

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 24 November 2022 commencing at 10.00 am and finishing at 2.30 pm

Present:

Voting Members: Councillor Jane Hanna OBE – in the Chair

District Councillor Paul Barrow (Deputy Chair)
Councillor Nigel Champken-Woods
Councillor Imade Edosomwan
Councillor Damian Haywood
Councillor Nick Leverton
Councillor Dr Nathan Ley
District Councillor Elizabeth Poskitt
District Councillor David Turner
Councillor Alison Rooke

Co-opted Members: Jean Bradlow
Barbara Shaw

**Other Members in
Attendance:**

By Invitation: Julie Mabberly
Julie Dandridge (BOB ICB)
Dan Leveson (BOB ICB)
Lily O'Connor (OUH)
Katrina Anderson (BaNES)
Dr Rob Bale (BaNES)

Officers:

Whole of meeting Eddie Scott, Health Scrutiny Officer
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.

64/22 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS (Agenda No. 1)

Apologies for absence were received from Cllrs Levy and Nala-Hartley.

Cllr Rooke attended in place of Cllr Levy

65/22 DECLARATIONS OF INTEREST

(Agenda No. 2)

Cllr Hanna noted her position as Chief Executive of SUDEP Action.

66/22 MINUTES

(Agenda No. 3)

The minutes of the HOSC meeting held on 22 September 2022 were AGREED as an accurate record subject to the following:

Min No. 62/22 – Chair’s Update

It was advised that advice had been sought by the Principal Scrutiny Officer regarding the ability of the committee to make submissions to the Covid inquiry with regard to the reports that had been produced in respect of care homes. The advice was such that the committee could not do this on behalf of the council. However it was agreed to amend the minutes to reflect the Committee’s wishes.

The request to Cllr Bearder that the council be actively involved in any inquiry be included in the minutes.

67/22 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The following requests to speak were received:

Item 6 Integrated Care Programme for Oxfordshire

Julie Maberley
Councillor Jenny Hannaby (statement only)

68/22 PRIMARY CARE

(Agenda No. 5)

The Chair welcomed Julie Dandridge and Dan Leveson to the meeting who presented a report which summarised the key challenges and opportunities in respect of the provision of Primary Care in Oxfordshire. An additional report from the Health Scrutiny Officer summarised some of the key findings from the HOSC Primary Care Workshop session which highlighted the strains on demand and capacity in Primary Care as well as the opportunities for the ICB and local Councils to work closer together in regard to Primary Care Estate.

Members raised a number of issues in respect of the following:

- Capacity of the estates and funding being in place. In response it was acknowledged that this could always be improved but the necessary expertise and skills were in place.

- Data for wait times to see a GP. It was clarified that the wait time and number of patients at practices varied widely. In particular, it was noted that practices that dealt with students had seen a significant drop in numbers. Overall Oxfordshire practices saw 85.2% of patients within two weeks compared to a national average of 82%. It was further advised that many practices did have allocated 'on the day' appointments. GP patient lists were regularly reviewed to help identify issues.
- Levels of workforce in primary care settings and the recruitment and retention of staff. In response, it was explained that £10m had been allocated to Oxfordshire in this regard but training of staff took a long time so the benefits could be some time away. It was emphasised that increased use of technology and self-management could also help.
- In respect of GP retention it was noted that a number of schemes were in place and were proving effective in the county.
- The importance of the One Public Estate initiative was highlighted as an example of public organisations working together to deliver health services. Local hubs where a variety of services were available was given as an example. It was anticipated that such schemes would take time to establish but could help reduce demand on primary care services. The monitoring would be undertaken through the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

The challenges relating to an ever-growing population in Oxfordshire and its effect on Primary Care Provision was detailed in the ICB's report and drawn out during the committee meeting. It was acknowledged that, whilst the Oxfordshire Primary Care Estates Strategy highlighted the areas where additional general practice capacity would be needed because of housing growth, there were specific areas of exceptional population growth outside of Oxford City, such as in Didcot, where it was advised that the expected population growth was approximately 30% over the next 10 years. As a result, it was felt by members of the Committee that whilst the existing Estates Strategy provided good, strategic direction as to the provision of primary care estate in Oxfordshire, the strategy needed adjusting to reflect some of the stark population growth in some areas of the county.

From the Workshop session, the particular case study of Woodlands Medical Practice, where there were unsustainable levels of growth in patient numbers, had been drawn out. The Committee were subsequently advised that a portacabin would be placed on the site of the Woodlands Medical Practice to allow for more clinical space. It was also advised that the ICB were working with the District Council to secure a longer-term solution to the issues in Didcot using section 106 monies and developer contributions. Furthermore, the Committee felt that the example of Didcot and population growth figures indicated the urgency of need to provide primary care estate in the county and were concerned as to large volumes of unspent developer contributions; and a proposed recommendation was tabled to create a priority list where housing developments were already planned.

The Committee noted two projects at Long Hanborough and Didcot, which had been delivered via utilisation of Section 106 and Community Infrastructure Levy (CIL) monies, and a number of other schemes were being developed. However, the

complex, intricate and technical nature of providing NHS Primary Care Estate via developer contributions was recognised by the Committee and it was acknowledged that significant, further staffing resource was required within the ICB to facilitate and project manage this. It was envisaged by the Committee that any additional role in the ICB would also aim to establish an ongoing dialogue with District Council Development Management teams and Planning Committee Chairs regarding future planned development, alterations to the development plan and available Section 106 and CIL monies for health.

Emanating from the discussions and consideration of the ICB's report, it was also clear to Committee members that in order for the building of new Primary Care Estate to succeed there needed to be a shift in policy to make healthcare infrastructure a pre-requisite for development, as well as a greater and more flexible devolved capital funding to ICBs across the country. It was agreed by the Committee that these concerns would be captured in a letter, which would be formulated in consultation with the ICB, to the Secretary of State for Health and Social Care. It was agreed that the stark workforce issues exemplified at the Primary Care Workshop and included in the subsequent report would also be included in the letter.

The Chair summarised the discussion and made a number of recommendations which, on being put to the vote, were approved.

RESOLVED

- 1. Specified roles are filled within the ICB with the primary responsibility to work with District Councils at Place Level to coordinate use of CIL funds held by the ICB and from executed Section 106 funds for Primary Care.**
- 2. The Oxfordshire Primary Care Estates Strategy be endorsed by the Committee following amendments, to reflect the significant population growth and change in the more rural areas of the County.**
- 3. A priority list for funding of new primary care facilities in Oxfordshire is created with a view to seeking contributions for health where housing developments are already planned and delivered.**
- 4. A letter is formulated, in consultation with the Integrated Care Board; and sent on behalf of the Committee to the Secretary of State for Health and Social Care to detail the Committee's concerns in respect of General Practice capacity, workforce and retention issues, need for healthcare infrastructure as a prerequisite to major developments, and to highlight the need for devolved capital funding and flexibility in the interests of meeting the needs of primary care in Oxfordshire.**
- 5. The Cabinet is recommended to explore ways for which the Council can support the ICB, from a communications angle, to better inform the public narrative in primary care.**

6. The use of additional roles within Oxfordshire is explored by the Committee moving forward.

69/22 INTEGRATED CARE PROGRAMME FOR OXFORDSHIRE

(Agenda No. 6)

The Chair introduced the item and made reference to the participation earlier in the meeting and the interest the committee had in the issue.

Lily O'Connor, Director of Urgent Care, gave an update on the Integrated Care Programme with a specific focus on the metrics around outcomes as discussed at the June Committee Meeting.

Members highlighted the following:

- The pausing of the Oxfordshire Way initiative and the impact on work already undertaken. In response it was confirmed that whilst work had been paused until October 2023 finance was available for digital initiatives and so work would continue on this. However work on Adult Social Care and Safeguarding would not be advanced at this stage.
- It was noted that meetings were ongoing with the Department of Health & Social Care and matters relating to the future of the project would be kept under review in the background with a view to progressing them.
- The use of technology and impact for customers. It was explained that the Virtual Ward initiative which involved partners such as GPs, Age UK and Adult Social Care working with clients on their care provision. In addition there were a number of contracts with Age UK to provide social prescribing in the community.
- The closure of beds and lack of consultation with HOSC. It was noted that urgent decisions had been made regarding the closure of some short stay beds.
- The change in culture and challenges this could present. The concern was acknowledged and it was confirmed that a co-ordinated approach was needed and challenge was very important in this regard and would be facilitated. It was agreed that this could be very staff intensive and provision was being made in this regard with a view to maximising resources across partners, reducing inefficiencies and providing training to allow staff to take on increased roles.
- The provision of home care, with community support, and whether this was always appropriate. It was acknowledged that the wishes of the client would be respected and appropriate provision put in place as needed.
- The strategic positioning of care beds and lack of consultation with HOSC in respect of closures. It was noted that some of the information was commercially sensitive and there was a need to address recruitment issues. It was noted that the overall number of beds had not decreased but consultation was needed.
- It was agreed that a glossary of terms should be developed to allow better public understanding of the language used.

The Chair summarised the debate and a number of recommendations were proposed and agreed.

Resolved:

- 1. Matters in respect of the Community Services Strategy continue to be looked at by the Integrated Improvement Programme Sub- Group;**
- 2. That further work by the committee on the urgent care be not pursued in the short term but that there be an annual review by the committee;**
- 3. That the temporarily closed services within the county including the midwifery led units at Wantage and Chipping Norton and the inpatient unit at Wantage Community Hospital:**
 - a. be considered by the Committee at its next meeting alongside a completed substantial change toolkit form for the services; and**
 - b. engagement and dialogue on the services with the Wantage Town Council Health Sub-Committee is continued by the relevant provider.**

Break in Meeting

The Committee adjourned at 12.50pm and resumed at 1.25pm

70/22 SERIOUS MENTAL HEALTH
(Agenda No. 7)

The Chair welcomed Katrina Anderson (Service Director, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health) and Dr Rob Bale (Clinical Director, Oxfordshire, BaNES, Swindon & Wiltshire mental Health Directorate – Oxford Health) to the meeting.

The speakers presented a report outlining capacity and demand issues, recruitment and the development of a framework to develop services in the community rather than at crisis point. Work would be undertaken with community volunteers and primary care services. It was anticipated that three pilot hubs would be in place to deliver the service.

The clinical role was explained and the importance of developing services with users was paramount when introducing significant changes.

In response to members questions it was:

- Confirmed that the scheme was being developed and delivered in partnership. It was advised that the first hub was in Blackbird Leys with a further two proposed in Abingdon and Banbury once estates issues had been resolved. There was also the possibility of virtual hubs.
- In respect of performance monitoring it was indicated that using indicators was difficult as each case was unique. There was however work being procured to look at evaluation methods. The scheme was nationally funded with Oxfordshire getting a percentage of the money.

- It was acknowledged that the scope of the work on prevention services could be expanded to include other outreach services such as drugs but this would need further discussion.
- Confirmation was given that the specialist practitioners were in place until the end of the financial year with primary care funding. It was acknowledged that some groups were particularly disadvantaged and support above primary care level may be needed in those cases.
- It was advised that patient feedback was essential when looking at outcomes and this involvement should reduce need for crisis intervention.
- In respect of the growth in referrals between April 2019 and August 2021 it was advised that data was still to be fully assessed so the impact of the pandemic was not clear. There was an identified increase in young people accessing services during this time however.
- The set up of the Blackbird Leys hub was outlined and it was clarified that this had been expedited as a third party had premises available and it was an area of high demand.
- Further to this, confirmation was given that the Frank Bruno Foundation was not working in partnership with Oxford Health or providing services at the hub; instead the foundation had just leased space to the hub. This was after concern of Committee members in respect of the selection of the 3rd sector organisation and its suitability in respect of those who had significant learning disabilities.
- Confirmation was given that the framework for such schemes was in place and there was a process for working with voluntary services to deliver support. This involved ensuring due diligence and ensuring that partners had the necessary skills.
- It was agreed that other services such as debt advice could also be included in hubs.

The Chair summarised the discussion and acknowledged the direction of travel was good. It was suggested and agreed that the issue be examined further and the possibility of a joint workshop could be beneficial encompassing agreed parameters.

Resolved:

- 1. That the report be noted; and**
- 2. That the committee continues to monitor the issue and look at arranging a joint workshop on the subject.**

71/22 WORK PROGRAMME

(Agenda No. 8)

A report updating on the Committee Work Programme was considered.

It was noted that data from the Ambulance Service would be presented at the next meeting and that the palliative care item was to be deferred to April 2023 as that would be one year into the project.

Reference was made to the ICP strategy and the consultation process on this was to be clarified.

Resolved:

That, the report be noted.

72/22 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 9)

The updated actions and recommendations tracker report was received.

In respect of the substantial change toolkit in relation to the SARC in Bicester it was reported that this was not considered to be a substantial change and a response from the commissioner was awaited.

It was confirmed that following the cessation of the Wider Access Fund this had been raised with partners and alternative funding sources could be looked at.

In respect of the amendment to the minutes agreed earlier in the meeting it was noted that further advice would be sought.

It was noted that members were looking at further care homes to visit.

Resolved:

That the report be noted.

73/22 HEALTHWATCH UPDATE

(Agenda No. 10)

Consideration was given to the written report from Healthwatch.

It was agreed that if members had any questions regarding the report that they forward to officers.

Resolved:

That the report be noted

74/22 CHAIR'S UPDATE REPORT

(Agenda No. 11)

The Committee received the Chair's report updating on a number of issues.

Reference was made to a recent Oxford University Hospitals maternity services stakeholder event. It was explained that this would help in developing a new strategy going forward and a request would be made to see the final document.

In respect of the Covid 19 Sub-Group it was requested that trend data from the hospital trust be brought forward for consideration.

Resolved:

That the update report be noted.

..... in the Chair

Date of signing