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

Oxfordshire System Pressures

Report by: Dr Omid Nouri, Health Scrutiny Officer, Oxfordshire County Council

Report to:

- Dan Leveson- Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) Director of Places and Communities.
- Lily OConnor- Oxfordshire Urgent Emergency Care Director.
- Karen Fuller- Director of Adult Social Care, Oxfordshire County Council.

(on behalf of Oxfordshire System Partners)

INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered a report providing an update on the pressures being experienced by the Oxfordshire Health and Care system during its public meeting on 05 June 2025.

2. The Committee would like to thank Dan Leveson (BOB ICB Director of Places and Communities); Lily OConnor (Oxfordshire Urgent Emergency Care Director); Anne Carlile (Head of Urgent Emergency Care Programme, BOB ICB); Jenna Gilkes (Urgent Emergency Care Programme Manager, BOB ICB); Karen Fuller (Director of Adult Social Care, Oxfordshire County Council); Victoria Baran (Deputy Director of Adult Social Care, Oxfordshire County Council); Sally Steele (Head of Hospitals); Felicity Taylor-Drewe (Chief Operating Officer, Oxford University Hospitals NHS Foundation Trust [OUH]); Louise Johnson (Deputy Director Urgent Emergency Care, OUH); Emma Leaver (Chief Operating Officer, Oxford Health NHS Foundation Trust [OH]); Sue Butt (Transformation Director, OH); Kirsten Willis-Drewett (South Central Ambulance Service [SCAS]); for attending the meeting on 05 June and for answering questions from the Committee in relation to the pressures experienced by the Oxfordshire system.

3. The Committee had received reports of some of the challenges and pressures experienced by Oxfordshire's health and care partners; particularly in the wake of rising demand for health services and an ageing population. The Committee routinely urges Oxfordshire's system partners to work closely toward identifying key areas of pressures early on, and to work collaboratively to address these. The Committee was also keen to receive insights into the initial plans and measures adopted by system partners in light of increased demand as well as likely shortages of resources and funding.

4. This item was scrutinised by HOSC given that it has a constitutional remit over health and healthcare services as a whole, and this includes the initiatives taken by the Council and its partners to not only deliver services promptly and efficiently, but to also invest time and resource into averting significant

pressures on the provision of health and care services for Oxfordshire's population. When commissioning the report for this item, some of the insights that the Committee sought to receive were as follows:

- The key service areas that have been impacted by increased pressures.
- What were the underlying causes of the pressures experienced by system partners.
- Whether the NHS reforms (which include plans to cut ICB costs by fifty percent) would add further pressures to the system's planning, coordination, and delivery of Urgent and Emergency Care Services?
- Details of any specific outcome measures being utilised to determine the efficacy of Urgent and Emergency Care Services.
- Details of the work of Neighbourhood Multidisciplinary Teams in the Community.
- Attendance patterns and wait times in Emergency Departments.
- How discharged patients will receive appropriate support in the context of rising pressures.

SUMMARY

5. During the 05 June 2025 meeting, the Oxfordshire Urgent Emergency Care Director stated that despite challenges, Oxfordshire performed well compared to neighbouring counties during the previous winter. She identified gaps in care pathways and highlighted initiatives to reduce duplication, improve continuity, and enhance access to same-day emergency services.

6. The Committee asked which services were most impacted by workforce and funding limits. The Oxfordshire Urgent Emergency Care Director explained that the issue was not just staff numbers but also skills, which take years to develop. Despite more funding, workforce availability remained challenging. Efforts are ongoing to reduce inefficiencies and ensure appropriate treatment settings to avoid unnecessary hospital admissions, aiming to align resources with demand and improve services. When asked if teams were available countywide, the Director confirmed they were, ensuring consistency and avoiding postcode disparities while addressing health inequalities in deprived areas.

7. The Committee inquired about fiscal constraints affecting neighbourhood teams' deployment across the county and their impact on reducing hospital costs. The Oxfordshire Urgent Emergency Care Director explained that these teams bridged the gap between hospital discharge and primary care for high-risk patients, focusing on Banbury and Oxford City due to limited funding.

Weekly multidisciplinary team reviews aimed to manage high-risk patients elsewhere.

8. Concerns were raised and discussed regarding Thames Valley Police frequently encountering individuals experiencing mental health crises, with crisis teams advising the public to contact the police. The Director of Adult Social Care acknowledged this issue but clarified that such advice was not standard practice. County Council and Oxford Health staff operated around the clock to manage acute mental health crises, coordinating Mental Health Act assessments as necessary.

9. Members inquired about coproduction involvement in urgent and emergency care. The Oxfordshire Urgent Emergency Care Director clarified that coproduction had been extensively integrated, especially in developing integrated neighbourhood teams. This collaboration included working with local councils and community groups to address specific needs of different areas. Projects in Barton and Banbury highlighted significant input from local residents, shaping services to meet each area's unique requirements.

10. The Committee sought information on smooth hospital discharge processes and clinical measures discussed with patients. The OUH Deputy Director of Urgent Emergency Care explained that daily discussions about discharge dates occurred with patients and were updated based on their progress. Before discharge, an assessment confirmed the patient no longer required hospital care and their early warning scores were within normal ranges for safe home management, possibly with additional services like acute hospital at home.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS:

11. This section highlights five key observations and points that the Committee has in relation to pressures experienced by the Oxfordshire health and care system. These five key points of observation have been used to determine the recommendations being made by the Committee which are outlined below:

> ***Transparency and public engagement:*** In the healthcare landscape, Urgent and Emergency Care Services play a vital role in safeguarding the health and wellbeing of the public. Providing prompt and efficient medical attention during emergencies can mean the difference between life and death. However, a key aspect often overlooked is the engagement and reassurance provided to the public regarding these services. Effective communication about the outcomes and broader system working is essential to foster trust and ensure that individuals receive the urgent care they need.
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> The Committee is aware of the numerous pressures being faced by Oxfordshire system partners, and agrees with the Director of Adult Social Care's emphasis of the importance of early discussions of these pressures. To that effect, there should be transparent and open discussion not only amongst system partner organisations themselves

to determine how to navigate through these pressures, but also amongst key stakeholders and the wider public within Oxfordshire. This involves the importance of sharing specific outcome and performance measures with the wider public in as transparent a manner as possible. Whilst system partners may have been undertaking public engagements around some of the important system work around discharging, it is crucial that engagements also revolve around the topic of key pressures faced by the County Council and its NHS partners. For instance, in late 2024 to early 2025, health and care partners in Surrey, including the County Council and the ICB and lead NHS providers, launched public engagement efforts and events with the public so as to communicate some of the pressures in the system and to reassure the public of ensuing plans[1].

Public engagement is crucial in the realm of Oxfordshire's Urgent and Emergency Care Services for several reasons. Firstly, it can build trust between the healthcare commissioners/providers and the community. When the public is informed about the quality and outcomes of care, they are more likely to have confidence in the services provided. Secondly, engagement could help in alleviating anxiety and uncertainties that individuals may have when faced with emergencies. Providing clear and transparent information reassures the public that they are in capable hands.

To enhance public engagement, assurance, and trust, it is important for Oxfordshire's system partners to communicate specific outcome measures related to Urgent and Emergency Care Services. These measures can include:

- *Successful Outcomes:* Highlighting instances where patients received timely and effective care can demonstrate the efficiency of the services. Success stories and case studies can be shared to illustrate the positive impact of urgent care.

- *Unsuccessful Outcomes:* While it may seem counterintuitive, sharing information about unsuccessful outcomes is also important. Transparency about challenges and areas for improvement shows that the system is committed to learning and evolving. It is essential to handle this communication sensitively to maintain public trust.

- *Whole System Working:* Explaining how different components of the health and care system work together ensures a cohesive approach to urgent care. This includes the coordination between emergency departments, ambulance services, and other healthcare providers. By showcasing the interconnectedness of the system, the public gains a comprehensive understanding of how their care is managed.

[1] March 2025 highlight report | Healthy Surrey

A key case in point is from the Cheshire and Merseyside region; where local system partners, including the NHS and local authorities, launched a public engagement campaign to communicate some of the system's key outcome measures to the population, as well as how system partners planned to work collaboratively[2].

To increase public engagement, the Committee recommends that Oxfordshire system partners employ various communication strategies including through the use of:

- *Regular Updates:* Providing regular updates about the performance and outcomes of Urgent and Emergency Care Services keeps the public informed. These updates can be disseminated through newsletters, social media, and community meetings.

- *Visual Aids:* Using visual aids such as infographics and videos can make complex information more accessible. These tools can be used to explain statistics, processes, and success stories in a visually engaging manner.

- *Public Forums:* Organizing public forums and Q&A sessions allows for direct interaction between healthcare providers and the community. These events provide a platform for addressing concerns, answering questions, and gathering feedback from the public.

- *Collaboration with Local Media:* Collaborating with local media outlets ensures that information reaches a wider audience. Press releases, interviews, and features in local newspapers and radio stations can help spread important messages about Urgent and Emergency Care Services.

A good example where all these aforementioned public engagement strategies played out was in Sussex, where local NHS bodies and local authorities worked closely with both local Healthwatch's and Voluntary Sector organisations to drive transparency around Urgent and Emergency Care strategies and outcomes[3].

Increasing engagement with the public is essential in providing reassurance about the quality and outcomes of Urgent and Emergency Care Services. Transparency, regular communication, and the use of effective strategies can build trust and ensure that individuals receive the care they need with confidence. By fostering a strong relationship between healthcare providers and the community, we can create a more informed and reassured public, ultimately leading to better health outcomes for all.

[2] draft-nhs-cm-public-engagement-framework.pdf
[3] Working-with-people-and-communities-report-2024-IAG-draft.pdf

Recommendation 1: *To increase engagement with the public to provide reassurances as to any specific outcome measures around Urgent and Emergency Care Services, including successful/unsuccessful outcomes and whole system working more broadly. It is recommended that there is communication to help people receive the urgent care they need.*

Mental health crises can present a significant challenge to healthcare systems. To ensure effective and compassionate care, it is imperative to focus on comprehensive planning, robust support mechanisms, and adequate resourcing. Inpatient mental health settings, while essential in certain cases, can be inappropriate and costly, often exacerbating the distress of patients. A 2016 study in the Journal of *World Psychiatry* found that many individuals experiencing a mental health crisis may benefit more from interventions within their community, where they can remain connected to their support networks[4].

The Committee is aware of the 24/7 crisis response provided by Oxford Health NHS Foundation Trust, and how this can and has been reducing waiting times using successful interventions through integrated neighbourhood teams (particularly in Blackbird Leys and Abingdon). Collaboration with schools and voluntary groups can also help in offering comprehensive support for both adults and children's mental health.

Indeed, there are some key challenges with regard to providing support via inpatient settings including:

- *Cost:* Inpatient care can often be expensive, both for the healthcare system as well as for patients and their families. This is particularly the case for families who may have to travel long distances or find suitable accommodation to be close to their loved ones who remain in hospital.

- *Appropriateness:* Not all patients experiencing a mental health crisis require hospitalisation. Many of these patients often need immediate, localised support within their community. One study published in the *Journal of Mental Health* found that patients often preferred being treated in community settings, and that they felt that they could develop a better rapport with local healthcare and support workers in their local communities[5].

- *Isolation:* Hospital settings can isolate patients from their communities, which can potentially hinder their recovery. This is particularly the case if they are hospitalised in locations far from their homes/residential area.

[4] Community mental health care worldwide: current status and further developments - Thornicroft - 2016 - World Psychiatry - Wiley Online Library
[5] Professionals' performance in community mental health settings: A conceptual exploration: Journal of Mental Health: Vol 9, No 1

Therefore, there are sone key benefits to care being provided and received in the Community for mental health patients. Local crisis responses are more accessible and can provide immediate intervention. In addition, there is a point about patients receiving continuity of care, where they can maintain contact with familiar healthcare providers and support networks at the local level; this would also allow for care that is as personalised as possible.

For a successful transition to community-based mental health crisis interventions, there are five steps that could be adopted. Firstly, Integrated Care Models should be developed and implemented. Integrated care models that combine physical, mental, and social health services would help to ensure a holistic response to mental health crises. The Committee believes that there is potential for this to mature through Integrated Neighbourhood Teams. Secondly, there should be comprehensive training and support for health and care providers on crisis intervention techniques and community-based care. This training should include recognising crisis signs, de-escalation techniques, and appropriate referral processes. A good example of this is in Surrey, where most health and care providers received professional training on how to handle a mental health crisis and on how to patients can access long term mental health support[6]. Thirdly, it is vital to strengthen community resources by invest in community mechanisms such as crisis intervention teams, mobile crisis units, and mental health hotlines. These resources can provide immediate support and reduce the need for inpatient care. The Committee understands that this is somewhat being adopted by system partners, although more could be undertaken around determining whether resource levels are adequate or not. Fourthly, fostering partnerships between healthcare providers, community organisations, and local authorities to create a cohesive support network for individuals experiencing a mental health crisis is also crucial. In the Cambridgeshire and Peterborough region, a mental health partnership between the local authorities and the local ICB and NHS providers had been erected for children's mental health, and this enabled extensive collaborative work to tale place with the development of multidisciplinary support teams at the community level[7]. Finally, it is pivotal that a system is implemented for continuous evaluation of crisis intervention strategies to identify areas for improvement and ensure that community-based responses are effective and responsive to patient needs.

Therefore, transitioning to a system focused on community-based mental health crisis interventions requires concerted efforts in planning, support, and resourcing. The Committee understands that Oxfordshire's system partners are working toward this. By reducing reliance on costly and often inappropriate inpatient settings, the local healthcare system can provide more effective, compassionate, and personalised care for individuals experiencing a mental health crisis. This strategic approach would not

[6] Mental Health Practitioner (MHP) : Surrey Training Hub
[7] Cambridgeshire and Peterborough Mental Health Support Team

only benefit patients, but would also enhances the efficiency and sustainability of mental health services in Oxfordshire.

Recommendation 2: *To ensure that there is sufficient planning, support, and resourcing for supporting patients experiencing a mental health crisis. It is recommended that the whole system focuses on the reduction of inappropriate and costly mental health inpatient settings, with a view to improving alternative community-based settings and local crisis responses.*

Importance of coproduction: The continual development of Urgent Emergency Care Services is a crucial aspect of our healthcare system. Part of ensuring the success of these services, it is essential to engage in coproduction continuously. Coproduction would be an important collaborative process where Oxfordshire's health and care providers on the one hand, and service users on the other, can work together to design, develop, and deliver services. This approach would help to ensure that Oxfordshire's Urgent Emergency Care services are tailored to meet the needs of the community and that the users' voices are heard and valued.

The Committee is aware that system partners have already embarked on public engagements to raise awareness of Urgent Emergency Care services and the relevant support available for residents. Nonetheless, more specifically, it is vital that Urgent Emergency Care services are as coproduced as possible. With the system's development of the new Integrated Improvement Programme, there is an opportunity to engage in coproduction with key stakeholders and the wider public as part of the design and launch of this programme.

Engaging in continuous coproduction of Urgent Emergency Care Services is vital for the following reasons:

- *Enhancing Service Quality:* Continuous engagement would allow for regular feedback from service users, which helps in identifying areas of improvement and ensuring that Urgent Emergency Care services provided are of the highest quality.

- *Building Trust and Relationships:* Regular engagement would fosters trust between service providers and users. It could help build strong relationships between system partners and the public, making it easier to implement changes and improvements.

- *Ensuring Relevance:* Healthcare needs and challenges are dynamic. Continuous engagement could ensure that Urgent Emergency Care services remain relevant and adaptable to the changing needs of local communities in Oxfordshire.

Indeed, the NHS England Urgent and Emergency Care (UEC) plan for 2025/26, published on 6 June 2025, emphasised the importance of coproduction and a community-centric approach. This should be used as

impetus to help shape an agenda and culture of continuous coproduction of Oxfordshire's Urgent Emergency Care Services[8].

In the specific context of the Integrated Improvement Programme, coproduction could play a role in:

- *Identifying key areas for improvement:* Through coproduction, users and providers can identify critical areas within the Urgent Emergency Care Services that need enhancement. This collaborative effort ensures that the improvements are user-centred. For instance, in the Lancashire region, the local NHS Integrated Care Board worked closely the County Council and other system partners to develop a Urgent Emergency Care five-year strategy initiating in 2024. This strategy kickstarted a process of coproduction where the public and key stakeholders and community representatives were provided opportunities to have input into determining how such services could be improved[9].

- *Developing Solutions:* Coproduction allows for the brainstorming and development of innovative solutions to address the identified issues. By involving users in the process, the solutions are more likely to be effective and well-received.

- *Implementing Changes:* With the users' input, the implementation of changes becomes smoother. Their involvement ensures that the changes are practical and beneficial.

- *Monitoring and Evaluation:* Continuous engagement allows for ongoing monitoring and evaluation of the implemented changes. This ensures that the improvements are sustainable and continue to meet the users' needs.

Continuous engagement in coproduction is essential for the successful development of Urgent Emergency Care Services. By integrating coproduction into the Integrated Improvement Programme, the system can ensure that the services are of high quality, relevant, and user-centred.

Recommendation 3: *To ensure that you continue to engage in coproduction as part of the development of Urgent Emergency Care Services, including around the Integrated Improvement Programme.*

Determinations for discharging: Determining whether a patient is medically fit to be discharged from the hospital is a multifaceted process that requires careful consideration of various factors, including clinical assessments, patient preferences, and the involvement of carers. One critical component of this determination is the inclusion of specific

[8] The Urgent & Emergency Care Plan 2025/26: Evolution, Promise & Challenges NHS UEC Plan 2025/26: Critical Analysis & Key Changes

[9] LSC Integrated Care Board :: Urgent and emergency care five-year strategy 2024-2029

national frameworks, such as the National Early Warning Score (NEWS), which can provide valuable insights into the patient's condition and readiness for discharge.

The National Early Warning Score is designed to standardise the assessment of acute illness severity and detect deterioration in adult patients. It is composed of several clinical parameters including respiratory rate, oxygen saturation, systolic blood pressure, pulse rate, level of consciousness, and temperature. According to a 2015 study in the Journal of *Resuscitation*, this is a cumulative score helps healthcare professionals identify patients at risk of deterioration, enabling timely and appropriate interventions[10].

When considering a patient's discharge, the NEWS framework provides valuable insights into their current health status. A low NEWS score suggests stability, whereas a high score indicates potential risks that need addressing before discharge. Integrating NEWS into fit-to-discharge assessments ensures that decisions are based on comprehensive and standardised criteria.

Effective communication with patients and their carers is essential for successful discharge planning. Patients and carers should be actively involved in discussions about the NEWS and what it means for the patient's current condition and post-discharge care. This collaborative approach would help to foster understanding and ensures that everyone (including patients and their families/carers) is aware of the health indicators being considered.

The Committee is aware that NEWS scores may be utilised in some way or another in Oxfordshire when considering when/how to discharge patients. Nonetheless, the crucial part is that NEWS scores considerations ought to be discussed and considered in a transparent manner with patients as well as their families/carers.

Each discharge plan should be personalised, taking into account the patient's NEWS, their specific needs, and the support available from their carers. Healthcare professionals should explain the significance of the NEWS score and how it impacts the decision to discharge. According to a study published in the *BMC Public Health Journal*, by involving patients and carers, the discharge process becomes more transparent and tailored to the patient's circumstances, improving the experience and satisfaction of patients and their families and carers[11]. The NEWS system is being utilised at both Guy's and St. Thomas' and King's College Hospital NHS Foundation Trusts as a new standardised system to help determine when or how patients should be discharged, and these determinations are being made alongside patients and their families. The

[10] Factors affecting response to National Early Warning Score (NEWS) - ScienceDirect
[11] Using the National Early Warning Score (NEWS/NEWS 2) in different Intensive Care Units (ICUs) to predict the discharge location of patients | BMC Public Health

Trusts have also been providing training to staff on how to utilise the NEWS system in a manner that improves patient outcomes as well as satisfaction[12].

Recommendation 4: *To ensure that determinations of medically fit-to-discharge include consideration with the patient and their carer of specific national frameworks such as the meaning of the patient's National Early Warning Score (NEWS).*

Resourcing for the Neighbourhood Model: The Neighbourhood model and Multi-Disciplinary Teams (MDTs) are pivotal in creating a holistic, community-focused approach to healthcare and social support. To ensure the effectiveness of these models, it is crucial to evaluate whether there is sufficient investment and to provide evidence of sufficiency or insufficiency. A comprehensive system mapping exercise that includes Town and Parish Councils with local knowledge is recommended by the Committee to support this evaluation.

Investment in the Neighbourhood model and MDTs is essential for several reasons. Firstly, it can ensure that resources are adequately allocated to meet the diverse needs of communities. Secondly, sufficient investment can support the integration of various services, fostering collaboration among Oxfordshire's health and care providers, social workers, and other community stakeholders. This integration is vital for addressing the complex health and wellbeing issues comprehensively throughout the County.

The Committee is yet to receive specific evidence as to any mapping exercises being undertaken to determine the level of need as well as resourcing for the neighbourhood model in Oxfordshire. Whilst there is a profound commitment to this model by Oxfordshire's system partners, further clarity is required over the steps being taken to understand and secure necessary resource levels. To determine whether the current investment levels are sufficient, it is recommended to conduct a detailed analysis of funding allocations as well as outcomes. This includes examining the financial resources dedicated to MDTs, the availability of essential infrastructure, and the adequacy of staffing levels. Additionally, gathering data on community health outcomes can provide insights into the effectiveness of current resource levels.

The Committee understands that the neighbourhood model is one that is incrementally maturing, not only within Oxfordshire but nationally also. Therefore, there are very little exemplars to look toward. Nonetheless, a whole system mapping exercise can be crucially used for understanding the broader context within which the Neighbourhood model and MDTs can operate. This exercise should involve:

- *Town and Parish Councils*: Leveraging their local knowledge of community projects, initiatives, and stakeholder engagement.

[12] National Early Warning Score (NEWS)

- *Community Stakeholders:* Engaging with local organisations, community groups, and residents to gather insights on community needs and existing support structures.

- *Healthcare Providers:* Collaborating with primary care providers, hospitals, and specialised services to ensure a comprehensive understanding of the healthcare landscape.

This mapping exercise could be adopted as an initial step to help determine the levels of resourcing that are available or that may be required. The inclusion of Town and Parish Councils and local stakeholders in the mapping exercise is vital for supporting risk reduction and a whole population approach. These entities have valuable insights into community dynamics, potential risks, and opportunities for intervention. By involving them in the planning process, it is possible to develop more targeted and effective strategies for addressing health and social challenges.

Recommendation 5: *For there to be sufficient investment in the Neighbourhood model and Multi-Disciplinary Teams, and for evidence to be provided as to whether there is sufficient or insufficient investment. It is recommended that there is a whole system mapping exercise that includes Town and parish councils with local knowledge of community projects and stakeholders (who can also contribute at a neighbourhood level to support reduction of risks and a whole population approach).*

Legal Implications

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

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

14. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

15. The recommendations outlined in this report were agreed by the following members of the Committee:

Councillor Jane Hanna OBE – (Chair)
District Councillor Dorothy Walker (Deputy Chair)
Councillor Ron Batstone
Councillor Imade Edosomwan
Councillor Judith Edwards
Councillor Gareth Epps
Councillor Emma Garnett
Councillor Paul-Austin Sargent
District Councillor Paul Barrow
District Councillor Katharine Keats-Rohan
District Councillor Elizabeth Poskitt
City Councillor Louise Upton
Sylvia Buckingham

Annex 1 – Scrutiny Response Pro Forma

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