?

Yes	No	Maybe	Blank
432	3	20	118

9. Did you receive timely information about your care and treatment?

Yes	No	Maybe	Blank
511	3	22	37

10. Overall score about your experience of this service (1-5 with 1 being low and 5 being high)

5	4	3	2	1	Blank
465	42	8	0	3	55

11. Is there anything we could have done better?

152 comments

94 positive

58 suggesting improvements/change including

Appt at the local hospital | Refreshments available

Better parking/more spaces | Improved instructions

12. Would you recommend this service to your Friends and Family?

Yes	No	Maybe	Blank
488	11	30	44

13. Would you recommend having an appointment at Wantage Community Hospital – OPD?

Yes	No	Maybe	Blank
408	10	26	129

14. Would you like to attend a patient feedback event with Oxford Health?

Yes	No	Maybe	Blank
56	380	87	50

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BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS

ICS Development

Update for Oxfordshire Joint Health Overview and Scrutiny Committee

July 2022

Agenda Item 7

ICS Development update

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Update on ICS development following 2022 Health & Care Act receiving Royal Assent in April

- Update on System delivery plan

- Preparatory phase – pre establishment for ICP strategy development

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS

ICS Development

Key ICS development activities completed April-June 2022

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Focus on activities required for safe transfer of CCGs functions and staff and establishment of the Integrated Care Board as the new statutory NHS organisation
- All required actions completed by CCGs and assured by Internal Audit and Regional Office to support safe handover
- ICB Constitution approved by NHS England and forms part of establishment order
- ICB formally established (and CCGs dissolved) 1 July 2022
- ICP working group led by ICB Chair Designate Javed Khan OBE work up proposals for consideration by Strategic Leaders Oversight Group

The Act creates ICPs, ICBs and PBPs, all of which involve local authorities who manage social care

Integrated Care Partnerships (ICPs)
Joint committee between local authorities who manage social care and ICBs

Place Based Partnerships (PBPs)
Includes local authorities

Integrated care boards (ICBs)
NHS Statutory Body
Includes local authority partner member

Provider collaboratives
Providers coming together to deliver joined up services (may include local authorities)

ICB Establishment 1 July 2022

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Board meeting held
  - Governance arrangements agreed
  - 2022/23 Operational and Finance Plan, BOB Green Plan and System Delivery Plan received

- Website for the ICB (www.bucksoxonberksw.icb.nhs.uk) still in development, currently contains core information including
  - Information about the Board and board members
  - Board members
  - Governance documents/arrangements
  - Contact information

ICB Board Members

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Role	Post holder
Chair	Javed Khan OBE
Chief Executive	Dr James Kent
Partner Member – NHS Trusts	Steve McManus
Partner Member – Primary Care	Dr Shaheen Jinah
Partner Member – Local Authorities	Stephen Chandler
Non-executives (minimum two)	Saqhib Ali Margaret Batty Tim Nolan Aidan Rave Sim Scavazza
Chief Finance Officer	Richard Eley (interim)
Chief Medical Officer	Dr Rachael De Caux
Chief Nursing Officer	Debbie Simmons (interim)
Member for Mental Health	Dr Nick Broughton
Associate NED (Digital)	Haider Hussain

Working with people and communities strategy

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- ICB wants effective engagement and partnership at the heart of its thinking, planning and delivery
- Developed our first draft through a range of engagement activities
- Feedback indicated support for principles and outlined approach but more detail required on how it would work in practice
- Draft submitted to NHSE presented to ICB Board on 1 July to note progress
- ICB to work with wider partners to develop approach prior to adoption by ICB Board in September

Development of Place Based Partnerships

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- ICB wants delegation to place to support subsidiarity
- ICB has shared some early thinking on potential scope of delegation of its function/decision making powers to place
- For place to thrive other organisation will need to delegate some authority for joint decision making
- We will build on the existing collaborative partnership governance arrangements
- Further guidance is expected on the new legislative options available to the ICB

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS

System Delivery Plan

System delivery plan

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- System delivery plan submitted to NHS England as part of the ICS establishment development work sets out the year 1 establishment plans whilst ICP strategy in development

- The Plan focuses on ICB architecture and ICS development

- Published as one of the Board papers here

- To date the focus has been the establishment of the ICB 1 July, now moves to wider ICS development

Integration as a driver to deliver better outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

In February 2021, NHSE&I set out legislative proposals for the Government in its White Paper, 'harnessing integration and driving innovation to improve health and social care for all', were central themes and key to establishing ICSs on a statutory footing with strengthened provisions to ensure that local government could play a full part in relevant ICS decision making. A second White paper published in February 2022 has extended proposals in relation to local governments role in place.

Key **aims of an effective ICS** are as follows:

For us this means **creating an ICS that enables us to**:

This System Delivery Plan and associated activities laid the groundwork for us to transition CCG functions into an effective ICB from 1 July 2022 following receipt of Royal Assent in April and to work with the ICP to transform services across our geography.

ICB goals

Tackle inequalities in outcomes, experience and access

Enhance productivity and value for money

To improve population health and healthcare

Help the NHS to support broader social and economic development

ICB roles – what we need to do to deliver the goals

Set the system priorities, with partners and the public

Allocate our finite funding, in line with the strategy

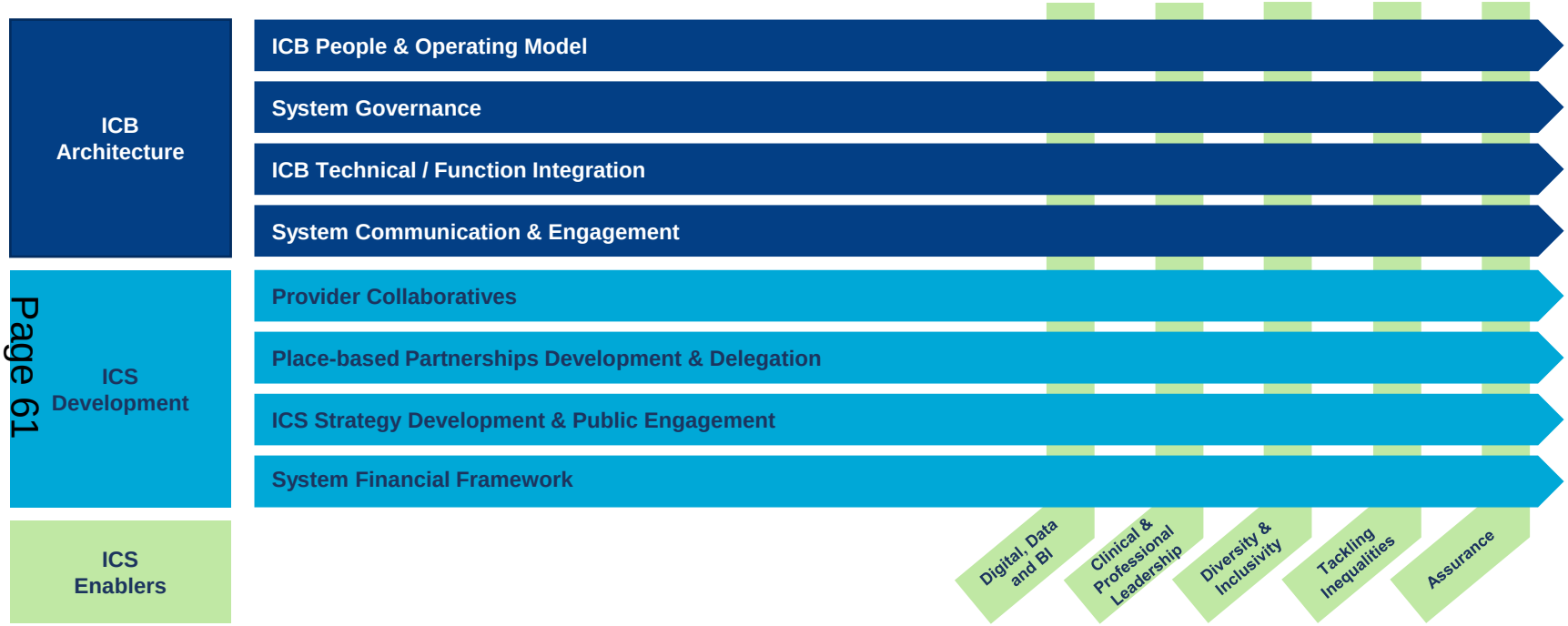
Orchestrate system working along whole patient pathways

Earn our seat at the table by focusing on where we add value

Defining our ICS development roadmap

Key streams of work

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System



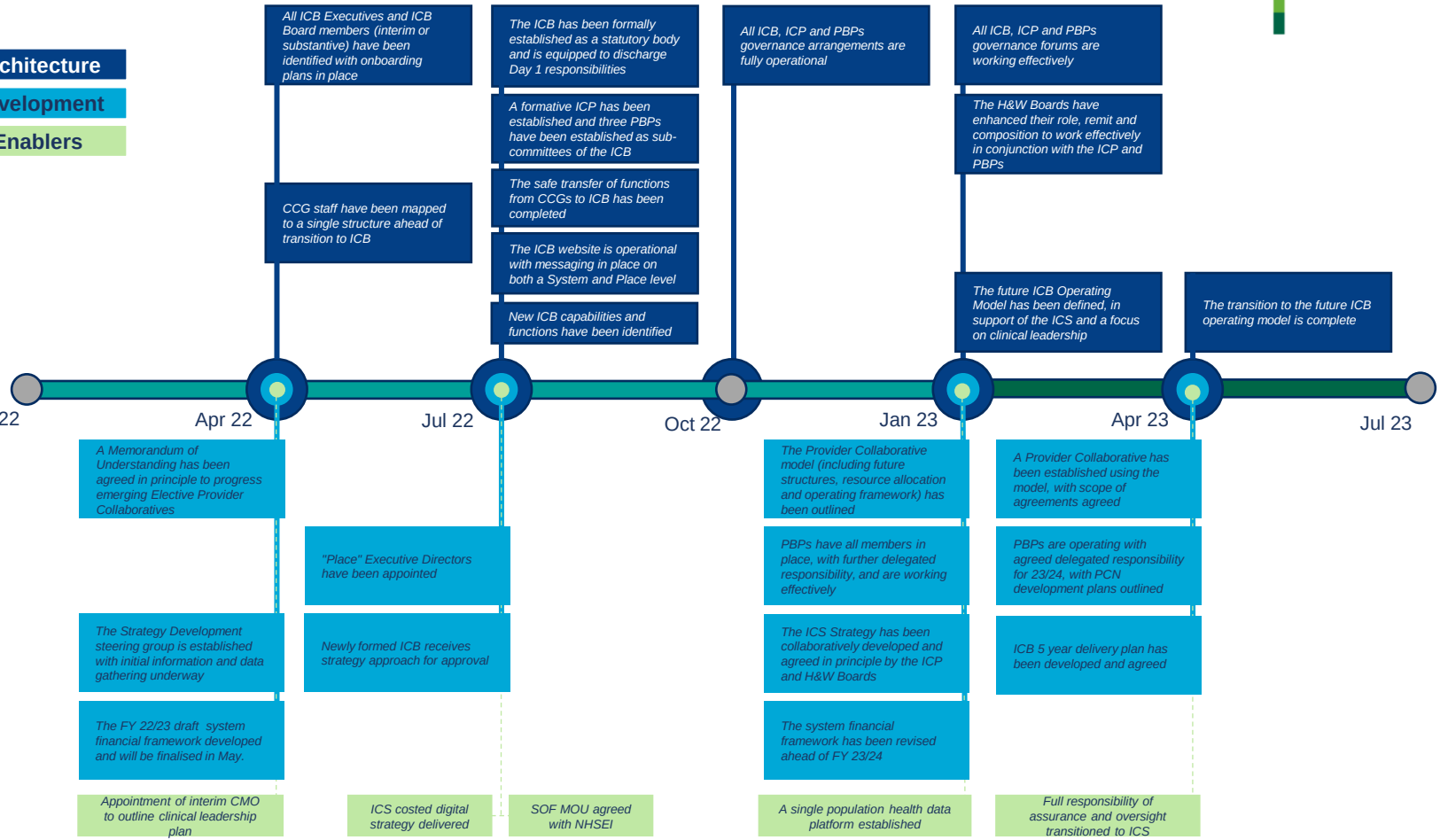
Key outcomes over time

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

ICB Architecture

ICS Development

ICS Enablers



Managing our ICS development programme

Delivery structures

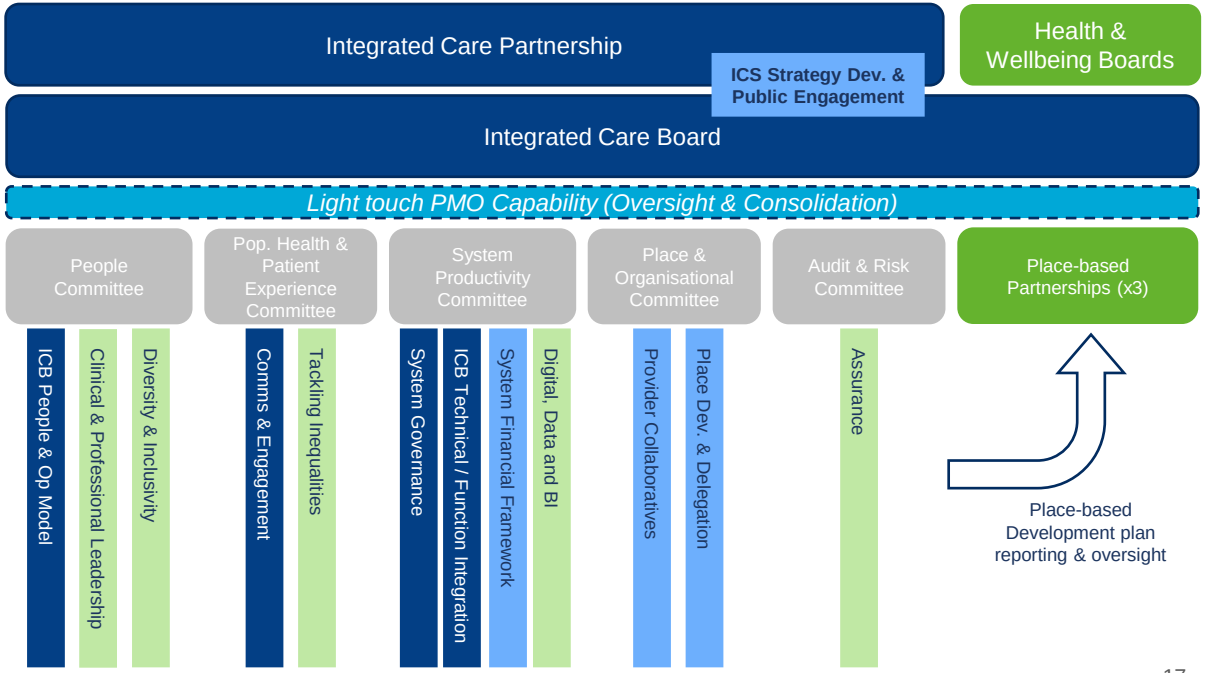
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

We will **continue with our established System Development programme to ensure the transition activity is suitably organised and resourced to deliver all aspects of the implementation plan** ahead of 1 July.

From 1 July, we will **utilise the newly formed governance groups and committees to drive the delivery of the System Development Plan.**

Key considerations

- Governance outside of the newly formed committees will be considered only by exception
- Broader system representatives will be engaged through the workstreams and not solely through the governance forums
- The importance of "Place" will be retained and progress reported against individual "Place" development plans
- The ICB will nominate the right Accountable Executives to drive the workstreams forward and chair the committees
- The ICP Strategy will be owned by the ICP and the Act is clear that the HWB strategies and Joint needs assessments need to inform ICP strategy



BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS

ICP strategy – pre ICP establishment preparatory phase

ICP strategy – pre ICP establishment preparatory phase

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Review of 5 Health and Wellbeing Board strategies to inform ICP strategy development and Core 20 plus 5 analysis of health inequalities
- Establishing close working relationships with ICS Directors of Public Health
- Understanding and apply the requirements for the ICP strategy as set out in the 2022 Health & Care Act
- Develop an ICS level fact base including Joint Needs Assessments which can inform the ICP strategic direction.

System Delivery Plan March 2022 -BOB ICS emerging vision

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The vision for the ICS will be developed in collaboration with our system health and care partners, as part of the ICP 5-year Strategy development in 2022. Although preparatory work* will start from April 2022, the core vision and strategy development will coincide with the formation of the ICP board on 1 July 2022.

Our thinking will mature and develop however we have a view of some of the BOB ICS characteristics we will incorporate as the ICS strategy is defined. These are aligned to the ICS objectives and the Long Term plan, and include the following:

Health and Care providers will work in a strategic and collaborative manner to deliver better, **more integrated and more consistent Health and Wellbeing outcomes** at scale to its population

Tackling inequalities will be at the heart of the ICS, ensuring that the full population can **access the Health and Social care they require in a timely and consistent way**

The level of delegated responsibility at "Place" will grow, with the delegated budget to support. **System partners, inc. local government, primary care and VCSE organisations, will work closely** to deliver the outcomes that really matter to each "place", in support of the local H&W Board strategies

A high **level of engagement with the systems' wider partners and public will be fundamental** as the ICS sets out its strategy and develops over time. Deliberative engagement, to **allow these groups a voice when outlining the system needs and making trade offs**, will be a critical throughout

The **ability to understand and measure the impact of our services on Population Health** will help drive an outcomes focused mindset across the system. A suitable **digital platform, which links to National Guidance and enables the System and Places to deliver**, will crucial to the system's success

The **ICS changes introduced need to enable the system to accelerate the delivery of the ICS priorities**, particularly in regard to Elective Care Recovery, the provision of Urgent and Emergency Care and Child and Adolescent Mental Health Services and Temporary Staffing

Clinical leadership, system partners and ICB Executives are required to set a joined up vision for the system. They will have the **responsibility to set the tone, the system culture and a development path for the whole system**, aligning and balancing clinical risk, working as a collaborative group

The ICS, and its system partners, will work **within the confines of the finite resources available**, with **resource allocation based upon clear and justified clinical need**

** Preparatory work includes the creation of a strategy development team, collation of existing Strategy materials, forming a consolidated baseline data set (including JSNAs, population health, financial, performance data) - all with a view to create a baseline for the ICP to be effective from 1 July onwards.*

Integrated Care Strategy

1. Summary - June 2022

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

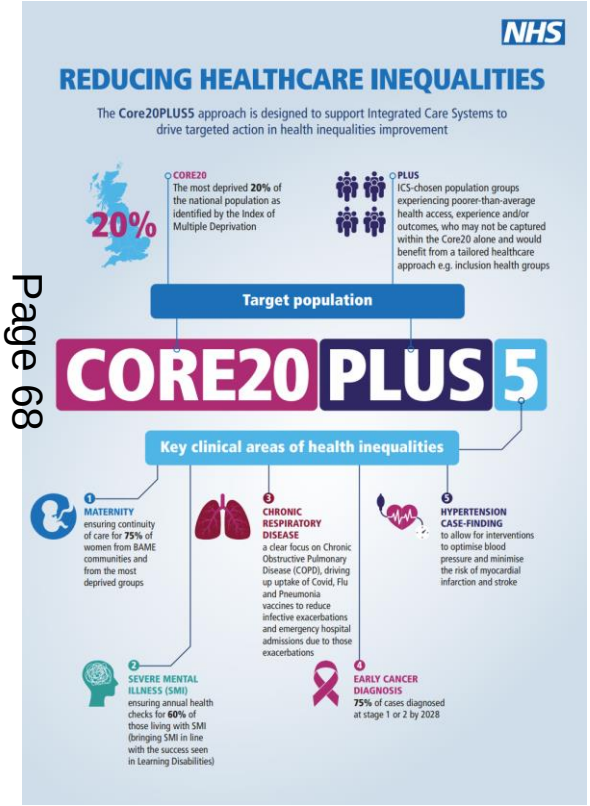
Progress

- ✓ *DPHs provided updated HWB overviews and outlining level of synergies.*
- ✓ *Cadence of key engagement groups outlined including elected members, AHSN and Healthwatch.*
- ✓ *Two Strategy development steering groups held with membership spanning Local Authority, AHSN, Healthwatch, SCAS, ICB leadership and Trust representatives.*
- ✓ *Initial approach for public engagement outlined including initial scan of existing channels, groups and public forums.*
- ✓ *Broad strategy development "fact pack" creation underway and progressing as planned.*
- ✓ *Initial strategic framework drafted with key resources identified for input on structure and content.*

Looking forward

- *Define stratgy development principles with ICP*
- *Refine strategy development "fact pack".*
- *Work with specific health and care owners to validate strategic framework structure and develop suitable content and hypotheses.*
- *Align communication and engagement approach with broader ICB approach including:*
  - *validate engagement going forward*
  - *align to existing forums and groups*
  - *Align to new thinking including the ICB Working with People and Communities strategy.*
- *Develop more detail on the public engagement approach including purpose, outcomes, key questions and where existing channels do not suffice*
- *Prepare for initial strategy development day (Date TBC) in the context of a delivery plan through to 31 December 2022.*

Equitable Outcomes
Core20Plus5



BOB have c58k in the most deprived 20% nationally

- **36k Oxfordshire** (mainly Oxford City & Banbury)
- **20k Berkshire West** (mainly Reading)
- **2k Buckinghamshire** (mainly Aylesbury)

Specific examples of where interventions have been made:

- **Nepalese Diabetes community** – Large population group in Reading, higher prevalence of Type2 Diabetes and worse health outcomes. Disparities included language challenges and cultural factors. A tailored intervention was co-produced with the Nepalese population and community leaders to improve diabetes outcomes.
- Oxfordshire did targeted work with **Bowel Screening in 65-74yo men** in Wantage who had not taking up offers from Primary Care
- Royal Berkshire Hospital have been focused on **inequalities in Did Not Attend/Outpatient** looking at drivers (ethnicity/deprivation/employment type etc), running sessions with specific population groups and have developed an AI/Tool to risk assess likely DNA to target calls with those most at risk of not attending.

Health index and actions by BOB ICS Local Authority

Summary

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Rank out of 149

	Buckingham-shire	Oxfordshire	Berkshire West: Reading	Berkshire West: West Berkshire	Berkshire West: Wokingham
Health Index	7	11	58	5	1
Healthy people	24	41	43	31	8
Healthy lives	10	11	55	5	1
Healthy places	99	102	118	93	56
5 lowest scores	MSK cancer depression housing affordability green spaces	MSK, cancer depression housing affordability homelessness	Air pollution MSK Young people's education, employment & training homelessness crime	MSK cancer distance to pharmacy distance to GP green spaces	MSK housing affordability air pollution cancer transport noise

Page 96

Four out of five local authorities are in the highest ranks out of 149 in England in the overall health index

The good position continues in the healthy lives domain but deteriorates in the healthy places domain where all but one are in the lowest third

MSK and cancer score low across BOB

ICP strategy – Guidance

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Guidance due from Department of Health and Social Care week commencing 18 July
- ICP strategy need to consider Population Joint strategic needs assessment, HWB strategy and NHS Mandate
- Initial review of the 2022 Health and Care Act has highlighted areas for inclusion in the ICP strategy

Areas covered in HWB Strategies	New areas
Shared vision and purpose	Integrated commissioning
Integrated health and care services	Integrated budgets
Integrated strategic plans	Integrated data sets
	Integrated health and care records

healthwatch Oxfordshire

Annual Impact Report 2021-22

"Overall, stakeholders are very positive towards Healthwatch Oxfordshire being viewed as providing both a vital role as advocate for patients in the county as well as providing a route to engagement.

Stakeholders also perceive Healthwatch Oxfordshire to have a very strong reputation with the organisation being viewed as respectable, credible and a critical friend to the sector.

Mirroring stakeholder views, the public consultation also found that Healthwatch Oxfordshire is viewed as credible, fair, independent and providers of sound advice by around four in five of respondents to the survey."

From a report carried out by independent consultants commissioned by Oxfordshire County Council to review our performance

Thanks to Oxford Community Action (OCA) for the photograph on our report front cover which shows (left to right) Oxford Health NHS Foundation Trust Administrator/Logistic Coordinator COVID-19 Vaccination Services Team Banjo Malcolm, OCA Director Mujahid Hamidi, Healthwatch Oxfordshire Senior Community Involvement Officer Veronica Barry, Oxford Health NHS Foundation Trust Immunisation Team Lead Karen Webb and Healthwatch Oxfordshire Community Involvement Officer Nuha Abdo.

They are pictured at OCA's annual football tournament in June 2021 at which Oxford Health ran a COVID vaccination clinic. Read more about this on p14.

Contents

Thank you

Thank you to everyone who has helped us over the last year, including:

- Members of the public who have taken the time to share their views and experiences with us.
- Our brilliant team of staff, volunteers and community researchers for all their hard work.
- The voluntary organisations we worked with for helping to ensure more people's voices are heard.
- The providers and commissioners of health and social care in the county who have listened to and responded to the voices of Oxfordshire residents.

Message from our Chair

Welcome to the Healthwatch Oxfordshire Annual Impact Report.

These are challenging times for Healthwatch in general as new systems and ways of working emerge.

We achieved our goal this year to continue to listen to seldom heard communities in Oxfordshire to ask them how they feel about their experiences of health and social care services.

The past 12 months have again set us challenges in terms of being in touch with the community in order to hear from patients and other healthcare users. Despite these challenges, several important pieces of research were undertaken, and we reported our findings to the various boards that commission services and to service providers themselves.

The reports included a particularly powerful video of black women's views on maternity services.

We also worked with Healthwatch England and other local Healthwatch organisations across the country on blood pressure monitoring.

Another issue we looked at in our research was access to GPs in the county.

We worked jointly with Community First Oxfordshire on isolation in rural settings, where we found that a shortage of transport and recreational activities for young people were commonly identified concerns.

We spent time talking to people in Chipping Norton about their experiences of accessing services in their community.

Towards the end of 2021 we were able to restart our programme of Enter and View visits to listen to staff and patients at a variety of services.

All this and more can be found in the following pages of this report.

I am proud to be the Chair of Healthwatch Oxfordshire and of the range and quality of the work the team have undertaken. I hope you will enjoy reading this report.

Sylvia Buckingham
Healthwatch Oxfordshire Chair

About us

Your independent health and social care champion

Healthwatch Oxfordshire is your local independent health and social care champion. We work to make sure NHS leaders and other decision makers hear your voice and use your feedback to improve health and social care services. We can also help you to find reliable and trustworthy information and advice about local health services.

Our aims

Supporting you to have your say

We know that health and social care providers can best improve services by listening to people's experiences.

Ensuring all voices are heard

We know that everyone in society needs to be included in the conversation – especially those whose voices aren't being listened to.

Working together to improve services

We know that comparing lots of different experiences helps us to identify patterns and learn what is and isn't working.

Get in touch

We would love to hear from you if you have feedback to share or a question to ask.

You can call us on 01865 520520 or email us at hello@healthwatchoxfordshire.co.uk

Highlights from our year

Hearing from you

12,902 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

369 people

came to us for advice and information about local health services.

415 people

submitted a review of their experience of using health and social care services via our Feedback Centre at www.healthwatchoxfordshire.co.uk/services

Making a difference to health and social care services

We published

34 reports

on people's experiences of health and social care and the improvements people would like to see to services. You can read our reports at www.healthwatchoxfordshire.co.uk/reports

How we work

11 volunteers and 5 trustees

kindly gave up their time to help support and steer our work.

We also currently employ

7 members of staff

to carry out our work.

We are funded by our local authority. In 2021-22 we received

£252,866

which is 2 per cent more than the previous year.

Listening to your experiences

Your views are essential to improve services.

Here are some examples of how we have shared your feedback with service commissioners and providers to help improve care for everyone.

Improving access to GPs

We helped highlight the difficulties people were having accessing GP services to local health commissioners.

Between September and November 695 people completed our survey to share their views and experiences of using different methods to contact their GP practice for appointments, information and advice, and other services.

What we heard

- Patients frequently struggle to get through because telephone lines are engaged or waiting times are long.
- Online tools and apps provide additional access to certain services but can be time-consuming or difficult to use, and sometimes give unhelpful advice.
- People without access to the internet or a computer cannot use the online tools.
- Despite best efforts of staff, patients did find it difficult and frustrating to obtain appropriate consultations and advice.

"Sometimes it doesn't take that long to get through... but on most occasions it is a frustrating process"

What we did

We presented our findings to Oxfordshire's Joint Health Overview and Scrutiny Committee and will take the report to the county's Health and Wellbeing Board in July 2022. We also shared our report with the Care Quality Commission, the local General Medical Council, all GP practices in the county, Oxfordshire Primary Care Commissioning Committee, and the Oxfordshire Quality Committee.

What difference did this make?

Following the publication of our report, Oxfordshire Clinical Commissioning Group is:

- Investing in an advanced telephony system to improve telephone call handling at GP practices.
- Reviewing the eConsult online consultation platform.
- Reviewing the NHS mobile app to improve patients' experiences of using it.

Improving websites for patients

In October we carried out our second review of the websites of all 67 GP practices in the county. We wanted to check how easy sites were to use, whether information and advice was accurate and up to date, and the availability of an online translation tool.

We sent a report to each practice setting out our findings and suggestions for their sites. Many practices have since made the improvements we suggested.

"We are constantly looking to improve our website so it was good to have your input and thoughts"

Practice Manager

More support for home blood pressure monitoring

We have called for greater support for people who monitor their blood pressure at home, following a project to understand what this was like.

We worked with Healthwatch Bucks to listen to people's experiences of taking their blood pressure at home. This work formed part of a wider Healthwatch England study.

What we heard

People monitor their blood pressure for different reasons and have different experiences. Most people were positive about taking their blood pressure at home, but others said they would prefer to have this done at a GP surgery. People also said it would be helpful to have:

- Access to clear information about blood pressure and monitoring.
- More options for submitting readings.
- Good communication from their GP practice.

What we did

We made several recommendations to the Clinical Commissioning Groups (CCGs) in Oxfordshire and Buckinghamshire on how support could be increased for people who monitor their blood pressure at home.

The CCGs said our report "provides a valuable insight to the patient experience of home monitoring" and that our recommendations would inform future work.

> "The Healthwatch feedback and recommendations will be extremely valuable to share with GP practices as they develop more comprehensive programs to support home blood pressure monitoring"
>
> **Buckinghamshire and Oxfordshire CCGs**

New age-related hearing loss service launched

Following work we carried out asking people about their experiences of getting treatment for earwax problems, a new, free treatment service for over-55s who have age-related hearing loss has been introduced.

More than 170 people responded to our survey about accessing treatment, with many saying they were unhappy that their GP practices no longer provide routine earwax removal. People were instead advised to use ear drops or pay for treatment at a high street provider. Although most people said they were satisfied with the non-NHS care they received, there were concerns about the affordability and safety of services, especially for those on low income, in residential care, or with mobility difficulties.

We shared what we heard with Oxfordshire Clinical Commissioning Group (OCCG) which has since commissioned the new self-referral service for over-55s who have age-related hearing loss and have undertaken two weeks' self-management without success.

OCCG also committed to providing clear information to GP practices and the public on self-management of earwax, availability of treatment on the NHS – including the age-related hearing loss service – and alternative providers, as well as expected costs and quality assurance.

We are currently following up with OCCG on their commitment and will continue to listen out for people's experiences of accessing hearing loss treatment.

Improving access to interpreters for health and social care support

Health and care providers in Oxfordshire have agreed to work together to improve people's access to and awareness of interpreting services, and to ensure that staff are fully informed. This commitment was a direct response to our work highlighting the difficulties people face accessing interpreting services locally, and the impact this can have on their care.

What we heard

- How important interpreters are in helping people feel safe, supported and empowered in their treatment and care.
- Not everyone is offered an interpreter when booking an appointment or receiving care.
- Not everyone knows that it is their right to have an interpreter for their health and social care appointments and treatment, or how to access this support.
- Some languages are difficult to find interpreters for but need to be provided.

> "I was not able to request interpretation services due to my language difficulty"

> "I felt awful and insecure at hospital (without an interpreter)... it is extremely hard to use NHS without language"

What we did

We held an online event attended by key organisations in the county, including health providers and commissioners, local authorities and GPs, to discuss what we had heard.

Those at the meeting agreed to look at developing a county-wide campaign to promote interpreting support and patients' rights, and access to interpreters across all services and communities. They also agreed to work together to see how NHS patient record systems can better flag the need for an interpreter when moving from one service to another.

Community research in action

We want everyone in Oxfordshire to be able to tell us their views about the NHS health and social care support they receive. It's particularly important that people who don't often speak out can tell their story in their own way.

This year we supported three inspiring community researchers to help us hear the voices of people we might not usually hear from.

Community research involves working with communities - to identify key issues, suggest change or practical solutions and take these to policymakers.

Communities are at the heart of this approach from beginning to end.

Hearing women's views on maternity care – Omotunde Coker

Omotunde worked with women from Oxford's diverse and multi-ethnic communities to create a film about maternity care.

More than 20 women shared their experiences and stories in a powerful film which captured the barriers women face when using local maternity services, including language and a lack of culturally specific support groups for mothers.

The film was presented by Omotunde and the women involved at a screening event attended by representatives from Oxfordshire maternity services.

The film has since been shared widely across Oxfordshire, Berkshire and Buckinghamshire, and was also presented at a regional conference showcasing community research.

Maternity professionals have praised the insight it offers.

> "Brilliant, brilliant presentation. This video should be sent to all the maternity units in England"
>
> A delegate at the Health Education England South East Community Participatory Action Research Showcase Event

What difference did this make?

After the screening, Oxford University Hospitals NHS Foundation Trust (OUH) pledged to make improvements to maternity services to ensure all women receive the best possible care.

Dr Brenda Kelly, Consultant Obstetrician at the hospital trust, said: "We are looking forward to continuing our conversations with women and their partners about how our services can better support the needs of black and minority ethnic women across the county during pregnancy, childbirth and after care."

The film also led to Oxfordshire Maternity Voices Partnership (OMVP) producing translated information leaflets. Omotunde now attends OMVP meetings as well as Oxfordshire Maternal Health Inclusion Group meetings, where she continues to raise some of the issues highlighted in the film.

> "These women have spoken, and this is not the end. We will continue to work with these organisations to help continue to give voice to the voiceless"
>
> Omotunde Coker

Watch the film at www.healthwatchoxfordshire.co.uk/our-work/our-videos

Hearing from the Sudanese community – Nagla Ahmed

Nagla worked with members of Oxfordshire's Sudanese community to hear their views on living a healthy life. Her report sets out recommendations for changes that could help support the community achieve better health, including women-only exercise sessions and more culturally appropriate leisure and healthy lifestyle services and support.

Her report has been shared with Oxford City Council, local leisure centres and other organisations working to promote health and fitness, and we will continue to support her to achieve some of the changes she has suggested.

Omotunde and Nagla's projects formed part of The Community Participatory Action Research (CPAR) programme. This was funded by Health Education England South-East and developed in collaboration with the Office for Health Improvement and Disparities, the Scottish Community Development Centre and NHS England and Improvement.

Hearing from Albanian-speaking communities – Rolanda Vullnetari

Rolanda reached out to members of the Albanian community in Oxfordshire to ask about their experiences using NHS and social care services. This was part of a project for the Care Quality Commission to hear the voices of seldom heard communities, particularly about any barriers faced in raising concerns about those services.

We are now working with local authorities and agencies on how to address some of the issues raised in Rolanda's report, which included access to interpreting services as well as challenges around housing, jobs and the cost of living.

Rolanda explains what she gained as a community researcher:

Why was this research important to you? I feel that the voice of the Albanian community, due to many factors, is not very well represented or heard in relation to NHS services or in relation to broader issues.

What did you learn from your research? I learned that the Albanian community despite many challenges, is very grateful for the NHS services they receive. Surely, there are issues with the services, but when these services were compared to what they would get in Albania, they would definitely choose the NHS. Even when they experience problems in the quality or access to the NHS service, they don't feel they have the right to complain because they are immigrants, and they feel that they are getting more than they deserve.

> "Community research provides a window into the inside workings of a community"

What did you gain from your role as a community researcher? I gained new insights into my own community. The interviewees shared things that I would not have heard if it wasn't for this research setting.

Read the reports at www.healthwatchoxfordshire.co.uk/reports

Three ways we have made a difference

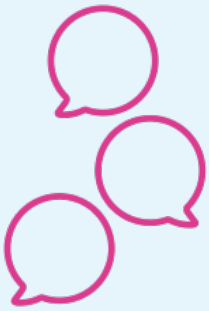
We work to ensure people's views on health and social care services are heard by those who provide them. We also seek to improve access to those services. Here are three examples of how our work has helped make a difference to local communities.

Improving patient experience over time

It can take time for improvements to happen...

An example of this is the recent introduction of new parking arrangements at the John Radcliffe and Churchill hospitals in Oxford. These new measures follow work we carried out four years ago, when 300 people shared their views on hospital parking with us.

We made a series of recommendations to Oxford University Hospitals NHS Foundation Trust – some of which have now been adopted, including dedicated Blue Badge holder parking areas and payment on leaving the sites, helping to improve people's experiences of visiting and parking at the hospitals.

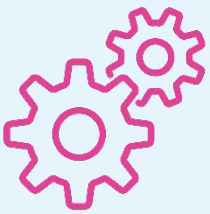


Getting services to involve the public

We believe it is important that service providers involve local people in improving care and we push hard for this to happen.

As an example of this, following our recommendation, people who receive care in the community will now be involved in the way these services are developed.

Oxford Health and partners are reviewing the principles for how community services for older people in the county will be provided in the future. As part of our response to its initial plans we suggested that people who use these services are involved in how they are designed and developed. Oxford Health agreed to this – we now need to make sure it happens!



Working together to improve access to services

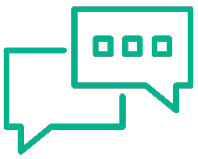
To help support the COVID vaccination programme we worked with our community contacts to promote opportunities for people to get vaccinated. For example:

- We publicised vaccination walk-in clinics and as a result leaflets were distributed to more than 2,000 homes by local groups.
- We worked with Oxford Health NHS Foundation Trust and Oxford Community Action to arrange a vaccination walk-in clinic at a football tournament attended by players of many nationalities.
- We helped Oxfordshire Clinical Commissioning Group to promote the COVID vaccine to members of the boaters community.

Some of our other work throughout the year

A snapshot of the range of work we've carried out from April 2021 to March 2022.

Spring



We heard from **Arabic and Kurdish speaking** women in Oxford about their experiences of lockdown and accessing health care.

We worked with partners to run a **men's health webinar** looking at how to remove barriers to men accessing services and local support.

Summer

More than **600** people told us their views and experiences of the local **COVID-19** vaccination programme.

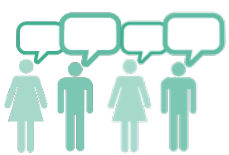
We raised awareness of new plans for collecting **GP patient data** and how patients could opt out of this if they wished.

Autumn

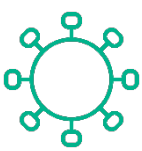
We made **4 visits** to **Chipping Norton** to ask people living in the area about accessing health and social care services.

We carried out **3 Enter and View** visits to health services in Chipping Norton as part of our focus on the town.

Winter



More than **500** people gave us their views as part of a project to better understand the levels of **isolation felt in rural communities**.



We asked people to share their experiences of **visiting loved ones in a care home** since the COVID-19 visiting guidelines changed.

In other work...

Feedback Centre

We run a Feedback Centre on our website where people can leave a short, anonymous review of their experiences of using local health services. This year 415 people left a review.

We now send all reviews to service providers so this is a great way to ensure your feedback is heard by those delivering your care. We also follow up with providers on reviews of concern.

You can leave a review and read other people's feedback at **www.healthwatchoxfordshire.co.uk/services**

Enter and View

We resumed a regular programme of Enter and View visits to health and social care services.

The purpose of these visits is to collect evidence of what works well and what could be improved to make people's experiences better.

Our reports on the six Enter and View visits we carried out this year can be read at **www.healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports**

In addition:

- ✓ We introduced regular webinars for Patient Participation Groups as part of our support for them. We held six webinars attended by around 200 people covering a range of subjects from social prescribing to primary care networks.
- ✓ We increased our reach and engagement via Facebook, Twitter, Instagram and LinkedIn, helping us to hear from more people and promote our work to a wider audience.
- ✓ We started producing Easy Read summaries of our research reports, to present our work in an easy-to-understand format that is accessible to all. We also added Easy Read information to our website and created Easy Read versions of posters.
- ✓ We have continued to add translated materials and information to our website, and have produced surveys, report summaries and social media posts in other languages.

Advice and information

We can provide you with information and advice about local health and social care services to help you understand your options and get the help you need.

Whether it's finding an NHS dentist, registering with a GP or how to make a complaint, we are here to help.

This year we helped **369** people by:

- Providing up-to-date information on COVID-19.
- Linking people to reliable information they could trust.
- Helping people to access the services they need.

Helping to get registered with a doctor and dentist

An elderly couple who were moving to near Bicester contacted us to say they were unable to find a GP and dentist willing to accept them as new patients.

We searched online for possibilities and called the nearest GP practice and others nearby, but none were taking on new patients, so we contacted Oxfordshire Clinical Commissioning Group (OCCG) patient services. They looked into this and contacted the nearest GP practice who agreed to register the couple.

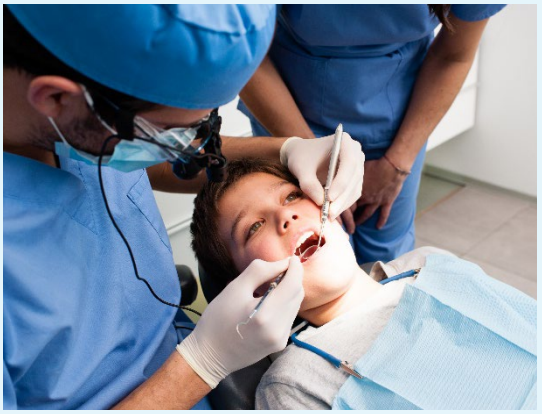
We were also able to tell the couple about a dentist who was accepting NHS patients, so they were able to register with a dentist too.

"You provide a wonderful service... We're all fixed up now with the doctor and a dentist. We are very grateful for your help and expertise"

Accessing urgent dental care

A young child from a military family needed urgent dental treatment and had been waiting over a year in pain as the family tried to find an NHS dentist to treat them. During this time the child had seen doctors for antibiotics and was regularly taking paracetamol.

The family emailed us and asked for help. We rang the Oxfordshire Community Dental Service who offered an appointment for the child the next day.



Getting advocacy support

A desperate parent called us as their disabled child was being assessed for continuing healthcare and the parent felt the process was not being followed properly. The parent wanted an advocate to support them during the process.

We found a voluntary sector group who could support families that needed help when dealing with professionals, and we put the parent in touch with the advocacy group.

Volunteers

We are supported by a team of amazing volunteers who give up their time to help us with a range of research, outreach and admin tasks.

This year our volunteers:

- Reviewed content on our website to ensure it was up-to-date and correct.
- Researched and collected information about local organisations to help ensure we reach communities across the county.
- Helped with a follow-up survey of Oxfordshire's 67 GP practice websites to see if the improvements we suggested following our first survey had been implemented to make the sites easy to use for patients.

This year we have worked closely with three inspiring volunteer community researchers who have helped reach out to communities that we haven't heard from before.

We are also very grateful to our five volunteer Trustees who share their experience and expertise to help steer our work.

We also have three volunteer Ambassadors who represent us at Oxfordshire's Health Improvement Board and Oxfordshire Children's Trust Board meetings. They play a vital role making sure the voices of people who use health and social care services are heard by decision makers.

Thank you to all our volunteers.

Healthwatch Oxfordshire Board

Chair Sylvia Buckingham (centre) and from top left clockwise Trustees Don O'Neal, Martin Tarran-Jones, Claire Gray and Alyssa Chase

Meet our Children's Trust Board Ambassadors

Dan Knowles and Lisa Hughes are our two Healthwatch Ambassadors on Oxfordshire's Children's Trust Board. This board brings together public, private and voluntary sectors to improve outcomes for all children and young people who live in the county. As Ambassadors, Dan and Lisa bring lived experience to this role and ensure the views of parents are heard by the influential decision makers who sit on the board.

To help them do this, they held two online meetings of the Oxfordshire Wellbeing Network (OWN) this year to canvass the views of parents and organisations supporting parents. Their first event in October explored some of the challenges facing parent support groups, and the second event focused on Oxfordshire County Council's new plans for supporting children and young people with special educational needs and disabilities (SEND).

Dan

I have enjoyed being a Healthwatch Ambassador, working alongside my colleague Lisa who is always supportive and expert.

A particular highlight in the last 12 months has been expanding the input from the Oxfordshire Wellbeing Network in order to gather the views of more parents and carers in order to represent these at the Children's Trust Board.

Lisa

It's been really helpful working alongside Dan as a Healthwatch Oxfordshire Ambassador to the Children's Trust Board.

As well as meeting with many inspirational and hard working people through OWN, we've also had a particular focus on understanding more about the data and performance of children's mental health services in Oxfordshire, which we know are a priority to so many families.

We are always on the lookout for new volunteers, so if you would like to find out more please get in touch.

01865 520520

hello@healthwatchoxfordshire.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

In addition to the Healthwatch Oxfordshire grant in aid agreement, we have received additional income to deliver a small number of projects in line with our charitable objectives.

Income	
Funding received from Oxfordshire County Council	£252,866
Other income	£55,204
Legacy funds brought forward	£25,833
Total income	**£333,903**

Expenditure	
Staff costs	£246,757
Operational costs	£57,016
Support and administration	£29,737
Surplus carried forward	£393
Total expenditure	**£333,903**

Please note these figures may be subject to minor amendments and will go to an Independent Examination.

Top priorities for 2022–23

- Listen to seldom heard communities.
- Ensure that the voice of patients and the public are heard by service providers and commissioners.
- Continue to influence the design, delivery and review of health and social care services.
- Play a leading role in making system engagement effective.

Next steps

- ✓ We will continue to make sure your voice is heard by decision makers and service providers.
- ✓ We will continue to work alongside communities and with decision makers to reduce barriers faced by some communities in accessing health and care services.

Talk to us!

We would love to hear from you if you have feedback to share or a question to ask.

Call us on 01865 520520 or email us at hello@healthwatchoxfordshire.co.uk

Statutory statements

About us

Healthwatch Oxfordshire, The Old Dairy, High Cogges Farm, High Cogges, Witney, Oxfordshire, OX29 6UN. Registered in England and Wales as a Company Limited by Guarantee number 8758793, and Registered as a Charity number 1172554.

Healthwatch Oxfordshire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Our Healthwatch board consists of five Trustees who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021-22 the board met four times and were supported by a Governance and Finance Group, chaired by our Treasurer. The board made decisions on matters such as providing a formal response to the Oxfordshire Community Services Strategy review and agreeing to increase the voice of seldom heard communities as an operational priority.

We ensure wider public involvement in deciding our work priorities in many ways - we make sure that we constantly keep an eye on conversations, comments, enquiries and website feedback on services, so that we can pick up on new and pressing issues that residents are bringing to us. We identify any major changes that are planned in the health and social care system, and these are considered at the start and throughout the year, to steer our work priorities.

Methods and systems used across the year's work to obtain people's views and experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and social care services. During 2021-22 we have heard from people by phone, by email and via our online Feedback Centre. We have organised webinars, online Round Table events, and attended virtual meetings of community groups and forums. We have also engaged with the public through social media.

Where possible, COVID restrictions allowing, we did attend some community groups and meetings in person. We also carried out some outreach work and made several visits to Chipping Norton as part of a focused project. We also resumed our regular programme of Enter and View visits, with reports outlining our recommendations from each visit published on our website.

We continued to support Patient Participation Groups and the Oxfordshire Wellbeing Network, which also helped us to keep abreast of the broad issues facing different groups and communities, and to identify areas of concern.

We are committed to hearing from all communities across Oxfordshire, and to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and social care decision makers. This year we have worked closely with three volunteer community researchers as a new and innovative way to explore some of the public health issues affecting seldom heard communities in Oxfordshire.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website at www.healthwatchoxfordshire.co.uk alongside an Easy Read version and a text-only summary which can be translated into other languages via our online translation tool.

Responses to recommendations and requests

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Oxfordshire is represented on the Oxfordshire Health and Wellbeing Board by Sylvia Buckingham, the Chair of Healthwatch Oxfordshire. She effectively carried out this role by attending and taking an active part in these meetings, scrutinising reports presented to the board and asking for clarity where needed. She also presented our reports to the board and answered questions about our work.

2021-2022 Outcomes

Report	Impact and outcomes
Enter and View	
Outpatients Unit – Chipping Norton War Memorial Community Hospital November 2021	Service provider response to recommendations: ▪ A PALS poster is on display in our patient waiting area (as noted in your report). We will add to the poster a sign 'For more information, please ask at Reception'. ▪ An iWantGreatCare (iWGC) poster is on display in our patient waiting area. We will add to the poster a sign 'For more information, please ask at Reception'. ▪ A copy of the Trust's 'Interpreting and Translation Services' information leaflet can be obtained from Reception; leaflet information is now on display in the patient waiting area to highlight this service. Interpretation services can be arranged for patients attending Oxford Health services.
Research Reports	
People's experiences of home blood pressure monitoring in Oxfordshire and Buckinghamshire February 2022	Buckinghamshire and Oxfordshire Clinical Commissioning Groups would like to thank Healthwatch for this very helpful report… The report provides a valuable insight to the patient experience of home monitoring for blood pressure, which will be highly valuable to this work and other home monitoring initiatives. The Healthwatch feedback and recommendations will be extremely valuable to share with GP practices as they develop more comprehensive programs to support home blood pressure monitoring. We welcome the recommendations… The recommendations will inform our work as we move forward.
Black women's experiences of maternity services – film produced to report on community research project led by Omotunde Coker March 2022	Maternity Voices Partnership translated their leaflet immediately after the film showing – 'into one language but it's a start'. (MVP representative).

Report	Impact and outcomes
Patients' experiences of contacting GP surgeries in Oxfordshire March 2022	In order to improve access to patients Oxfordshire Clinical Commissioning Group is: ▪ Currently reviewing its online consultation platform eConsult to ensure it meets the needs of both the patient and the practice. ▪ Investing in an advanced telephony solution to make the telephone system more consistent and efficient.
Using interpreters to access health and social care support in Oxfordshire March 2022	We held a Round Table event to discuss the findings of our report, which was attended by key organisations in the county. The following action points were agreed: ▪ Explore the production of a joint advertising / information campaign to raise awareness of rights to an interpreter. ▪ Promote use of interpreters within all staff teams. ▪ Oxford University Hospitals NHS Foundation Trust (OUH) offered other organisations to be part of the maternity pilot they are carrying out. ▪ Remind GPs that interpreting service is free. Oxford Health also included this reference to our report in their Quality Account Statement 2021-22: 'We have taken steps to improve the accessibility of information on the Trust's website and to better promote ReachDeck software. This is software we use on our website so a person can translate any of the material into their chosen language or increase the size of text or have the information read aloud.' We followed up an enquiry about provision of interpreters at community pharmacies with NHS England via Oxfordshire Clinical Commissioning Group (OCCG). Response includes: ▪ New ability for pharmacists to access Language Line (NHS OCCG commissioned interpreter service) via a code under OCCG. ▪ In future to bring to attention to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and commissioning process for interpreter services across the BOB ICS area.
Food and healthy lifestyles: What we heard from the Sudanese community in Oxfordshire Report by community researcher Nagla Ahmed March 2022	Dialogue has started with Oxford Health NHS Foundation Trust Community Diabetic Service to discuss cultural appropriate services and links with diverse communities. This has included an invitation to attend Type 2 Diabetes awareness courses as observers and give feedback to Oxford Health.

Report	Impact and outcomes
Using pharmacies in Oxfordshire, May 2021 and the Oxfordshire Pharmaceutical Needs Assessment 2022 Consultation November 2021 – January 2022	Oxfordshire County Council's consultation on Pharmaceutical Needs Assessment, open from November to January 2022, quoted Healthwatch Oxfordshire's report 'Using Pharmacies in Oxfordshire' and provided a link on the consultation page to the report, citing it as an important document.
Follow up secret shopper exercise on access to making an adult safeguarding report by the public 'I Just Want To Talk to Someone'. June 2021	The report was presented to the Oxfordshire Safeguarding Adults Board (OSAB) in June. Recommendation 2 was acted upon at the meeting. ▪ A freephone telephone number is now provided on both the Oxfordshire County Council and the Oxfordshire Safeguarding Adults Board websites for people who may not have access to digital means.
What people have told us about getting treatment for earwax and hearing problems September 2021	This report influenced Oxfordshire Clinical Commissioning Group's new, free treatment service for over-55s who have age-related hearing loss.
GP websites check-up April 2021 and December 2021	Outcome – improved access to information on GP websites April 2021 Oxfordshire Clinical Commissioning Group included the report in their mailing to all GPs and reminded them of people's right to register. December 2021 Many GP websites are now using the GMS1 as the main registration form for patients to register. 64 of the 67 websites provide information about how to make a complaint. This was easy to find on most websites.
The Long and Winding Road – an update on parking at OUH and outcomes of our 2017 report August 2022	In August 2022 Oxford University Hospitals NHS Foundation Trust (OUH) announced changes and improvements to the parking at two of the sites that reflected recommendations in our 2017 report. These are: ▪ Creating a dedicated cark park with Blue Badge spaces at the Churchill. ▪ Making separate access to the disabled car parking spaces at the John Radcliffe. ▪ New card payment machines at the Horton General Hospital. ▪ Installation of ANPR - people can now pay when they leave rather than worry about overstaying.

Report	Impact and outcomes
Oxfordshire Health Improvement Board June 2021	Statements made at the meeting about the relevance of Healthwatch reports. "Healthwatch reports are used in the day-to-day work of Oxfordshire County Council. These are always a good source of information on how to reach communities. An example was the work that was done to increase awareness among men in BAME communities regarding NHS health checks. The information is combined with other sources of data to form a full picture." (Ansaf Azhar, Oxfordshire Director Public Health). The reports are circulated within the public health team and findings inform the council's programmes and interventions.
Oxfordshire Quality Committee December 2021	Healthwatch Oxfordshire's report and discussions at the committee resulted in a telephone number being available for patients to contact Oxfordshire Clinical Commissioning Group when looking for advice on registering with a GP.
'Thank you for asking' – Boaters' experience of health services in Oxfordshire February 2020	This report continues to be referenced by the health system throughout 2021-22. In May 2021 Healthwatch Oxfordshire linked representatives of the boater community with the Oxfordshire (COVID) Vaccine Hesitancy Planning Group.
Oxford's new and emerging communities' views on wellbeing and film 'Community Wellbeing a problem shared' January 2021	This report and video produced with Oxford Community Action (OCA) continues to influence and impact on the development of services, often with Healthwatch Oxfordshire acting as a broker between communities and the system. For example, a Mental Health First Aid course was established as a result of initial findings of the Community Wellbeing report. Another course was run in June 2021 for another nine female Community Champions/Volunteers. In March 2022 Oxford Community Action are to make videos with Restore (provider of Mental Health First Aid Training) about community mental health training.

Appendix 1

Reports published April 2021-March 2022

Research reports

- GP website check-up – April 2021
- What is it like living in and around Didcot in 2020? – April 2021
- Access to Oxfordshire dental services during COVID-19 restrictions – April 2021
- Voices from the loved ones of care home residents during the COVID-19 pandemic – May 2021
- Using pharmacies in Oxfordshire in 2020 – May 2021
- I just want to talk to someone: a secret shopper exercise for Oxfordshire Safeguarding Adults Board – June 2021
- What people are telling us about the COVID-19 vaccination in Oxfordshire – July 2021
- What people have told us about getting treatment for earwax and hearing problems – September 2021
- GP websites revisited – December 2021
- Hearing from Albanian and Arabic speaking communities – February 2022
- People's experiences of home blood pressure monitoring in Oxfordshire and Buckinghamshire – February 2022
- Patients' experiences of contacting GP surgeries in Oxfordshire – March 2022
- Women's views on maternity care (short film produced to report on this work) – March 2022
- Using interpreters to access health and social care support – March 2022
- Food and healthy lifestyles: what we heard from the Sudanese community in Oxfordshire – March 2022
- Living in Chipping Norton – March 2022
- Rural isolation in Oxfordshire – March 2022

Annual report

- Healthwatch Oxfordshire Annual Impact Report 2020-2021

Enter and View reports

- Outpatients Unit Chipping Norton War Memorial Community Hospital – March 2022

Reports to external bodies

- Oxfordshire Health and Wellbeing Board – June, October and December 2021 and March 2022
- Oxfordshire Health Improvement Board – May, September and November 2021 and February 2022
- Oxfordshire Joint Health Overview and Scrutiny Committee – April, June, September and November 2021 and March 2022
- Oxfordshire Quality Committee – August 2021 and January 2022

You can read all our reports at www.healthwatchoxfordshire.co.uk/reports
For a paper copy call 01865 520520 or email hello@healthwatchoxfordshire.co.uk

Appendix 2

Reaching out

Although it was still hard to get out and about for much of the year, due to COVID restrictions, we did manage to attend some community groups or events in person. We also worked hard to keep in contact with groups and reach out to new ones via social media or online events and meetings.

Here are some of the groups and organisations we have met with, provided information or support to, heard from or worked with over the last year.

- A2 Dominion
- Achieve Oxfordshire
- Active Oxfordshire
- African Families in the UK (AFIUK)
- African Mothers' Ubuntu
- Afrikan Caribbean Kultral Heritage Initiative (ACKHI)
- Afrikan Heritage
- ArkT
- Asian Women's Group Rose Hill
- Asylum Welcome
- Banbury Lighthouse
- Banbury Mosque
- Barton Community Association
- Blackbird Leys Family Day
- Chipping Norton Connect Cafe
- Chipping Norton Library
- Chippy Larder
- Diversity Football League
- Douglas House
- East Timorese Community Association
- Iraqi Women Art and War
- Nigerian Community Oxford
- Oxford Academic Health Science Network
- Oxford Against Cutting/BAED Worlds Group
- Oxford Community Action
- Oxford Open Door
- Oxford Myeloma Support Group
- Oxford Sudanese Community
- Oxfordshire All In
- Oxfordshire Association of Care Providers
- Oxfordshire Chinese Community and Advice Centre
- Oxfordshire Citizens Advice Bureau
- Oxfordshire Maternity Voices Partnership
- Oxfordshire MIND
- Oxfordshire Palliative Care Network
- Oxfordshire Youth
- Pamoja
- Refugee Resource
- Rose Hill Community Larder
- SOFEA
- Syrcox
- Syrian Sisters

We also heard from and worked with members of the Albanian and Sudanese communities and Arabic and Kurdish speaking women in Oxfordshire, via our community researchers. We also linked into Health and Wellbeing Partnership meetings across Oxford.

We have attended several Patient Participation Group meetings – including Banbury Cross Health Centre PPG, Botley Medical Centre PPG, Charlbury Medical Centre PPG, Clifton Hampden PPG, Manor Surgery PPG, Newbury Street Practice PPG, The Health Centre Bicester PPG, and Wychwood Surgery PPG.

Thanks to all those we have worked with during the year.

Appendix 3

Connections in the county

Over the year members of the team have attended a range of meetings with organisations and statutory bodies, including:

Oxfordshire Clinical Commissioning Group

- Primary Care Clinical Commissioning Committee
- Quality Committee
- Social Prescribing Strategy Group
- COVID-19 Vaccine Hesitancy Group
- Dr David Chapman, Chair; James Kent, Accountable Officer, and Diane Hedges, Chief Operating Officer and Deputy Chief Executive

Oxfordshire County Council

- Cllr Liz Leffman, Leader of the Council
- Cllr Liz Brighouse, Deputy Leader of the Council and Cabinet Member for Children, Education and Young People's Services
- Cllr Jenny Hannaby, Cabinet Member for Adult Care
- Cllr Mark Lygo, Cabinet Member for Public Health and Equality
- Cllr Ian Snowdon, Chair of the Place Overview and Scrutiny Committee

Oxfordshire Joint Health Overview and Scrutiny Committee

Care Quality Commission (CQC) area managers

Citizens Advice Bureau Banbury

Commitment to Carers NHS England

Community First Oxfordshire

Primary Care Networks

- HenleySonNet Primary Care Network
- NOxNET Primary Care Network
- Primary Care Network Support Managers at Bicester, Eynsham and Rural West

Oxfordshire Joint Strategic Needs Analysis Group

Oxford Health NHS Foundation Trust

- Equality Diversity Inclusion Steering Group
- Community Services Review Strategy – Beds Group
- David Walker, Chair, and Dr Nick Broughton, Chief Executive

Oxford University Hospitals NHS Foundation Trust

- Professor Sir Jonathan Montgomery, Chair; Dr Bruno Holthof, Chief Executive, and Sam Foster, Chief Nursing Officer
- Council of Governors
- Patient Engagement Community Service

Appendix 3

Connections in the county - continued

Oxfordshire Community and Voluntary Action

Oxfordshire Health and Wellbeing Board – full Board member

Oxfordshire Health Improvement Board – Healthwatch Ambassadors

Oxfordshire Children's Trust Board – Healthwatch Ambassadors

Oxfordshire Maternity Voices Partnership

Oxfordshire Men's Health Partnership

Oxfordshire Mental Health Concordat

Oxfordshire Safeguarding Adults Board Full Board and Engagement Group

Oxfordshire Stronger Communities Alliance (OSCA)

Oxfordshire Vaccination Group

POhWER Advocacy Group

Quality Leads Patient Experience

Healthwatch Buckinghamshire, Healthwatch Berkshire West, Healthwatch Reading, Healthwatch Wokingham

Healthwatch England

Thames Valley Cancer Alliance

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

- Population Health Management Development Programme
- Primary Care Committees in Common
- System Quality Group Board

Buckinghamshire, Oxfordshire and Berkshire West Voluntary Community Social Enterprise Alliance

Acted as independent chair for the following public meetings:

- Oxfordshire County Council special educational needs and disabilities (SEND) consultation meeting
- Oxford Health NHS Foundation Trust Community Services engagement events

An Easy Read version and a summary of this report, together with some short films to highlight our work in 2021-22 are available on our website www.healthwatchoxfordshire.co.uk

Please get in touch if you would like this report in another format by calling 01865 520520 or emailing hello@healthwatchoxfordshire.co.uk

healthwatch Oxfordshire

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www.facebook.com/healthwatchoxfordshire
www.instagram.com/healthwatchoxfordshire
www.linkedin.com/company/healthwatch-oxfordshire

Contact us for information, support and your views on NHS health and care services:

Qeynta in xog lagaa cawiyo

Kwa habari, msaada na sauti yako juu ya afya na utunzaji

karik hakarak informasaun ka suporta ka hakarak hato'o hanoin ruma kona ba ajuda saude nian

هيلث ووتش للحصول على المعلومات والدعم وحاجتك للصحة والرعاية

OXFORDSHIRE COUNTY COUNCIL

Work Programme 2022/23
Joint Health Overview and Scrutiny Committee

Cllr J Hanna OBE Chair | Helen Mitchell - helen.mitchell@oxfordshire.gov.uk

Still to Be Incorporated

Covid – approach to recovery and renewal.
Lead officer – Ansaf Azhar

Community Services Strategy – content and approach to communications, engagement and any consultation.
Lead officer – Helen Shute

COMMITTEE BUSINESS

Topic	Relevant strategic priorities	Purpose	Type	Report Leads
14 JULY –SPECIAL MEETING				
Community Services Strategy	Prioritise the Health and Wellbeing of Residents	To understand current progress and plans for the future	Overview and Scrutiny	Helen Shute Dr Ben Riley Diane Hedges
ICB Updates Response to HOSC in relation to the Communications and Engagement Strategy	Prioritise the Health and Wellbeing of Residents	To understand progress across key areas of ICB business	Overview and Scrutiny	Javed Khan Catherine Mountford Amanda Lyons Matt Powls Sarah Adair

The ICBs Long Term Strategy / Plans to Develop it ICB Place Update for Oxfordshire				
22 SEPTEMBER 2022				
Smoke Free Strategy	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents Create Opportunities for children and young people to reach their full potential	Assessment of the development of the strategy and opportunities for maximum impact across Oxfordshire.		Cllr M Lygo Ansaf Azhar Rosie Rowe
Health Inequalities in Rural Areas	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents Create Opportunities for children and young people to reach their full potential	Assessment of the current 'state' of inequality and opportunities to strengthen economic and social connectivity.		Cllr M Lygo Ansaf Azhar Cllr D Enright Bill Cotton Claire Taylor Emily Schofield Robin Rogers

OXFORDSHIRE COUNTY COUNCIL

24 NOVEMBER 2022				
Integrated Care Programme For Oxfordshire	Prioritise the Health and Wellbeing of Residents	Assurance of smooth transfers of care, capacity and demand management with view to improving their ability to reduce demand on emergency/secondary services and drive better outcomes for residents and carers		Cllr T Bearder Karen Fuller Lily O'Connor David Duran
Dementia Services	Prioritise the Health and Wellbeing of Residents	Assessment of current provision and opportunities for service improvement		Cllr T Bearder Dr Ben Riley
Serious Mental Illness	Prioritise the Health and Wellbeing of Residents	Assessment of current service provision and opportunities for service improvement for residents with serious mental illness vulnerable and often marginalised group		Cllr T Bearder Dr Ben Riley
Primary Care	Prioritise the Health and Wellbeing of Residents	To receive an update on the performance of Primary Care across the county **An informal workshop will have taken place in (ideally) September**		Jo Cogswell Julie Dandridge

9 FEBRUARY 2023				
Integrated Care Programme For Oxfordshire	Prioritise the Health and Wellbeing of Residents	Assurance of smooth transfers of care, capacity and demand management with view to improving their ability to reduce demand on emergency/secondary services and drive better outcomes for residents and carers		Cllr T Bearder Karen Fuller Sam Foster Pippa Corner Lily O Connor Sara Randall
End of Life Care – Children and Adults	Support carers and the social care system	Understanding the new service (sig. investment in Spring 2021) how it has integrated with existing pathways and provides a better service for those on the EOL pathway and their families.		Cllr T Bearder Karen Fuller Rebecca Cullen to advise most appropriate
Dentistry	Prioritise the Health and Wellbeing of Residents Tackle Inequalities in Oxfordshire	Assessment of current provision and opportunities for improvement		TBC
20 April 2023				
Public Health	Tackle Inequalities in Oxfordshire	Assessment of prevention and early		Cllr Lygo Ansaf Azhar

	Prioritise the Health and Wellbeing of Residents Create Opportunities for children and young people to reach their full potential	intervention services with a view to improving their ability to reduce demand on primary care / secondary services and drive better outcomes for residents.		

SUB GROUP / WORKING GROUP

SUB GROUPS / WORKING GROUPS				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**
Ensuring Population Health Needs within the Planning / Development Control Process	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents Create Opportunities for children and young people to reach their full potential	To understand the current system of capturing, incorporating and delivering the health needs of a population as part of the development of new settlements across Oxfordshire.	To be assured that all relevant organisations involvement are meeting or exceeding their legal or practical responsibilities To affect changes to current processes that will ensure health needs are delivered	TBC

OXFORDSHIRE COUNTY COUNCIL

BRIEFINGS FOR MEMBER INFORMATION (CONFIRMED)

BRIEFINGS				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**
The New MSK Service For Oxfordshire (11th July)		Understanding the new service, how the public will be engaged on the new service and how it will be an improvement on the current service provider, Healthshare.	To drive better outcomes To drive value for money	Barbara Shaw
The Commissioning of Domestic Abuse Services (29th July)	Tackle Inequalities in Oxfordshire Create Opportunities for children and young people to reach their full potential	An update on the implications of the recently-passed Domestic Abuse Act and the Council's plans for recommissioning Domestic Abuse services.	To improve Scrutiny-member understanding of the context of the commissioning of Domestic Abuse services. To provide Scrutiny with the opportunity to engage and shape what is commissioned before it goes to market	No lead - People OSC and HOSC members invited.

BRIEFINGS FOR MEMBER INFORMATION (REQUESTED)

OXFORDSHIRE COUNTY COUNCIL

BRIEFINGS				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**
Health And Care Act 2022		Ensuring Member and officer understanding of the reforms to the NHS and SC as part of the Health and Care Act and its impact on Oxfordshire	To understand the new health landscape To understand where accountability lies within an integrated system	All
The Emerging Policy Climate for Children's Services / Education:		Understanding the impact of the National SEND review/green paper, Opportunity for All White Paper, Josh McAlistair Review and the Health and Care Act and its translation for Oxfordshire. To include a review of reforms introduced by OCC on children/adults interface in 2021.	To understand the emerging policy landscape	All
The Emerging Policy Climate for Adults Services		Understanding the impact of the CQC assurance responsibilities, People At The Heart of Care white paper, the Health and Care Act and its translation for Oxfordshire.	To understand the emerging policy landscape	All

OXFORDSHIRE COUNTY COUNCIL

ITEMS DEFERRED FROM WORK PROGRAMME 2022/23					
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**	**Comments from Health Scrutiny Officer**
Healthy Place Shaping	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	Assessment of the development of HPS and opportunities for maximum impact across Oxfordshire.		Cllr M Lygo Ansaf Azhar Rosie Rowe	Agreed to swap HPS out of the programme and place Smoke Free in the programme as agreed at Committee on 9 June. This item

	Create Opportunities for children and young people to reach their full potential				will stay on the deferred programme in the event that Members wish to re insert it at a later date.
Funding For Children's Mental Health from the BOB ICB	Create Opportunities for children and young people to reach their full potential	To understand current and future funding position based on the need to manage current CAMHS demand and any future demand	Funding For Children's Mental Health from the BOB ICB	Create Opportunities for children and young people to reach their full potential	Report won't be ready for July 2022 meeting. Suggest members use this subject as a key line of enquiry as part of ICB strategy conversations (first one 14 July) and any financial planning rounds.

DRAFT WORK PROGRAMME 2023/24				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**

Evaluation of the emotional wellbeing for children and young people service/s		To review the outcomes/efficacy of the service. See Committee 10 March and 9 June for background. Schedule in for September 2023 meeting		

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 04072022

Item	Action	Lead	Progress update
Minutes of 23 September	Health partners to be invited to the next OCC scrutiny training	Helen Mitchell OCC	To be actioned in the new municipal year. In progress *Update – OCC scrutiny are working up a training proposal with CfGS.*
28 November Meeting			
COVID	Jo Cogswell to report to the next meeting on the allocation of Winter Access Funds.	Jo Cogswell, Oxfordshire CCG	A comprehensive item will be considered at the Committee's meeting on 10 May 2022. In progress *Update – Committee on 10 May agreed this was not completed via the Primary Care paper shared with Committee. Would be completed subject to further information offered via a workshop with ICB colleagues*.
COVID	Recommended that HOSC planning (at their virtual meeting) will develop a template for reporting to HOSC, which will include a section on what contribution is being made to COVID recovery.	Helen Mitchell, OCC	In progress *Update – template is being drawn together as a result of examples being shared from the SE Scrutiny Officers network.*

Item	Action	Lead	Progress update
Cllr Barrow's Infection Control Report	Oxfordshire County Council (OCC), through its adult services, should hold regular discussions with OACP, OCHA on how locally we can maximise the advice from online sources beginning with the Bushproof and Department of Health documents.	Karen Fuller, OCC	OCC are in regular conservations with both OACP and OCHA to ensure that we maximise all sources of advice and guidance which is cascaded to providers via multiple channels/networks accordingly. This includes any changes in guidance and regulations. Guidance is taken from the Department of Health and Social and the UK Health security agency (UKHSA) In progress *Update – HOSC on 9 June asked that the service reconsider use of the Bushproof document to supplement not replace DHSC and UKHSA materials.* *The service has declined use of the document.* *Discussion required at Committee.*
Cllr Barrow's infection control report	OCC carries out a regular review of current infection control procedures in care homes and the support provided.	Karen Fuller, OCC	This is built into our routine procedures in relation to infection control and monitoring outbreaks. OCC works in partnership with Oxford Health care home support service, CQC and UKHSA. In progress *Update – Awaiting details from Karen Fuller to support a site visit/s to care homes in the County.*

Item	Action	Lead	Progress update
Cllr Barrow's Infection control report	OCC should ensure that its winter plan contains the recommended training and infection control support as identified by recommendations also made in the report	Karen Fuller, OCC	The Winter Plan contains and is managed in conjunction with the local outbreak management plan and standard operating procedures. In progress *Update – Awaiting details from Karen Fuller to support a site visit/s to care homes in the County.*
10 March Meeting			
Access and Waiting Times	Information is supplied on the new elective care access offer across the BOB footprint (the provider collaborative)	Sara Randall, OUH	BOB ICS Elective Recovery plan & provider collaborative would need to be presented by BOB ICS colleagues - James Kent/David Williams In progress *Update – To be discussed at a forthcoming meeting with Catherine Mountford.*
Access and Waiting Times	That Members meet separately with James Scott to explore workforce challenges across Oxfordshire/the NHS	James Scott, BOB ICS	Initial meeting between Helen Mitchell and James Scott in the diary for 5 May to ensure effective future engagement with Members. In progress *Update – To be considered as part of future discussions amongst the BOB HOSC*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 04072022

Item	Action	Lead	Progress update
ICS/ICB Item	That Members engage with Catherine Mountford and OCC about the evolution of the ICS/ICB from a governance perspective and how/where democratic references can influence how the ICB/ICS operates in practice.	Helen Mitchell, OCC / Catherine Mountford, Stephen Chandler	In progress. *Update – To be discussed at a future meeting between Chair and Catherine Mountford*
Covid Recovery	That the covid recovery plan is placed on the agenda for 10 May meeting	Ansaf Azhar, OCC	*Update – Cllr Hanna, Jean Bradlow met with Cllr Lygo and Ansaf Azhar on 13 June. It was agreed that the focus of the Committee in respect of covid-19 this municipal year should be in respect of accessing primary and secondary care services. Exploratory work is to be undertaken by the Interim Health Scrutiny Officer on how best to do this, in conjunction with a small sub group to be established at the next meeting of HOSC, 14 July.* In progress and for discussion and agreement at HOSC on 14 July.
Chairs Update	That Members of the Committee come forward in which to develop a glossary of NHS acronyms.	Helen Mitchell / HOSC Members	Cllr Champken – Woods came forward at the last meeting to start an early draft. In progress
10 May Meeting			
Primary Care	That the Committee takes up the offer from Primary Care colleagues to have a primary care workshop to be delivered at a mutually agreeable date.	Helen Mitchell / Jo Cogswell	In progress *To be organised and scheduled in accordance with the Committee's work programme and once the Health Scrutiny*

Item	Action	Lead	Progress update
			Officer is in post. Expectation is that this session will take place in September. *In the interim, Members may be interested in the following WAF report considered by the CCG in June 2022 –* 22.06.03 PCCC PM Winter Access Fund Evaluations.pdf (oxfordshireccg.nhs.uk)
Primary Care	That the Committee makes enquiries with the relevant district council in relation to the perceived hold up of plans to deliver primary care provision at Great Western Park, Didcot.	Helen Mitchell	In progress *Letter shared with executive member, Cllr J Roberts 24 June 2022. Awaiting reply.*
Primary Care	That colleagues circulate the results of the March 2022 primary care survey to the Committee	Jo Cogswell / Julie Dandridge	In progress The patient access survey will not be published until (likely) late July 2022. GP Patient Survey – About (gp-patient.co.uk)
Primary Care	That colleagues provide additional trend data in respect of GP satisfaction so to compare pre-covid satisfaction with the information supplied at the meeting.	Jo Cogswell / Julie Dandridge	In progress Once the recent patient survey is published trend data will be available here: GP Patient Survey - Analysis Tool (gp-patient.co.uk)
Maternity	That OUH offered to share more detail on the underpinning action plans arising from the CQC inspection.	Sam Foster / Matt Akid	Completed Paper below.

Item	Action	Lead	Progress update
			Briefing paper for CQC action plan upd
Maternity	That OUH share the Safe Staffing Paper mentioned at Committee by Sam Foster.	Sam Foster / Matt Akid	Completed. Paper below. 14a TB2022.024 Maternity Safe Staffi
Maternity	That Members would like to receive any information on the role and function of the LOTUS team.	Helen Mitchell	Completed Story from the Lotus Team (ouh.nhs.uk)
Maternity	That OUH keep HOSC abreast of any upcoming decisions in respect of opening / maintaining the closure of the Wantage and Chipping Norton intrapartum care sites. A specific meeting 2 weeks after the Committee was noted to be taking place.	Sam Foster / Matt Akid	Completed No specific update or decisions have been made – up-to-date information is available on our website and regular updates are provided to Oxfordshire Maternity Voices Partnership (MVP).
BOB ICB Engagement	That the Committee respond to the strategy to meet the earliest available deadline (18 May) and invite Chair to next meeting	Catherine Mountford	In Progress – *Update – The attendance of the ICB Chair for 14 July meeting was not possible owing to a prior and unavoidable commitment. The ICB wishes to meet with all HOSC chairs and meetings dates are soon to be canvassed.*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 04072022

Item	Action	Lead	Progress update
Chairs Report	Recommend that system partners respond to the Committee's request to learn lessons from the early stages of the pandemic.	Cllr J Hanna	In progress – *recommendation presented to Cabinet and shared with NHS colleagues. Expecting to receive a reply to that on 11 July.*

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

14 July 2022

CHAIR'S UPDATE

REPORT BY CLLR JANE HANNA, COMMITTEE CHAIR

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

    1. Note the report;
    2. Agree its response to Wantage Town Council

UPDATES

Annual Report

I was pleased that as a new approach the draft report was circulated to all members and to system partners for comment before being finalised. Thanks to all members of the committee who considered and fed back on the report which is attached.

First Thirty Days Recommendation

I presented the Committee Recommendation agreed at our June Committee (see agreed letter to Cllr Bearder from June) to the Cabinet and it was received positively. A written response is expected and the opportunity to speak to Cllr Bearder for feedback on this will be at our September meeting.

Visit to Wantage Hospital

The site visit planned to Wantage Hospital took place on the 26th June organised by Oxfordshire Health. In attendance were Committee members Cllr Jane Hanna, Cllr Nigel Champken-Woods , Councillor Paul Barrow and Jean Bradlow; Cllr Tim Bearder, cabinet member for Adult Social Care and officers Tom Hudson and Eddie Scott. Three members of the Wantage Health Committee attended: Cllr Jenny Hannaby (Chair); Julie Mabberley and Maggie Swain.

Dr Nick Broughton, CEO of Oxfordshire gave a welcome and presentations were given by Helen Shute and Dr Ben Riley and a site visit was conducted to showcase local pilots introduced.

The origin of the Wantage Hospital pilots is as part of the OX12 Project established in 2018 to develop a population-based approach to meeting the needs of the local area following the temporary closure of beds in July 2016. Members can find the report of the JHOSC OX12 Taskforce with recommendations here.

In April 2021 the JHOSC agreed that the OX12 Project would be scrutinised as part of the new Oxfordshire Community Strategy which had previously been promised in 2016 and earlier, subject to agreed fail-safes.

The HOSC scrutinised this item in November 2021, March 2022 and has been promised a substantial strategy for 14th July.

HOSC members welcomed the opportunity to visit the hospital and hear the presentations from Oxfordshire Health and understand better the new pilots ahead of the JHOSC meeting on the 14th July.

During the visit amongst the information that the members gathered we learnt that a Memorandum of Understanding has been agreed by OUH Foundation Trust and Oxfordshire Health with view to a single management structure; that the Community Strategy is to have a new name and structure.

HOSC members also learnt that the physiotherapy service at the Hospital had been stopped by the new provider who has been commissioned to take over the MSK Contract. The future of maternity was part of the presentation and during the site visit Oxfordshire Health welcomed the return of the maternity beds to the Hospital and indicated they would liaise with Oxfordshire University Hospital Trust about the temporary closure of these beds since last August.

The return of physiotherapy and maternity beds were both services that were reopened in 2021 as indicators of commitment to developing services at the hospital and members of the Wantage Health Committee and JHOSC were able to see the newly refurbished maternity bed units funded by the Hospital League of Friends during the site visit. At the time of the visit there were a large number of midwives operating a maternity administrative hub across the South of Oxfordshire; doing community visits but the bed units remained temporarily closed.

Correspondence with Ed Hammond, Deputy CEO of the Centre for Scrutiny and Governance and Letter to MPs

Liaised with Ed Hammond who helped advise on my letter on behalf of the committee to MPs attached.

Virtual meeting with Jane MacBean, Chair of Buckinghamshire JHOSC.

This was an informal meeting between Chairs to share information about the experience of engagement from the BOB. The discussion included the importance of using a hybrid system of meetings to mitigate the geographical and resource challenge for both councillors and officers and the importance of new processes interfacing closely with and supporting local JHOSC committees. Buckinghamshire County Council has also drawn all its members from its JHOSC committee.

Meetings with Public Health

Jean Bradlow and myself met with Mark Lygo, Cabinet member for Health Equalities, and the Director of Public Health to discuss Covid recovery plans. It was agreed that the group would convene again in September with view to informing detailed work programme agenda items for Public Health.

Since that meeting the country is experiencing a new COVID wave. I have emailed the Director of Public Health in light of the new wave about vaccine planning, especially access to a fourth vaccination for formerly clinically shielded and other vulnerable groups (who are not included in the extreme immune suppressed vaccinations). I have requested information on local public health communications plans since the spring regarding the impact of rising infections on health and workforce and advice to the public.

Letter Sent Regarding Progress Update on Didcot Health Centre

Letter attached.

Letter Received from Wantage Town Council

I received the attached letter from Wantage Town Council on 05 July 2022. To date, no action has been taken as I wish the Committee to express its wishes on how to respond.

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June 2022

Joint Health Overview Scrutiny Committee (JHOSC)

Annual Report 2021/22

OXFORDSHIRE COUNTY COUNCIL

1 Chair's introduction

I want to place on record my thanks to all the Committee's Members – I believe we are a great team. Thanks to those who were not reappointed to the Committee for the 2022/23 municipal year (Cllr Jill Bull and Cllr Sandy Dallimore).

We welcome the Council's Strategic Plan commitment to support an enhanced role for Overview and Scrutiny and we look to build on the successes of this year, into the next, adding even greater impact.

It has been a transitional year for Overview and Scrutiny across the Council, and more so for the HOSC. We have worked within a system of changes to the way in which the County Council operates Overview and Scrutiny and in preparation for significant changes to our NHS locally which came into force on 1st July.

Despite receiving regular updates there remains a great deal of uncertainty in the Committee about how the new integrated health and social care reforms will work and, critically, how it will improve outcomes for Oxfordshire's population.

> **"A dramatically changing landscape of decision-making has been against a backdrop of - unprecedented challenges to health and care systems with rising demand and waiting lists."**

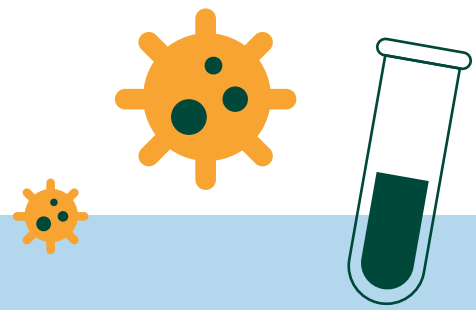
Over the course of the year, the Committee has seen positive plans and pilots from all partners in relation to building up community-based integrated services for children and adults. We are delighted to see such an approach and the system working together to meet demand at the most appropriate point. This includes developing services that reduce risks in the community.

What has been clear is that the work of officers and the County Councillor membership of HOSC has increased, and will continue to increase into 2022/23, because of their membership of the three county-wide Berkshire, Oxfordshire and Buckinghamshire JHOSC (BOB HOSC).

The Committee papers this year have included the Council Motion setting out the Council's position that one of the pre-requisites to successful integration of health and care is a strong Health and Wellbeing Board and strong local scrutiny committees at the Oxfordshire place level. Going into the new municipal year, the Committee and the NHS must come together to understand ways of working in the new integrated care system.

It is fair to say that at times, undertaking HOSC activity has felt very challenging. A dramatically changing landscape of decision-making has been against a backdrop of - unprecedented challenges to health and care systems with:

- **rising demand and waiting lists**
- **shortages of key staff**
- **COVID waves and new variants**



> **“The Committee has had to be extremely flexible to support the whole system.”**

This has meant the Committee has had to be extremely flexible to support the whole system, for example rearranging our planned meeting in February 2022. However, I believe it was a highly useful year to go through as it has created stronger foundations for the HOSC to undertake its work programme in the coming year.

I am grateful to the different officers who have supported the Committee over the year and to the administration in building back health scrutiny officer support mid-budget year from January 2022.

I also wish to name members of the committee who have undertaken specific work this year -

Dr Alan Cohen
(Co-opted member)

Barbara Shaw
(Co-opted member)

Dr Paul Barrow
(Vale of White Horse District Council)

I wish to name a few colleagues here who have supported the Committee’s business but we are acutely aware that there are many people who support them behind the scenes too.

Stephen Chandler (Oxfordshire County Council OCC)

Karen Fuller (OCC)

Ansaf Azhar (OCC)

Diane Hedges (Berkshire, Oxfordshire and Buckinghamshire Integrated Care Board (BOB ICB))

Catherine Mountford (BOB ICB)

Sara Randall Chief Operating Officer (Oxford University Hospitals NHS FT)

Dr Ben Riley (Oxford Health NHS FT (OHNHS FT))

Helen Shute (OH NHS FT)

Rosalind Pearce (Healthwatch)

Helen Mitchell Interim Health Scrutiny Officer (OCC)

Colm O Caomhanaigh Committee Officer (OCC)

I am also grateful to all the members of the public that have spoken or sent letters to the Committee and to colleagues from the Local Medical Committee, Oxfordshire Mind and the Oxfordshire Parent and Carers Forum who joined us at meetings to provide their account of services. Their input enabled the Committee to have richer conversations.

Councillor Jane Hanna OBE

2 About the Scrutiny Committee

The Joint Health Overview and Scrutiny Committee is a Joint Committee of Oxfordshire County Council made up of 15 Members (including 3 co-opted, non-voting members). It draws its elected membership from the County Council and all district councils across Oxfordshire (Cherwell, Vale of White Horse, South Oxfordshire, Oxford City and West Oxfordshire). It is the Council's 'main' Health Scrutiny Committee and its principal purpose is to scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authorities.

3 Making the case for change

Importantly, for the Committee to be effective, it must produce well-reasoned evidence-based recommendations to the Cabinet and health partners concerning service improvement. The Committee has no power to require that decisions be revised, but a robust argument for change will go a long way in persuading the Cabinet and health partners to review their decisions.

The powers of democratic local health scrutiny are included in primary legislation and health scrutiny regulations elsewhere. The Chair met in March 2022 with other HOSC Chairs and Officers, alongside and the Centre for Governance and Scrutiny (CfGS) and the Department of Health. This was to share experiences of health scrutiny to support the development of new statutory guidance.

The latest briefing from the CfGS has shared that the local referral powers are to be replaced with a new power of intervention for the Secretary of State. The Committee has corresponded with the CfGS to affirm that we wish to see no removal of powers from HOSCs as this provides a vital form of local accountability to health service providers. The Committee will keep a very close interest in this moving forward and correspond with MPs to alert them to this issue and mobilise them to take action.

4 Highlights of Health Scrutiny activity during 2021/22

Engagement on The Integrated Care System (ICS) – we've received a series of reports from Oxfordshire Clinical Commissioning Group and met with the system leadership team over the year in respect of the development of the Integrated Care System.

As the Health and Care Act comes into force on 1st July 2022 with a new BOB constitution for Oxfordshire, Berkshire and Buckinghamshire, we look forward to understanding how it and the integrated system it operates in will work in practice so the Committee can affect better scrutiny. When the Committee met with BOB leadership for a detailed briefing in December 2021 there was not enough detail provided at that stage to assure Members on the development of new arrangements. The Committee was surprised by the launch of a BOB engagement strategy and liaised with other JHOSCs across the BOB area who were equally surprised and unaware of this work. We welcome BOB ICB committing to meeting with JHOSC for a special meeting to understand lessons learned and what the strategy will ultimately deliver.

Local MPs

The Chair corresponded with Oxfordshire MPs asking for their support to protect local democratic scrutiny and the development of a national workforce plan as part of the Health and Care Bill. This was against a backdrop of Oxfordshire County Council's motion on the matter which was approved cross-party. Through all the meetings of the HOSC, it has been highlighted that consistent barriers to the reopening of services have been funding and workforce shortages across health and social care.

Care Homes

We have been clear as a Committee that all those working in health and care during the pandemic have gone above and beyond for our local population in the most challenging of circumstances.

Scrutiny and learning through those challenging times is viewed by our committee as valuable not only for bereaved families and key workers but for future prevention. Member reports on the First Thirty Days of Covid-19 and a piece on Infection Control in care homes were supported by discussions with the Director of Public Health and the Director of Adult Social Care which led to recommendations that were duly responded to with agreed reports taken to HOSC in November. Site visits at care homes, to see for ourselves infection control measures being implemented, have been wholeheartedly welcomed by the Committee and we will take these up in the new municipal year.

Following a judicial review finding that Government policy was 'irrational' in relation to allowing the discharge of infected patients from hospital to care homes, the Committee has recommended that system partners review their current position to wait to commence a local review until a national review commences. As we move into the new municipal year, the Cabinet has in principle received this recommendation positively and we look forward to the Executive response.

Opening of Closed Services

From our second meeting we shifted the focus of the Committee to understanding the backlog of waiting lists and pressed for timescales for the reopening of services such as ophthalmology and Ear Nose and Throat (ENT). The temporary closure of maternity services at Wantage and Chipping Norton Community Hospitals was considered at two meetings. The Committee has engaged with Oxford University Hospitals NHS Foundation Trust (OUH NHS FT) and shared concerns from members of the public directly and have followed up from our May meeting for information about the reopening of maternity beds.

Pharmacy

We were alerted to issues in respect of access to pharmacy provision in Oxford City and raised questions of commissioners. We noted that the Pharmaceutical Needs Assessment was delayed due to Covid-19 but were delighted to hear that Health and Wellbeing Board agreed that assessment in March 2022. This included a special note in which to consider applications to open a further pharmacy in Central Oxford.

Community Services Strategy

We continue to eagerly anticipate a draft strategy. We have been incredibly encouraged to see the Committee's calls for strengthened integration of health and social care being realised through early involvement in this work and its clear convergence with the integrated care programme shared with the Committee on 9 June. The development of evaluated pilots was one of the key recommendations of the OX12 TaskForce report which was discussed with the Chief Executive of OH NHS FT and designate Chief Executive of BOB ICB in June 2021. We look forward to learning also about the workforce and funding available to enable the implementation of the strategy.

Children's Wellbeing and Child and Adolescent Mental Health Services (CAMHS)

The Committee invited OH NHS FT, OCC Children's Services, Oxfordshire Clinical Commissioning Group, Oxfordshire MIND and the Oxfordshire Parent Carers Forum to Committee in March. The Committee were also delighted to receive the experiences of a young person via pre-recorded submission.

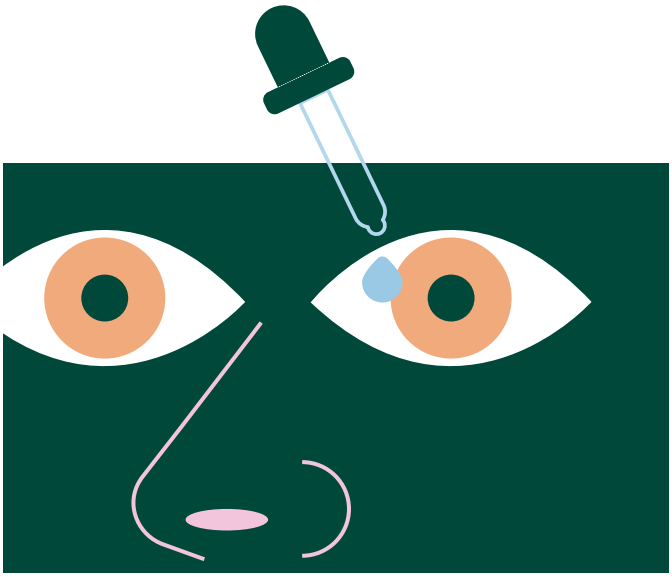
> **"I came away with some good thoughts on how we as an organisation can work better across the system"**
>
> **Dan Knowles, CEO – Oxfordshire MIND**

The Committee was encouraged by the recognition that the excessive waiting times for access to the CAMHS service meant the service was not working as it should for Oxfordshire's children. We were however encouraged to see good signs of early collaboration between the NHS and Oxfordshire County Council and the voluntary sector. The Committee fed back that reassurance would come when there was the prioritisation of children's services and funding in place by BOB. We look forward to a special meeting on BOB strategy.

In June, the Committee received a further paper on the development of children's services in the community with view to keeping more children well and not requiring access to CAMHS. The process for the short-listing selection from a long-list of priorities chosen following a consultation and some focus groups with children was reviewed by the Committee. The Committee considered the development of training and support for teachers and others working with children, improved support for children and parents more broadly and the urgency for building up these services in our local communities. The Committee received feedback from the Oxfordshire Parent Carers Forum and Members expressed interest in how collaboration with school partners has the potential to reduce the risks for children with broader needs such as children in poverty, with serious physical conditions in care or formerly in care children and young carers. The Committee looks forward to an update in future.

Primary Care Access

A report from the CCG was received and the Committee heard from the representatives from the Local Medical Committee (LMC). The committee shared the LMC's concerns regarding constraints on the service in respect of workforce shortages and estates issues. Further discussions surfaced the issues associated with planned population growth and the expansion of health services in accordance with growing need. The Committee was pleased to have received an update in the year regarding the go-ahead for the building of new primary care facilities for Wantage and Grove after this was first promised in 2012. It was, however, concerned over ongoing delays elsewhere, such as in Didcot. As a result of this item the Committee has welcomed the offer of a dedicated workshop on primary care working with the CCG and will also request a further primary care update later in the next municipal year. In addition, the Committee has placed work on rural inequalities and capturing population health needs on its work programme.



Meetings

Over the course of the municipal year, we increased the meetings from 4 to 5. The most substantive items considered are contained below:

- **24 June**
- **23 September**
- **25 November**
- **10 March**
- **10 May**

Number of Items

The Committee considered 41 substantive items over the course of the municipal year.

Engagement

The Committee has had regular engagement with public speakers and Members at HOSC mainly in relation to government reforms and the community strategy, but also including end of life care, changes in hearing-loss services. The Committee received and took up questions on behalf of the public in between and at Committee on; changing plans from protection to living with COVID, problems from patient group leaders with using the internet links provided by the CCG to participate in the BOB public engagement strategy and to press for progress on the expansion of GP services in Didcot.

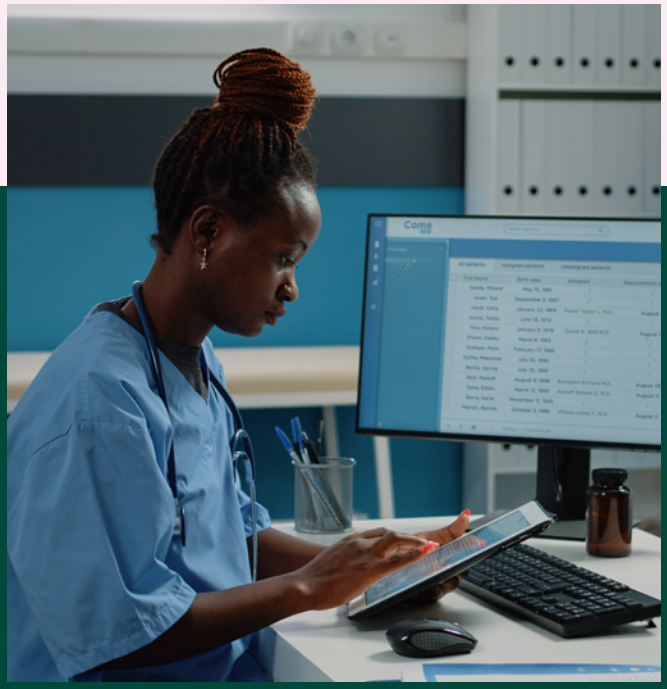
5 Forward Look – 22/23

Understanding the Integrated Care System and Accountabilities Within

It is essential that the Committee, and indeed all Members of Council, understand the new structures of the NHS locally. It is only until we can see and understand how it works that we can really start to scrutinise the planning, provision and operation of the health service.

Development of BOB HOSC

This provides new opportunities and challenges in mobilising a large Committee over a significant geographical footprint and ensuring that scrutiny stays local to the Oxfordshire population and especially for matters of public concern that impact our residents.



Our Work Programme for the year ahead

- Community Services Strategy
- Primary Care
- Rural Inequalities
- Serious mental illness
- Dementia
- End of Life Care
- Dentistry
- Public health.

Tackling inequalities and workforce issues underpin all our reviews. The Committee's work programme is reviewed at each meeting against priorities and resource.

Representation

We are undergoing a review of the representation and diversity of the Committee as we have co-opted member vacancy from August and will likely need to run a further recruitment in the next year.

For further information on the Committee, and its work, see the links and contact details below:

Committee details - Oxfordshire Joint Health Overview & Scrutiny

Chair: Cllr Jane Hanna OBE
jane.hanna@oxfordshire.gov.uk

Contact Officer: Tom Hudson
tom.hudson@oxfordshire.gov.uk

OXFORDSHIRE COUNTY COUNCIL

OXFORDSHIRE COUNTY COUNCIL

Robert Courts MP
Anneliese Dodds MP
John Howell MP
David Johnston MP
Layla Moran MP
Victoria Prentis MP

Cllr J Hanna OBE

Chair, Oxfordshire Health Overview and Scrutiny Committee

5 July 2022

Dear Oxfordshire MPs,

Health Overview and Scrutiny Committee Request to MPs

Thank you for your correspondence in response to my letter in November 2021 requesting your support for the cross-party Oxfordshire County Council motion regarding the introduction of successful reforms to the health and social care system (Chair's report HOSC November 25th 2021 minute 61/21– letter to Oxfordshire MPs attached).

I am writing again following our most recent HOSC committee on 9th June to raise your awareness and ask for your intervention to protect Oxfordshire's powers of democratic scrutiny.

On 9th June the Committee met to discuss a briefing from the Centre for Governance and Scrutiny (agenda item 16 pages 1-14). The session can be viewed on video link video link https://oxon.cc/OJHOSC09062022 (from 4.42 hours into the meeting).

The Council's Director of Law and Governance advised the committee of a perceived reduction in the 'hard' powers afforded to local Health and Overview Scrutiny Committees and that this could lead to loss of a key feature of local accountability. A detailed briefing from the Deputy Chief Executive Officer of the Centre of Governance and Scrutiny was part of this agenda item.

The Committee were incredibly concerned about the loss of its power of referral to the Secretary of State in respect of services changes and the lack of clarity in respect of what powers remain. You will know we are only days away from the Health and Care Act 2022 coming into force (1 July) which includes the new Integrated Care Board and Partnership, against a backdrop of a lack of clarity for HOSCs going forward.

The HOSC has used such powers sparingly since they were introduced – most recently in 2019 when HOSC referred a national decision to privatise cancer screening services without prior consultation with Oxfordshire's joint health overview and scrutiny committee and the Oxfordshire Clinical Commissioning Group.

The position of the Committee is that we do not want to lose that proactivity as local democratic health scrutiny going forward. At a time when the Secretary of State for Health has gained new powers to intervene locally, it is imperative that local health scrutiny is **not** diminished.

Members expressed concern that there had been no consultation with the HOSC on any proposed reductions in local scrutiny powers and that although from 1st July under the

Health and Care Act the powers of the new decision-making bodies become legal, there is still uncertainty about local health scrutiny powers. This in itself is deeply undermining. Whilst scrutiny power relies on 'soft' powers as a critical friend of the whole health and care system, the perceived loss of the 'hard' power of referral, especially where there has been no consultation and engagement, is incredibly risky for local public accountability. The Committee's voting members and co-opted members on 9th June voted unanimously that I write to all Oxfordshire MPs to ensure you are aware of this threat and to ask you to intervene to seek clarity and necessary reassurances for Oxfordshire HOSC.

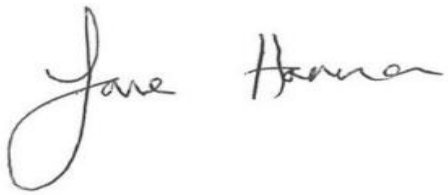
The Committee has received representations from members of the public at most of our meetings fearful and distressed that the new reforms have yet to deliver anything by way of reassurance.

The Committee is concerned that policy changes are achieved through the democratic Parliamentary procedures which afford the highest level of visibility and detailed Parliamentary Scrutiny and that any changes to accountability are subject to public consultation including communication with and formal consultation with JHOSC committees.

To conclude, members at our last meeting were shocked by the huge uncertainties that hang over democratic local scrutiny powers and hope that this will be a matter that you will want to help with. Without adequate debate and scrutiny it is doubtful that the risks to local accountability will be appreciated or mitigated as new ministerial powers over local decisions are brought into force.

With that in mind I am writing to ask if you would support the committee by writing to ministers and in asking questions in the House of Commons. Thank you in advance for your consideration of this very serious matter of concern.

Yours sincerely,



Cllr Jane Hanna OBE

Chair, Oxfordshire JHOSC, OCC

Jane.hanna@oxfordshire.gov.uk

Brief Summary
We have been advised by the Centre of Governance and Scrutiny that local health scrutiny powers under Part 12, s244 of the 2006 Act and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) regulations are to be changed.

(i) New regulations and new guidance (not primary legislation which is subject to the greatest scrutiny by Parliament) are expected to remove the pro-active power of referral of health scrutiny committees

(ii) Where before the Secretary of State was only able to intervene after the referral from a local authority had taken place there is now a new ministerial power, which although modified after concerns were raised to require the issuing of a direction and a requirement to consult and publish representations, to intervene in substantial variations of health services.

(iii) Health Scrutiny would have no formal status to contact the Secretary of State to ask that powers be exercised and that the wording of the Act is not clear that local health scrutiny bodies would be consulted when the Secretary of State decides to issue a directive.

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OXFORDSHIRE COUNTY COUNCIL

Cllr Judy Roberts - Cabinet Member for Development and Infrastructure

Vale of White Horse DC

judy.roberts@whitehorsedc.gov.uk

Cllr J Hanna OBE

Chair, Oxfordshire Health Overview and Scrutiny Committee

23 June 2022

Dear Councillor Roberts

Woodlands Medical Practice Development

I write as the Chair of Oxfordshire Health Overview and Scrutiny Committee to enquire about the status of the above extension of the medical practice to provide for the health needs of the residents of Didcot as a result of housing growth. We received a public address from the group Didcot Against Austerity at our meeting on 10 May who referenced this and hence I feel compelled to correspond with you to be appraised of the situation and offer whether there is anything the HOSC can do in this space to affect swifter progress?

I also write to inform you that as a Committee, we agreed as part of our Work Programme for the coming year a review into capturing and implementing population health needs for new housing developments. I trust you will be supportive of the Committee's work in this space. As part of the scope of that review, I expect we will wish to capture your views, and that of other executive members across the County with the relevant infrastructure brief.

Grateful for your reply at your earliest opportunity. I cc Cllr Paul Barrow as the Council's representative on the Committee.

Yours sincerely

Jane Hanna

Cllr Jane Hanna OBE

Chair, Oxfordshire JHOSC, OCC

Cc
Cllr Paul Barrow – HOSC Member
Mark Stone – Chief Executive, South Oxfordshire and Vale of White Horse District Councils

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Town Clerk/Treasurer
W.P. Falkenau

Telephone: Wantage 01235-763459
Email: clerk@wantagetowncouncil.gov.uk

Wantage Town Council

Council Offices - Portway - Wantage - Oxon OX12 9BX

5 July 2022

Councillor J Hanna
Chair of Oxfordshire Joint Health Overview & Scrutiny Committee
County Hall,
New Road,
Oxford
OX1 1ND

Dear Cllr Hanna,

I have been asked to write to you by Councillor Hannaby, Chairman of the Town Council Health Sub-committee. Thank you for arranging the visit to Wantage Community Hospital on 23 June 2022 where she and other representatives of the Town Council's Health Sub-committee were able to meet with HOSC members and receive presentations from Senior Executives at OHT.

It would be appreciated if you could obtain more information about the pilots being performed in the Hospital including:

1. What pilots are planned and/or taking place?
2. What the objectives of each pilot are?
3. The timescales for each pilot
4. The metrics for each pilot, and
5. The expected outcomes of each pilot.

1. <u>What pilots are planned and/or taking place?</u>

In a presentation given to Wantage Town Council Health Subcommittee Members by Oxford Health NHS FT Execs on 15 December 2020, the potential pilots included:

- Frailty unit / Day Hospital / Rapid Access Care Unit E.g. similar to service at Thame CH
- First Aid Unit / Minor Injuries service (latter dependent on co-location with x-ray service)
- Specialist units – renal dialysis / chemotherapy suite
- Specialist nursing – infusions / IV meds / Blood gas analysis
- Diagnostics / x-ray services

None of these seem to be included in the list of pilots currently taking place, why is this?

How are the residents of OX12 (and the surrounding area) being given any voice in the pilot selection or range of services offered in Wantage Community Hospital?

2. <u>What the objectives of each pilot are?</u>

It is not clear what the objectives of each pilot are and how the achievement of the objectives will be measured?

3. The timescales for each pilot

No details have been provided about the planned length of each pilot, their start and completion dates or when any report on each pilot will be published.

4. The metrics for each pilot

No details have been provided about how each pilot will be measured (number of patients seen, number of appointments per patient, patient outcomes, patient satisfaction, consultant satisfaction, consultant feedback, ease of gaining appointments, ease of access to the hospital, etc.) or how the pilots will be compared.

5. The expected outcomes of each pilot

It is not clear what the expected outcomes of each pilot are and how they can be deemed to have been successful, or what they are being compared to?

The HOSC OX12 Task & Finish (T&F) Group presented a list of learning points to the Committee in 2021 and one of the points made was that 'Solutions were to be developed and tested for clinical soundness, deliverability, affordability and benefits to the community, using data from the three evidence-based arms. It was entirely opaque as to who would make these judgements, and on which criteria they would be based.' May I ask that the residents of OX12 and (in particular) Wantage Town Council Health Sub-committee be included in discussions about the benefits to the community of the pilots in Wantage Community Hospital.

In the survey conducted as part of the OX12 project, the main services that people wanted to see in the local area, or in Wantage Hospital, were:

- Physiotherapy
- A Minor Injury Unit
- X-Ray
- Respite/Rehabilitation
- Maternity
- End of Life Care

The reasons given for wanting these particular services were travel and transport, use of Wantage Hospital, demand on GP services, housing and population growth. The other key area raised related to NHS Dentistry services returning to the hospital.

There was disappointment to hear, during the visit, that the Maternity Unit will not be re-opening for births in the foreseeable future. There was also disappointment to find out that (after fighting to get MSK physiotherapy services back into the Hospital in 2019) the new provider will not be offering physiotherapy services in Wantage.

Once again the services in Wantage Community Hospital seem to be decreasing and it seems to be being used as an administration hub. This is not what the our community wants or expect and they would like to be consulted when any services are reduced.

Yours sincerely

Bill Falkenau

Bill Falkenau
Clerk to Wantage Town Council