

Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider [this can include the County Council]), 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. This may be extended at the wish of the Committee.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Covid Response (First 30 Days)

Lead Cabinet Member(s) or Responsible Person: Cllr Tim Bearder, Cabinet Member for Adult Social Care, Oxfordshire County Council

Deadline for response: 05 September

Response to report:

In response to the request to review the first 30 days of covid from an Oxfordshire perspective, our local NHS partners in Oxfordshire have confirmed that they will wait until the parameters of the national Covid enquiry to be confirmed before any further local actions are taken. In order to provide a meaningful response, this needs to be a systemwide review and we fully agree and support the NHS shared position that we need to wait for the national enquiry work to commence to ensure which we fully support and will engage in.

The Government published the final terms of reference for the UK COVID-19 Inquiry on the 28th June 2022. This is an independent public inquiry established under the Inquiries Act (2005) set up to examine the UK's response to and impact of the Covid-19 pandemic and will be chaired by Baroness Heather Hallett.

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The inquiry will robustly review the response of the health and care sector as part of its remit and the final terms of reference have confirmed will include:

- i) preparedness, initial capacity and the ability to increase capacity, and resilience;
- ii) initial contact with official healthcare advice services such as 111 and 999;
- iii) the role of primary care settings such as General Practice;
- iv) the management of the pandemic in hospitals, including infection prevention and control, triage, critical care capacity, the discharge of patients, the use of 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions, the approach to palliative care, workforce testing, changes to inspections, and the impact on staff and staffing levels;
- v) the management of the pandemic in care homes and other care settings, including infection prevention and control, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, workforce testing and changes to inspections;
- vi) care in the home, including by unpaid carers;
- vii) antenatal and postnatal care;
- viii) the procurement and distribution of key equipment and supplies, including PPE and ventilators;
- ix) the development, delivery and impact of therapeutics and vaccines;
- x) the consequences of the pandemic on provision for non-COVID related conditions and needs; and
- xi) provision for those experiencing long-COVID.

The Oxfordshire system will not be progressing anything local outside of the pending inquiry which as you can see from the extract specifically related above to health and social care is comprehensive and will cover learning from the system perspective.

Positively, as an Oxfordshire system, we worked in partnership throughout the pandemic and covid guidance was explicitly followed to ensure compliance at that time. Given what we know now around the fact that there was not routine testing nor validation of the causes of death at this specific time, any early review would not enable us to draw meaningful conclusions. As a local authority, we would also not be able to undertake this piece of work without this data and I understand and support the reasons as to why NHS partners don't wish to do anything locally ahead of a national enquiry.

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As local authority, we will start a process of fact finding, collating data from this period so we are ready to fully engage with the national review when clear guidance around terms of engagement and information required is fully known. Throughout Covid, the County Council tracked everyone we supported to be discharged from hospital which will support the inquiry. This will not be data that we will be sharing ahead of the enquiry.

Response to recommendation:

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
<i>‘Senior Officers are able to re-affirm a commitment to a review of the response of the system partners to the pandemic, in so far as this would provide a plan of what would be included and a reasonable time scale, given the unpredictability of the current situation’ (An update is requested)</i>	Rejected	Given that the national enquiry terms of reference have now been published, the Oxfordshire system will positively look to engage when opportunities are flagged by the enquiry but will not be doing our own independent local one.