OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

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

Present:

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

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

73/24 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

There were none.

74/24 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

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

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

75/24 MINUTES
(Agenda No. 3)

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

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

76/24 CO-OPTEE APPOINTMENT
(Agenda No. 4)

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

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

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

77/24 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 5)

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

78/24 CHAIRS UPDATE
(Agenda No. 6)

Taken following the maternity services item.

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

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

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

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

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

79/24 BOB ICB RESTRUCTURE SITUATION UPDATE
(Agenda No. 7)

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

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

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

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

80/24 OXFORDSHIRE HEALTHY WEIGHT
(Agenda No. 8)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cllr Champken-Woods joined online at this point

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Agenda No. 9)

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

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

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

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

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

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

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

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

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

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

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

82/24 MATERNITY SERVICES IN OXFORDSHIRE

(Agenda No. 10)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

..... in the Chair

Date of signing .....

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