

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 8 June 2023 commencing at 10.00 am and finishing at 1.00 pm

Present:

Voting Members: Councillor Jane Hanna OBE – in the Chair

Councillor Imade Edosomwan
Councillor Damian Haywood
Councillor Dan Levy
Councillor Dr Nathan Ley
District Councillor Katharine Keats-Rohan
City Councillor Sandy Douglas

Co-opted Members: Jean Bradlow
Barbara Shaw
Siama Ahmed

Other Members in Attendance: Cllr Gawryiask
Cllr Hannaby

By Invitation: Veronica Barry, Executive Director for Healthwatch Oxfordshire
Britta Klinck, Deputy Chief Nurse, Oxford Health NHS Foundation Trust
Rose Hombo, Deputy Director of Quality, Oxford Health NHS Foundation Trust
Professor Bee Wee, Consultant in Palliative Medicine, Sobell House,
Mary Walding, Lead Specialist Nurse, Oxford University Hospitals NHS Foundation Trust
Kerri Packwood Cancer Personalised Care Project Manager, Oxford University Hospitals NHS Foundation Trust
Jason Dorsett, Chief Finance Officer, Oxford University Hospitals NHS Foundation Trust
Karren Fuller, Director of Adult Social Care, Oxfordshire County Council

Officers: Tom Hudson, Scrutiny Manager

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.

7/23 ELECTION OF CHAIR FOR THE 2023/24 COUNCIL YEAR

(Agenda No. 1)

The Scrutiny Manager welcomed Members and Officers to the HOSC meeting, and proceeded to oversee the election of the Chair of the HOSC. Cllr Hanna was nominated by Cllr Douglas, and seconded by Cllr Edosomwan for the role of Chair, with no other nominations. It was **AGREED** that Cllr Hanna be elected Chair of the HOSC for the 2023/24 council year. Cllr Jane Hanna assumed the position as Chair and thanked the committee Members for their support.

8/23 ELECTION OF VICE-CHAIR FOR THE 2023/24 COUNCIL YEAR

(Agenda No. 2)

The Chair asked if there were any nominations for the position of Vice-Chair of the HOSC for the remainder of the civic year. Cllr Elizabeth Poskitt was nominated by Cllr Aitman and seconded by Cllr Haywood as vice-Chair of the committee. No other nominations were proposed. It was **AGREED** that Cllr Poskitt be elected vice-Chair of the HOSC for the 2023/24 council year.

9/23 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 3)

Cllr Damian Haywood declared that he has a contract with the NHS South, Central and West.

Cllr Jane Hanna declared her position as CEO of SUDEP Action.

Cllr Katharine Keats-Rohan declared her involvement in NIHR and OUHS in patient participation activities, and a lay partner on the Partnership Board of the Local Clinical Research Network, Thames Valley and Milton Keynes

10/23 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 4)

The following members tendered their apologies

Cllr Paul Barrow, with Cllr Diana Lugova substituting.

Cllr Nigel Champken-Woods

Cllr Elizabeth Poskitt

Cllr Nick Leverton logged into the meeting remotely but did not participate.

11/23 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 5)

12/23 MINUTES

(Agenda No. 6)

The Chair emphasised that as per a previous council motion, minutes should adopt the term “Chair” as opposed to “Chairman”. The Chair explained that the minutes of the committee’s meetings on 20 April and 11 May were to be assessed for their accuracy.

Some minor grammatical errors were highlighted by the Committee.

In respect of the 11 May meeting, the Chair emphasised the need for the minutes to adopt the terms Wantage and area, and that the scope of this area would be agreed in co-production with the Committee.

Subject to the amendments specified the minutes of the meetings of 20 April and 11 May were **AGREED** as an accurate record.

13/23 CHAIR'S UPDATE

(Agenda No. 7)

With the Chair’s permission, Cllr Hannaby made a statement expressing concerns around the closures of the inpatient unit in Wantage Hospital, which have lasted for seven years. It was emphasised that the closure would not only impact Wantage residents in general but also those who could have potentially benefited from being treated at the hospital; and that residents would have to receive treatments in various other locations. Cllr Hannaby then proceeded to praise the workshop with Oxford Health and the Integrated Care Board (including the work of the Board’s place lead for Oxfordshire) in attempting to resolve this. Cllr Hannaby referred to some of the transportation and access challenges for patients who would have to receive treatment elsewhere.

In response to Cllr Hannaby’s statement, the Chair explained that the Committee would benefit from having an opportunity to receive relevant information and paperwork prior to any formal consultation, and for this to also be shared with stakeholders for increased transparency.

The Integrated Care Board’s Place Director for Oxfordshire reiterated the willingness to embark on a public engagement, and stated that an information pack on this engagement will be shared with the Committee in due course. The Place Director also expressed a continued commitment to pursue a comprehensive engagement around the closure in Wantage Hospital. Cllr Hannaby then emphasised the imperative for any information relevant to the engagement to be shared well in advance.

The Chair concluded with a suggestion that Cllr Hannaby have an additional discussion with the Chair to discuss the nature and scope of the public engagement further, and reiterated Cllr Hannaby’s emphasis on relevant information being shared with participants well in advance of any workshop. The Chair also stated that, as per the agreement of the committee at the last meeting, a shared history of developments is to be provided to NHS colleagues in relation to Wantage Hospital.

The Chair proceeded to raise concerns regarding issues with epilepsy medications, suggesting potential future safeguarding concerns. The epilepsy clinical and patient sectors have not been included on policy updates on these medications. The Chair requested that the committee has a point of contact at the Integrated Care Board as well as Place levels in relation to epilepsy medications. The Chair asked for two members of the committee to join her in gathering further information on this.

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

The Committee **AGREED** and **DELEGATED** to the Chair, alongside Cllr Haywood and Cllr Edosomwan, to look into gathering further information on potential future safeguarding concerns around epilepsy medications.

14/23 OXFORD UNIVERSITY HOSPITAL NHS FT QUALITY ACCOUNT

(Agenda No. 8)

The Chair stated that the Committee held a briefing with Dr Andrew Brent, Deputy Chief Medical Officer and Helen Cobb, Head of Clinical Governance at Oxford University Hospitals NHS Trust on 15 May 2023 to review the draft Quality Account and to provide its feedback.

The committee **NOTED** the feedback summary. The Chair stated that Oxford University Hospitals NHS Trust had made an official response to the feedback comments.

15/23 OJHOSC ANNUAL REPORT

(Agenda No. 9)

The Chair declared that a draft version of the annual report had been completed, and praised the report for being a manifestation of how active and effective the committee has been in its Health scrutiny activities. The Chair reiterated how much appreciated the committee members are for their active involvement in scrutiny, and for their contribution to the fulfilment of the Committee's role.

The Chair and Vice-Chair will review the report and make suggestions as to any amendments that may potentially be required.

The committee **NOTED** the requirement for the Committee to produce an annual report, and **AGREED** the following:

1. That Information on the committee's work around the Ear Wax Removal contract is to be included in the report.
2. For some further grammatical changes to be made, particularly around the paragraphs relating to Vaping.

The Committee **DELEGATED** to the Scrutiny Manager, in consultation with the Chair and Vice-Chair, responsibility for the design of the final publication, and to make minor updates or amendments as required.

16/23 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.

17/23 HEALTHWATCH REPORT
(Agenda No. 11)

The Chair highlighted that one of the Committee's key partners is Healthwatch Oxfordshire, and reiterated that the value of this partnership was mentioned in the HOSC's Annual Report. The Chair welcomed Veronica Barry, Executive Director for Healthwatch Oxfordshire, and praised Healthwatch's groundwork in gathering data on residents' Healthcare experiences as being synergistic with the HOSC's work. The Chair also cited the importance of gathering qualitative data on patients and their families' experiences with end of life care. The Executive Director was then invited to summarise some key aspects of Healthwatch's update report which included the following:

1. Feedback from online and paper surveys had been received from patients on the care they received at John Radcliffe, Horton, Nuffield and Churchill Hospitals. Overall, patients valued the care, professionalism and support they received from staff across these hospitals, and they highly valued the clear communication and information regarding the care they received. However, patients also recognised the pressures on hospital services including on staff and the impact of this on waiting times. Some impact was reflected in the quality of patient experiences of in Accident and Emergency for instance.
2. Healthwatch Oxfordshire had been provided with two patient stories regarding Palliative and End of Life Care by the Sue Ryder Foundation. Healthwatch were to use these patient insights to input into the HOSC agenda item on End of Life Care.
3. Healthwatch Oxfordshire would work with Community First Oxfordshire to help explore some of the health inequalities in the context of rural isolation.

On behalf of the Committee, the Chair reiterated the HOSC's commitment to remain up to date with the key work and research being undertaken by Healthwatch, and expressed that the Committee would also benefit from insights into health inequalities in the context of rural isolation.

The Committee recognised and noted the role of Healthwatch as a key repository of public experiences and feedback on Healthcare services, and asked about the extent to which this feedback has an effective impact on services and how it is received by Healthcare providers. The Executive Director for Healthwatch Oxfordshire responded that much of this remains contingent on the maintaining strong and positive working relationships between Healthwatch and local healthcare providers, expressing that the former were strongly pursuing this.

The Executive Director for Healthwatch Oxfordshire also emphasised their understanding that the NHS Website for Dentistry was out of date and that this should be monitored and looked at by the NHS commissioners.

It was also emphasised by Healthwatch that they are in a transition stage, in which they are also looking to hire staff to help Healthwatch execute its responsibilities. Healthwatch have also been running regular patient webinars where Patient Participation Groups and other Patient Groups can learn about health services as well as share information.

Daniel Leveson, the Integrated Care Board's Place Director for Oxfordshire also cited the responsibility of the NHS to be curious regarding what they learn from

Healthwatch, and highlighted that improvements have been made in this respect, and that Healthwatch are a permanent Member of the Place-Based Partnership. The ICB Place Director also recognised the value in Healthwatch helping to inform some of the changes that the ICB are undertaking in the Urgent Care System and around some of the work around prevention and Health Inequalities; and to work more closely with Patient Participation Groups to hear more from local communities.

The Committee **NOTED** the report.

18/23 DRAFT OXFORD HEALTH NHS FT QUALITY ACCOUNT
(Agenda No. 12)

The Chair welcomed Britta Klinck (Deputy Chief Nurse) and Rose Hombo (Deputy Director of Quality) of Oxford Health NHS Foundation Trust; and on behalf of the Committee, thanked the invitees for their comprehensive report as well as for the glossary. The Chair handed the floor to the invitees to provide a brief overview of the report.

The invitees summarised the following points:

1. The Annual Quality Account had been drafted in the context of a difficult time. The challenges being experienced are not unique to the Trust but analogous challenges were being experienced by counterparts Nationwide. It was highlighted that there has been a higher level of demand in various services delivered by the Trust, and that pressures within the healthcare system had reached heightened levels. This Quality Account had been published on the back of a staffing crisis which is affecting Oxfordshire but also other areas nationwide. It was also emphasised that the Trust, much in the same way as many other providers, are in the process of recovery from the Covid-19 Pandemic.
2. It was also reiterated that there was a significant critical incident within Oxford Health last year, which was elicited by the outage of the Trust's entire Electronic Patient Record System. The Provider of the Trust's electronic patient record system was subjected to a cyber attack which rendered the system unusable. The Trust was required to operate in the absence of their Patient Record Systems from August through to December last year. For instance, district nursing teams were significantly reliant on these systems for appointments with patients.
3. It was highlighted that there are fourteen objectives in the Trust's Quality Account, and that five of these have been achieved. It was emphasised that that was not as high a number as the Trust would have liked, although there has been a significant amount of progress on the five objectives that have been achieved. It was acknowledged that there still was further work to do further into the current year by the Trust to help meet its objectives, and it was expressed that there is a strong commitment to do so.
4. The Trust had been working on improving mental health services, by focusing on further prevention work. This is being undertaken through closer collaboration

with Primary Care and GPs in order to achieve early intervention for patients with mental health issues. The Trust also has teams in over 200 schools to help with prevention and early intervention work for mental health and have been expanding this programme.

The Chair thanked the invitees for summarising Trust's Quality Account, and expressed that the Committee had a keen interest in the wellbeing of all frontline practitioners during these challenging and unprecedented times.

The Committee acknowledged that the challenges from the Covid-19 Pandemic still remained and that this would continue to have challenging impacts on the Trust; including on workforce.

The Committee also felt that it was good to see a reduction in seventy percent of admissions for eating disorders, and that this was a positive development, particularly in light of an increase in eating disorder tendencies and statistics at the national level.

The committee asked about the extent to which Keystones mental health and wellbeing hub had elicited improvements across the population. The Trust responded that one of the consequences of the cyber attack on patient record systems was the lack of quantitative data, although there is a plethora of qualitative data relating to the experiences of patients who utilised that centre. Patients are able to access services much closer to home at the local level. It has also been a useful centre in incorporating contributions and collective work with Mind and other voluntary workers. It was also mentioned that the Trust is committed to help overcome some of the challenges with access to mental health services and for patients to not have to be bounced around services and to have to repeat their story multiple times.

The Committee asked for clarification as to whether there was a formal partnership between Oxford Health and the Frank Bruno Centre. The Trust responded that there was no partnership of any kind. The benefit here is that patients also face the prospect of self-referral, which avoids some of the challenges of having to go through avenues of accessing a GP initially and to then hope to be referred.

The Committee also queried some of the snowball effects that the outage of the patient record system has had, not only on the effectiveness of service delivery to patients, but also on staff health and wellbeing and staff retention as a result of increased pressures. The Trust responded that the migration of the historical data on patients has not yet completed; and that another consequence of the outage relates to challenges with reporting around waiting times and appointments being carried out. It was emphasised that the Trust would develop that functionality by July-August this year, and that this could/would? help staff to deliver care on the ground more effectively. However, staff would also require some time to get accustomed to new systems.

The Committee asked what the consequences of the aforementioned challenges are on the general health and wellbeing of the people of Oxfordshire, particularly given that there are many residents who make use of District Health services as part of people's everyday access to healthcare for instance. The Trust responded that clinical harm reviews were undertaken throughout the course of the critical incident,

but that not every harm can be easily ascertained or identified but that the Trust does its utmost to nonetheless review the impact of any challenges on the health and wellbeing of patients and wider residents.

The Chair enquired as to whether there were any lessons learned by the Trust, which could then be shared with other actors within the healthcare system so as to improve services overall. The Trust responded that there are always lessons learned and that these lessons are routinely shared with the Integrated Care Board. It was also highlighted that another useful source of collective learning was that it was approximately 15 other providers who were also affected by the outage of the patient record systems.

The Committee raised a point about the imperative to support staff wellbeing, and for the Trust to closely monitor the percentage of staff leaving relative to the numbers of staff being recruited, as this will help to ensure prompt and adequate staff recruitment and retention measures.

ACTION: For Oxford Health NHS Foundation Trust to share information with the Committee on the percentage/ratio of staff leaving the Trust relative to the numbers of staff being recruited.

The Committee was recommended to:

- a) **AGREE** to provide comments on the account, in particular in relation to whether the account corresponds with HOSC member experience of the Trust over the last year, and whether they support the key areas of focus for the Trust over the forthcoming year.
- b) **DELEGATE** to the Scrutiny Manager the task of compiling the Committee's comments on the Quality Accounts in consultation with the Chair, and submit the feedback to Oxford Health by 14 June 2023.

19/23 END OF LIFE CARE (Agenda No. 13)

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.

20/23 ACTIONS AND RECOMMENDATIONS TRACKER (Agenda No. 14)

Following an update on the progress, the Committee **NOTED** the action and recommendation tracker.

21/23 RESPONSES TO PREVIOUS RECOMMENDATIONS
(Agenda No. 15)

..... in the Chair

Date of signing