Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee
Thursday, 23 September 2021

ADDENDA

5. System-wide update on Covid-19 Recovery (Pages 1 - 38)

A presentation to update on the key issues for the Oxfordshire system on COVID-19 recovery. Plus an Annex which responds to queries raised by members at the last HOSC meeting.

7. Chair's Report (Pages 39 - 50)

Attached

- the three letters referred to as appendices to the report
- the Council motion that was not reached, referred to under 1. BOB ICS.

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COVID-19 UPDATE

Oxfordshire Health Overview & Scrutiny Committee

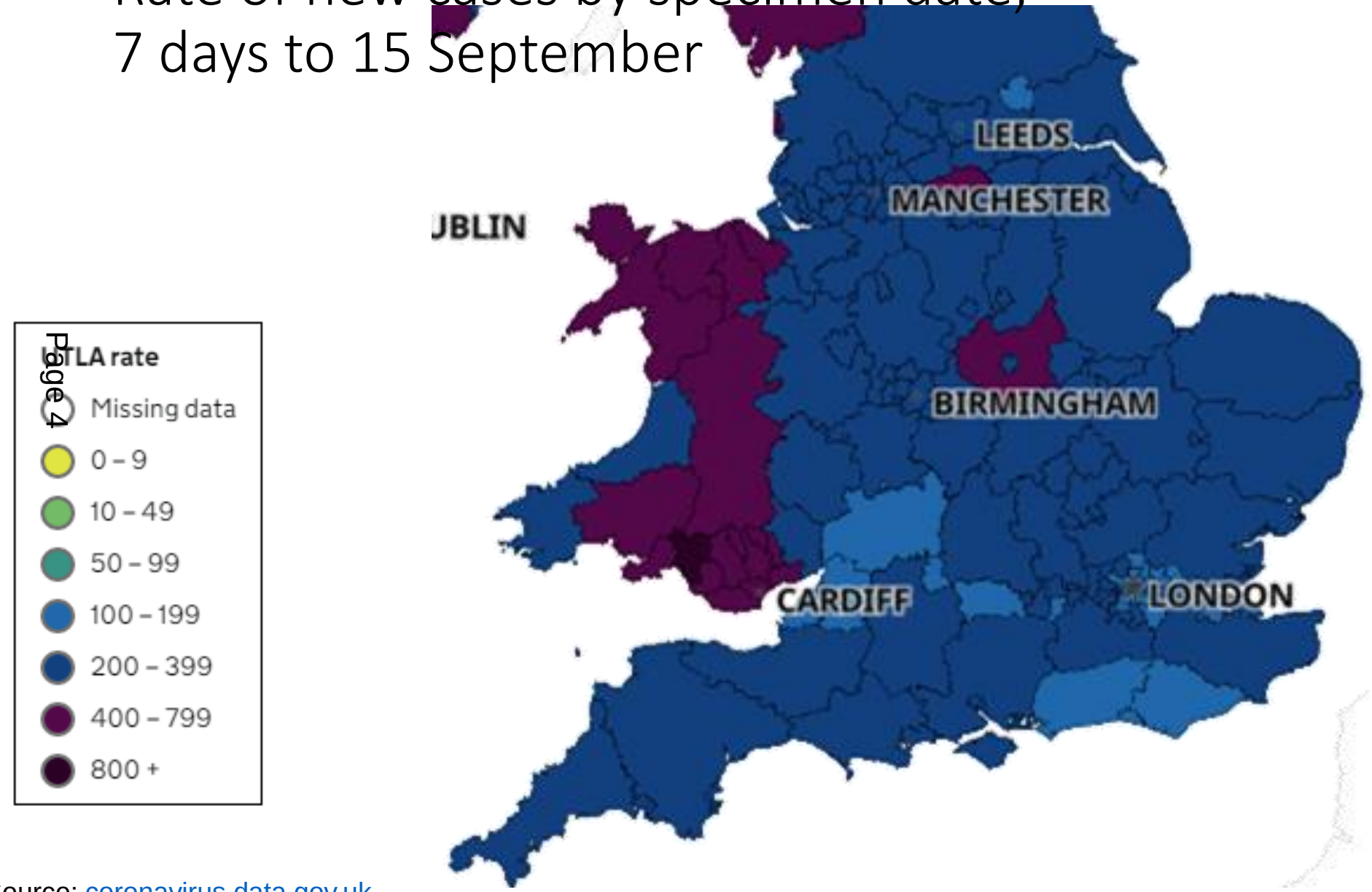
23 September 2021

Health System Gold

Contents

Data and Intelligence

Rate of new cases by specimen date, 7 days to 15 September

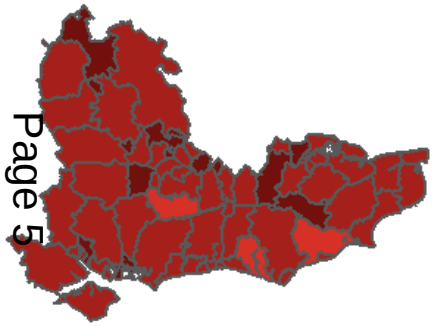


Source: coronavirus.data.gov.uk

Regional SAR South East

Reporting on 8 – 14 Sept 21

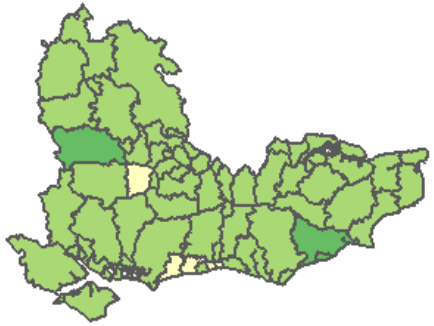
Case rate



Weekly case rate (per 100,000)

- > 250
- 151 - 250
- 51 - 150
- 25 - 50
- < 25

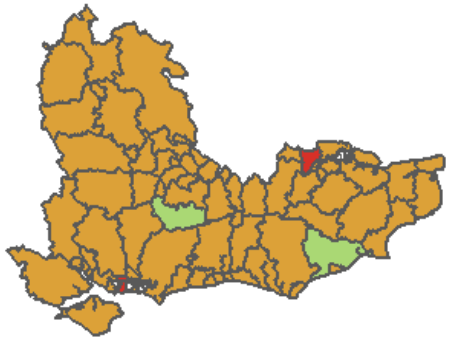
Case rate change



7-day change in weekly case rate

- >100% increase
- 51 to 100% increase
- 10 to 50% increase
- Under 10% change
- 10 to 50% reduction
- 51 to 100% reduction

Positivity



Weekly percentag positive

- > 7.5%
- 4% - 7.5%
- < 4%

Source: [Covid-19 Local Authorities Report Store]

COVID-19 Cases in Oxfordshire

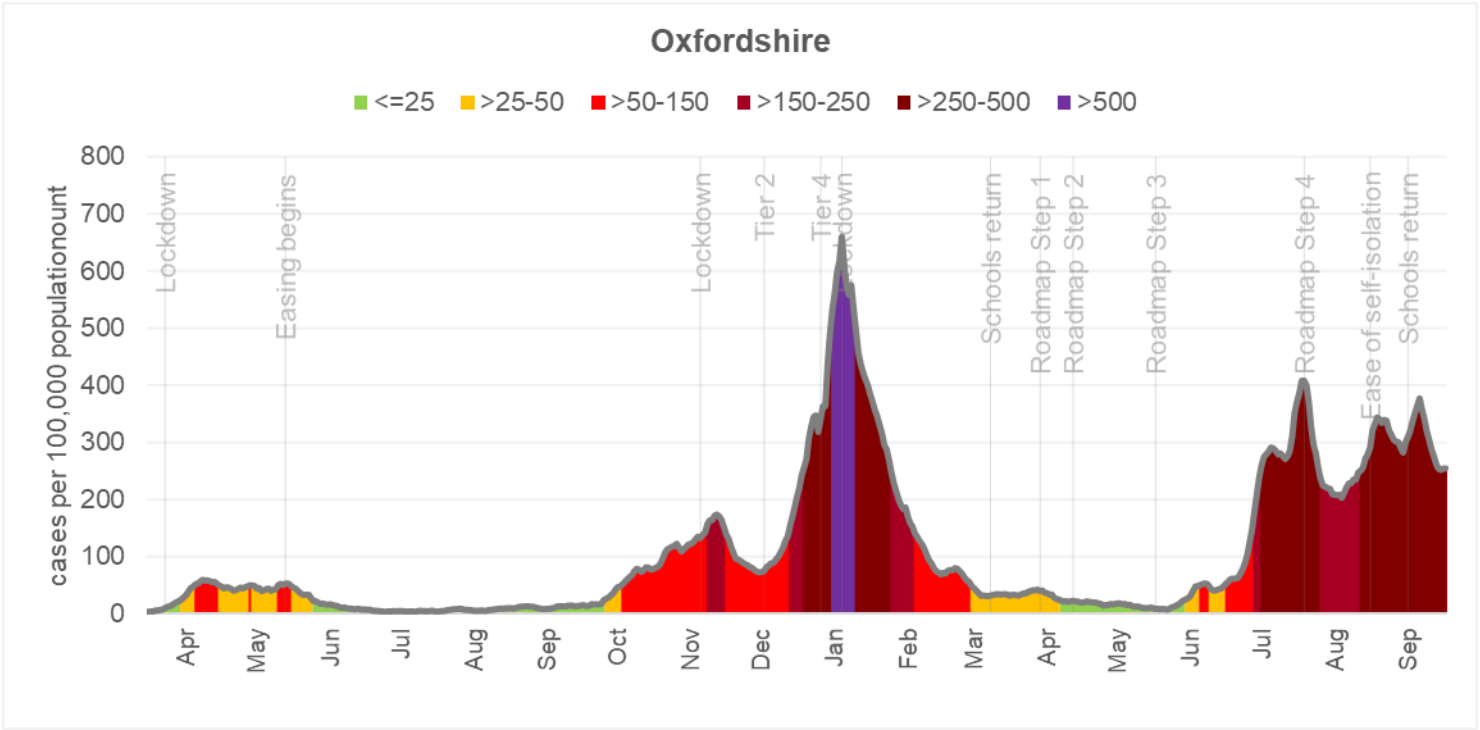
In the 7 days up to 17 September there has been a total of 1,765 confirmed COVID-19 cases in Oxfordshire.

This is equivalent to a weekly rate of new cases of 255 per 100,000 residents.

Area name	Cases in 7 days up to 10/09	Rate per 100,000 population	Cases in 7 days up to 17/09	Rate per 100,000 population
Cherwell	622	413.3	437	290.4
Oxford	415	272.2	426	279.4
South Oxfordshire	330	232.3	303	213.3
Vale of White Horse	354	260.3	335	246.3
West Oxfordshire	386	348.9	264	238.6
Oxfordshire	**2107**	**304.6**	**1765**	**255.2**

Source: coronavirus.data.gov.uk

Cases: rate per 100,000 population



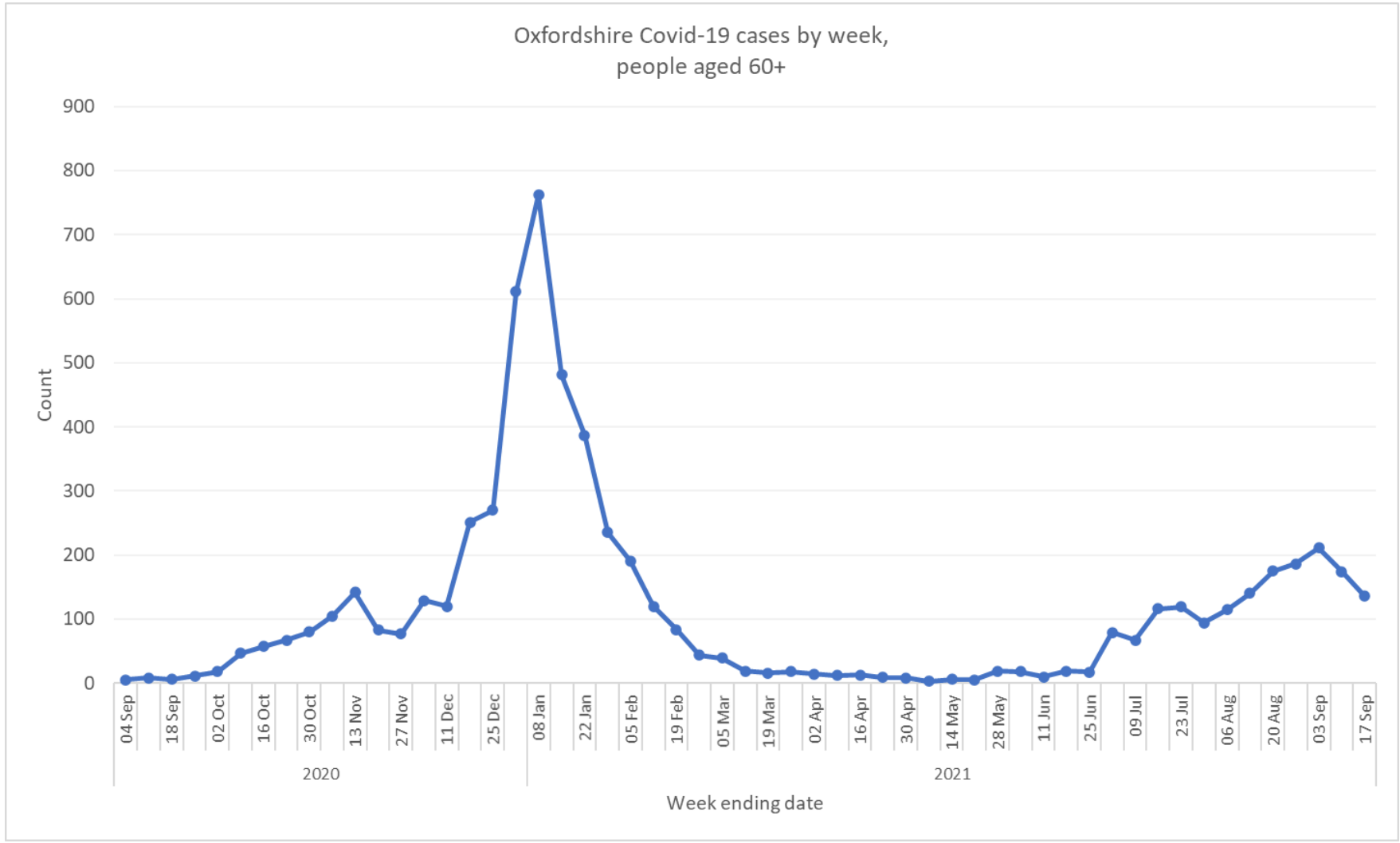
Source: coronavirus.data.gov.uk

Cases in over 60s

Area name	Cases in 7 days up to 10/09	Rate per 100,000 population	Cases in 7 days up to 17/09	Rate per 100,000 population
Cherwell	57	158.3	31	86.1
Oxford	26	103.9	37	147.8
South Oxfordshire	29	75.8	27	70.5
Vale of White Horse	31	88.0	18	51.1
West Oxfordshire	31	100.5	23	74.6
Oxfordshire	**174**	**105.2**	**136**	**82.2**

Source: PHE Power BI Covid-19 Situational Awareness Tool

Cases in over 60s by week



Source: PHE Power BI Covid-19 Situational Awareness Tool

Heatmap, Oxfordshire

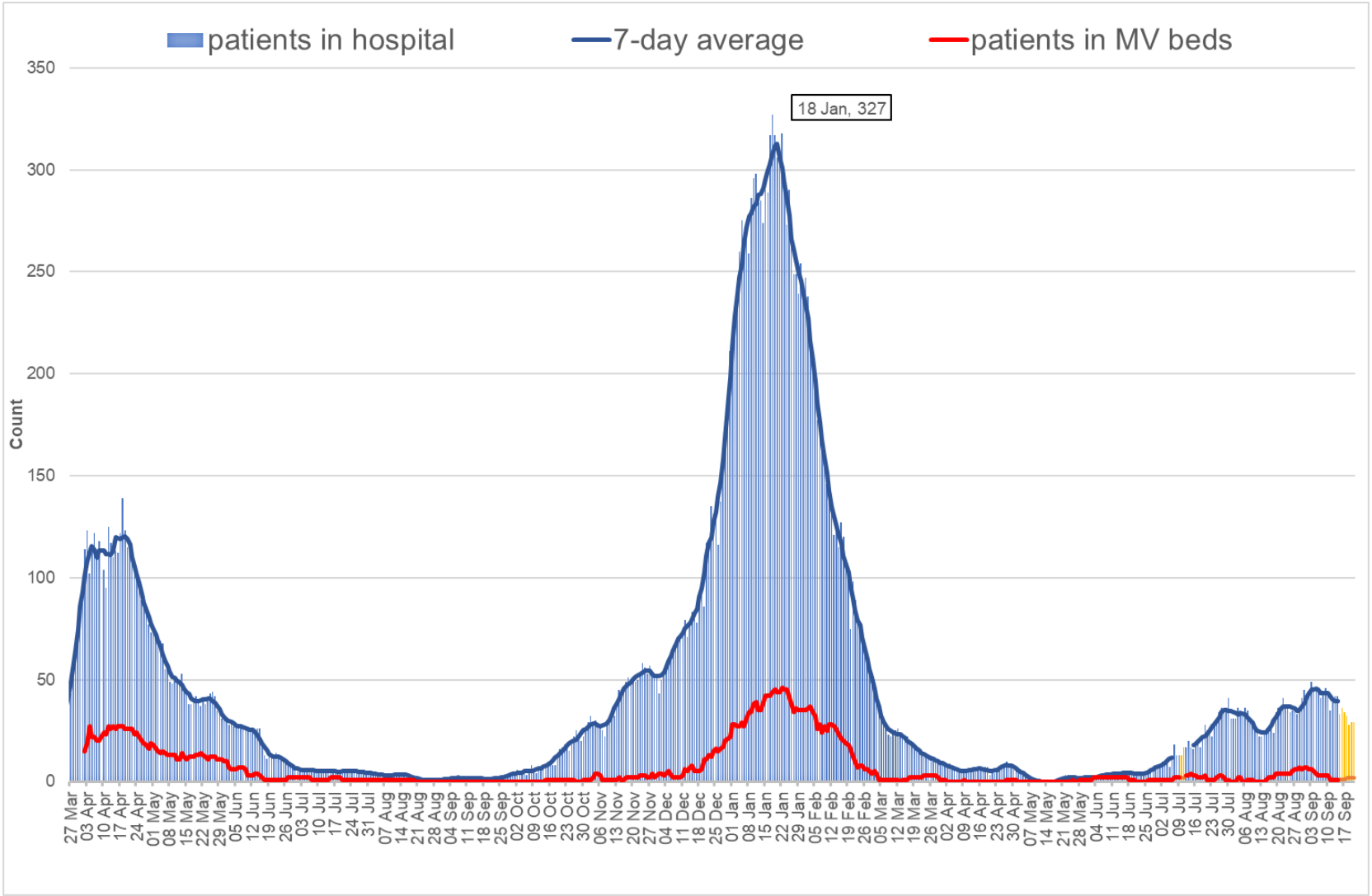
Cases: weekly rates per 100,000 population, 5 year age bands

District: (All)

Age group	Week ending: 2021																																								Age group
	08 Jan	15 Jan	22 Jan	29 Jan	05 Feb	12 Feb	19 Feb	26 Feb	05 Mar	12 Mar	19 Mar	26 Mar	02 Apr	09 Apr	16 Apr	23 Apr	30 Apr	07 May	14 May	21 May	28 May	04 Jun	11 Jun	18 Jun	25 Jun	02 Jul	09 Jul	16 Jul	23 Jul	30 Jul	06 Aug	13 Aug	20 Aug	27 Aug	03 Sep	10 Sep	17 Sep	
0-4	150	198	147	119	79	56	56	48	10	28	28	25	38	10	5	0	8	18	5	5	3	28	13	20	28	71	66	81	124	71	81	71	114	109	124	195	122	0-4
5-9	161	107	105	91	40	47	16	30	9	16	40	42	12	7	5	9	2	5	5	0	12	35	14	30	51	123	168	242	231	128	123	200	179	242	315	424	566	5-9
10-14	306	143	151	97	90	27	32	19	24	41	44	107	58	17	24	32	27	27	19	12	36	46	58	102	104	284	473	532	471	257	221	238	435	413	612	745	939	10-14
15-19	588	326	254	172	132	77	95	77	52	55	55	72	62	55	35	55	35	32	15	12	42	97	105	142	344	735	889	982	728	797	563	590	1507	742	1228	723	566	15-19
20-24	776	607	382	244	124	73	95	67	41	49	20	30	51	28	39	30	16	20	6	10	32	114	97	217	522	1511	857	889	560	512	530	522	633	514	378	298	118	20-24
25-29	903	644	463	288	201	108	108	73	51	40	33	33	33	35	18	20	22	20	24	20	35	133	86	144	177	458	547	711	487	341	421	580	525	423	321	259	170	25-29
30-34	860	626	441	277	185	135	126	114	55	47	57	71	57	52	33	26	31	21	12	14	33	73	50	90	64	249	320	604	467	289	367	434	346	398	294	308	220	30-34
35-39	736	503	404	231	197	124	146	124	29	49	53	95	35	27	40	24	42	29	11	16	35	60	47	38	53	142	211	426	355	220	215	237	266	304	317	271	211	35-39
40-44	696	544	411	259	185	102	105	100	43	55	52	55	48	38	26	21	21	12	14	19	21	40	43	59	71	145	233	337	328	230	226	285	257	297	409	371	290	40-44
45-49	649	407	319	258	160	87	85	42	42	39	39	37	55	20	28	15	13	4	9	7	15	44	42	33	59	133	181	295	300	146	162	179	300	291	332	352	249	45-49
50-54	695	560	348	219	139	67	62	71	33	44	33	25	23	19	21	19	17	15	19	2	10	25	42	19	50	112	150	271	194	162	167	204	233	316	306	296	200	50-54
55-59	706	462	311	193	140	84	84	56	29	24	29	29	31	18	11	16	24	13	9	4	16	24	22	20	47	78	162	198	167	95	138	164	229	278	266	226	153	55-59
60-64	583	389	263	156	134	86	73	40	21	21	19	11	19	13	8	11	5	3	3	5	19	19	0	19	16	62	67	129	124	89	113	129	161	185	193	177	118	60-64
65-69	385	241	205	154	102	63	48	27	12	18	18	9	18	9	12	9	9	0	3	3	6	9	9	6	18	45	36	72	81	63	69	120	117	123	169	99	90	65-69
70-74	287	201	115	110	83	53	50	18	24	3	3	12	3	3	6	6	3	3	3	0	6	9	3	12	9	38	18	68	71	38	74	68	118	104	101	77	62	70-74
75-79	299	180	185	98	90	57	25	8	16	4	4	8	0	4	12	0	0	0	4	4	0	12	16	21	0	41	37	57	29	37	37	57	45	78	90	103	94	75-79
80-84	464	300	224	93	87	49	22	22	11	0	0	11	0	5	0	0	11	0	0	5	16	5	5	5	0	33	33	22	44	66	44	49	55	87	93	87	55	80-84
85+	879	483	521	261	223	141	76	43	71	16	5	16	0	5	5	0	0	5	11	0	27	5	5	0	11	65	49	16	38	33	43	33	81	33	54	43	43	85+

Source: PHE Power BI Covid-19 Situational Awareness Tool

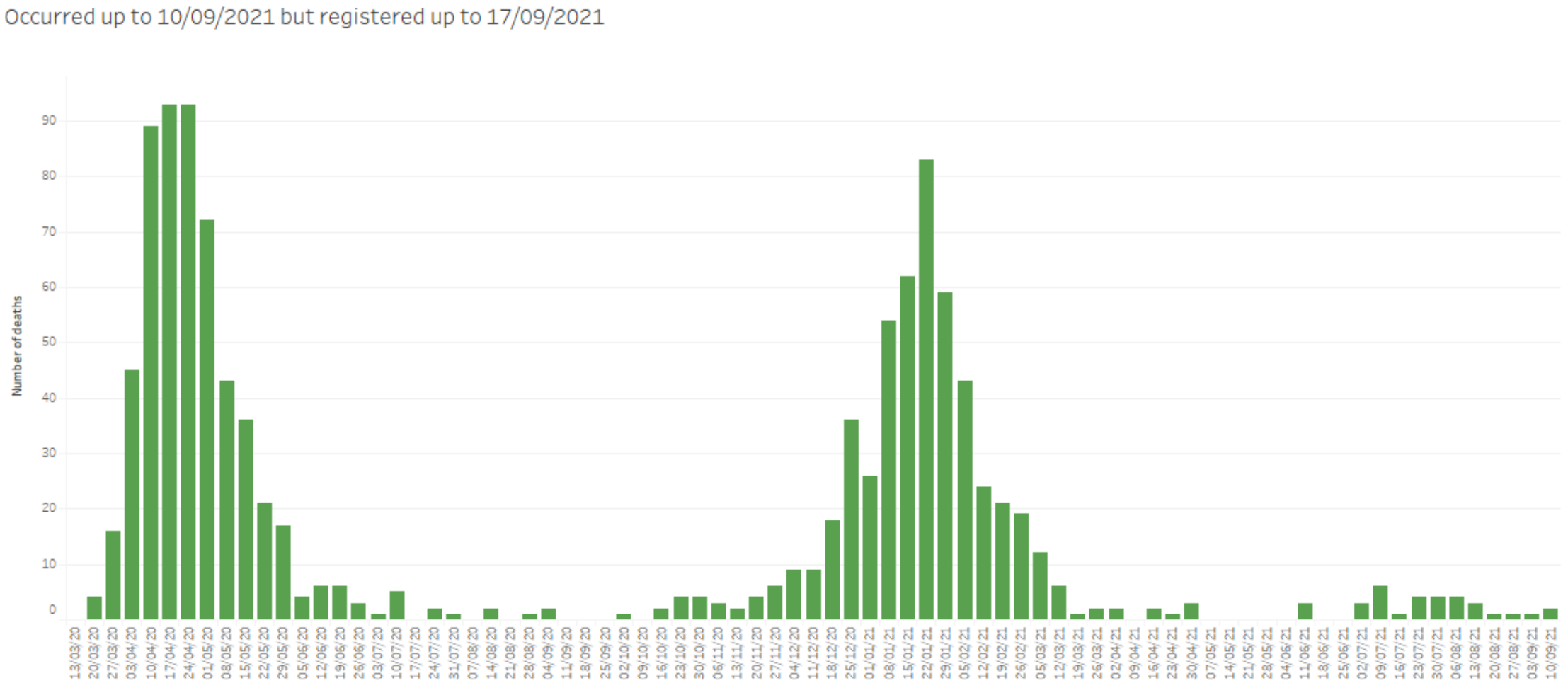
Patients at Oxford University Hospitals NHS FT testing positive



Latest data: 21 Sep
Total patients: 29
Patients in MV beds: 1

Source: Covid-19 Gov.UK ; local sitrep data

Covid deaths per week



Source: [Office for National Statistics]

Testing in numbers across Oxfordshire

17,343 total tests delivered through the 4 asymptomatic community testing sites between March - June 2021

7,843 tests collected from the 4 asymptomatic community testing sites between April - June 2021.

38 libraries currently distributing LFD test kits to the community

928 test kits handed out by libraries up to 5 September 2021

103 pharmacies signed up to 'Pharmacy Collect', offering residents collection services for LFD test kits

20 community organisations participating in the Targeted Community Testing Programme

7 Daily Contact Testing Sites established in approved workplaces across Oxfordshire

11,000 tests delivered in 5 weeks through surge testing in Oxford City, identifying **622 positive cases**

COVID Response – Winter Plan

Autumn and Winter Plan 2021 | High-level Overview

On 14 September, the government announced their plans for managing COVID throughout the Autumn and Winter to ensure the NHS does not come under unsustainable pressure. As part of these announcements, two plans have been announced.

Plan A	Plan B

The aim of Plan A is continue using pharmaceutical interventions like booster vaccines, antivirals and other drugs to "build our defences".
 	
The key measures under Plan A are outlined below:
• Ministers will work to continue the roll out of the vaccination programme specifically through:
  ○ Encouraging the unvaccinated to be jabbed.
  ○ Offering vaccines to 12 to 15-year-olds.
  ○ Beginning a booster jab programme specifically for over 50s and younger vulnerable adults.
• Ministers will ask people to think about face coverings, washing hands and getting tested.
• The test, trace and self-isolate programme will continue.
• Businesses will be encouraged to consider using the NHS Covid Pass to check the vaccination status of customers.
 	
Under plan A, there are a number of measures that will be held in reserve eg. mandatory vaccine passports for certain settings.
	If the NHS begins to struggle, plan B will be activated.
	
	Plan B involves urging people to be more cautious and potentially introducing some mandated measures.
	
	The key measures under Plan B are outlined below:
	• The public will be urged to act more cautiously.
	• Mandatory vaccine passports will be required for nightclubs, crowded indoor venues with more than 500 attendees, crowded outdoor events with more than 4,000 people, such as festivals, as well as any settings with more than 10,000 people.
	• Face coverings could be legally-mandated in some places.
	• The public may be asked to work from home.

The shift from Plan A to Plan B | Key factors to consider

The shift from “Plan A” to “Plan B” will be considered based on 3 key factors as outlined below:

The rate of people going into hospital

The rate of change of these hospitalisations

The overall state of the NHS

Vaccination Programme

Covid-19 Vaccinations in numbers Oxfordshire

More than 1.01 million vaccinations delivered

96% take up
in over 80's, 75-79 and 70-74 year old population

94% take up
in Clinically Extremely Vulnerable Groups

93% take up
in 60-69 year old population

90% take up
in 50-59 year old population

82% take up
in 40-49 year old population

71% take up (65% second doses delivered)
in 30-39 year old population

67% take up (51% second doses delivered)
in 18-29 year old population

52% take up
in 16 and 17 year olds (currently single dose regime)

Latest position

- 12-15 year olds with underlying conditions are being vaccinated
- Schools based programme for all 12-15 year olds will begin next week
- Autumn Booster programme has now been confirmed – a single third dose administered no sooner than 6 months after the second dose
- JCVI cohorts 1-9 will receive the booster, in the order that was originally followed
- The booster does will be Pfizer/BioNTech

Based on data from NIMS, up to 09.09.2021

Autumn Booster Programme

- NHSEI confirmed the approach on 15 September
- JCVI advises booster vaccination to priority groups 1-9

Cohort 1 – Older Adult Care Home residents and staff	Cohort 5 - 65-69
Cohort 2 - 80+, Health and Social Care workers	Cohort 6 - At risk (16+)
Cohort 3 - 75-79	Cohort 7 - 60-64
Cohort 4 - 70-74 + Clinically Extremely Vulnerable	Cohort 8 - 55-59
	Cohort 9 - 50-54

- The booster vaccine – a single dose will be offered no earlier than 6 months after completion of the primary vaccine course
- PCN sites, the Kassam and local pharmacies will offer boosters
- Government target of 1 November to complete older adult care homes

Vaccination of healthy children and young people aged 12-15

- NHSEI published letter on 15 September
- The approach will be primarily delivered through schools by the School Age Immunisation Services (Oxford Health)
- Parental consent being sought in line with SAI approaches
- Guidance docs published for parents
- There will be mop up clinics after half term for any children missing the in school service
- GPs are not part of this aspect of the vaccination programme
- Schools flu programme will continue

Health and Care including

- Urgent & Emergency Care
- Elective Care Recovery

Urgent and Emergency Care

We have taken the approach that the system's surge planning should be governed by the following key principles.

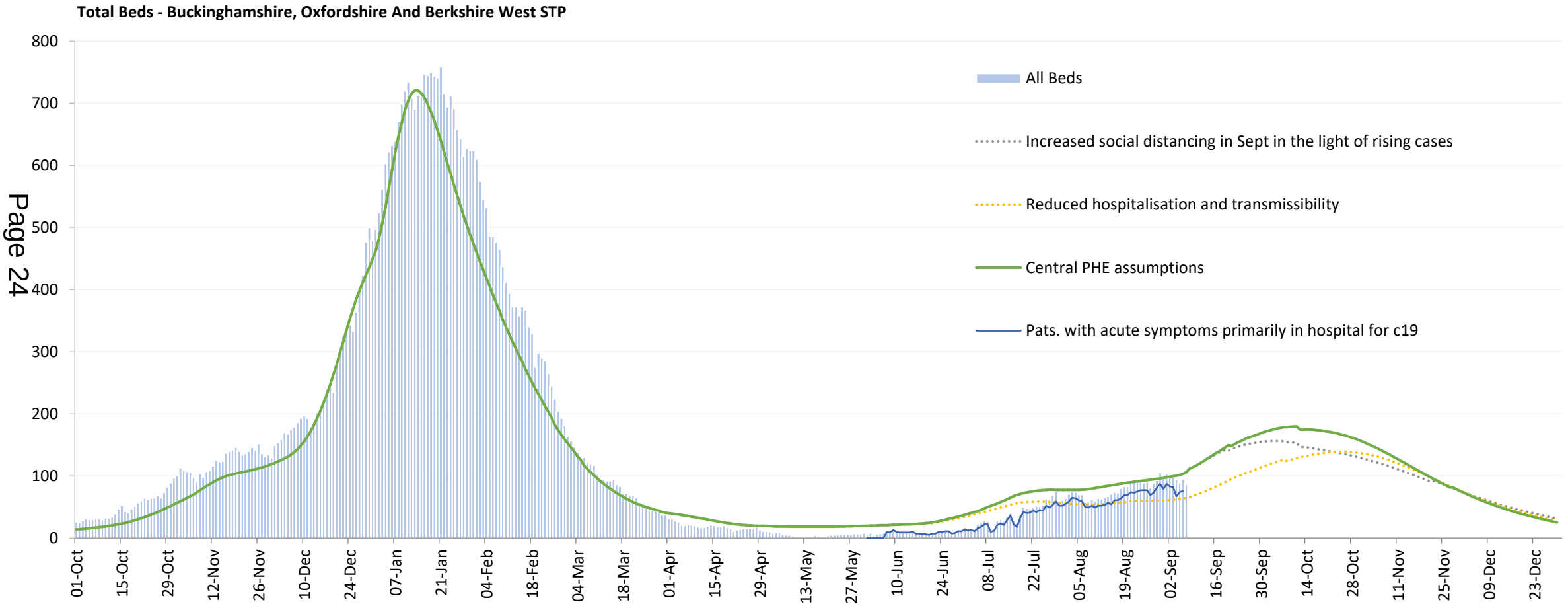
- **Prevention** - Infection Control: build on COVID-19 lessons regarding PPE / Handwashing etc, Flu Planning etc.
- **Assessing people in the most appropriate setting** The provision of suitable and safe alternatives to hospital attendance to be utilised or enhanced.
- **Maintaining people in their own home**- The use of various streaming, Same Day Emergency Care (SDEC) and pathway initiatives to both alleviate A&E use and avoid unnecessary admissions will be vital to patient flow.
- **Reducing LOS**- supporting people going directly home, or to a discharge to asses bed or rehabilitation bed
- **Maintaining Elective Care** – Aiming to ensure continuation of our core elective programme

Our focus is to develop integrated care across Oxfordshire to meet increase demand and reducing delays to people in bed based care

Urgent and Emergency Care Pressures

- Assuming ongoing surges of Covid present peak forecast in mid October
- Increased flu and viral presentations in Children & Young People and amongst the wider population from August
- Negative impact on staff wellbeing with potential for increasing levels of sickness absence if demand levels are sustained into the Autumn combined with circulating infections in local communities
- Ongoing and increasing pressures across sectors of acute mental health presentations –adults and children
- Unknown impact of long Covid in the community. For Long Covid we have estimated we will have a cohort of some 1300-1600 in the community and have included post Covid readmissions in our Secondary Care bed occupancy forecast

Covid Actuals & Current Draft Forecasting (September 2021)



Assurance and monitoring Urgent and Emergency Care

Tactical monitoring

- Daily situation report seven days a week
- Issues of escalation from bed based care and system partners through daily system calls

Example triggers for Escalation

- Number of patients in the Emergency Departments and any issues with capacity to see more
- Intensive care capacity covid and non-covid
- Specific performance or quality concerns e.g.
  - Ambulance handover delays,
  - Significant bed closures due to IPC and
  - Workforce
  - Capacity issues

Workforce Urgent and Emergency Care

- We have an understanding of workforce pressures and opportunities to enable the most effective deployment of workforce resource. With the anticipated large numbers of COVID-19 patients, this will allow us to support staff, maximise availability and remove routine burdens or non-business essential work to facilitate and contribute to a safer, more sustainable workforce system-wide.
- Efforts are under way to improve the resilience of the workforce due to the demands over last 6 months. Like in other systems staff are tired and trying to “recover” from First and Second Wave of COVID.
- Access to key worker (and their families) testing has helped us to keep absence due to self isolation to a minimum; however, closures of schools and childcare impact are considered significant risks.
- Close working with primary care and all partners creating MDTs in support of Care Homes.
- Each organisation regularly review the updates on the mental wellbeing of the workforce and discuss best practice.

Key issues in Urgent and Emergency Care

Emergency Departments (ED's)

- Oxfordshire has seen an increase in peoples level of needs, presenting to both the John Radcliffe and Horton General Hospital ED's
- Similar attendances to 2019, but both Emergency Departments (ED) are seeing an increase in the attendances and level of need in the evening

System issues

- Workforce constraints across all disciplines. The Oxfordshire system works well together but further integration will improve care for individuals and reduce duplication in assessments
- There is an increase in children and young people presenting with eating disorders to community and hospital teams
- Increase in the number of patients presenting both in the community and ED's in Mental Health crisis

Surge planning summary and focus areas

Surge planning and vaccination	Single Point of Access	Community Services	Home First	Same Day Emergency Care	Children and Young People	Mental Health/LD&A
• Covid and viral pneumonitis surge plan and Non COVID related demand management • Flu & COVID vaccination and booster programme	• Develop Single Point of Access workforce 24/7 to triage referrals from NHS 111, 999 and Primary Care to provide an initial assessment with local knowledge to ensure the patient is assessed in the most appropriate setting.	• Develop community services to meet the demand for the number of people who require assessment in their own home	• Aim for people to return Home in the first instance • People's care needs are assessed in their own home • People who are unable to return home are assessed in a discharge to assess or interim bed	• Continue to develop pathways to an acute or community assessment units • Establish capacity to support referrals in the late afternoon/evening	• CYP who require additional daily follow up are jointly cared for by acute Paediatricians and Children's Community Nursing (CCN) team • Virtual ward with joint care with acute and CCN. • Develop primary referrals to CCN	• MH crisis services expansion • Expand Safe Haven services • In reach MH service into Minor Injury Units • Early identification and management of CYP with eating disorders

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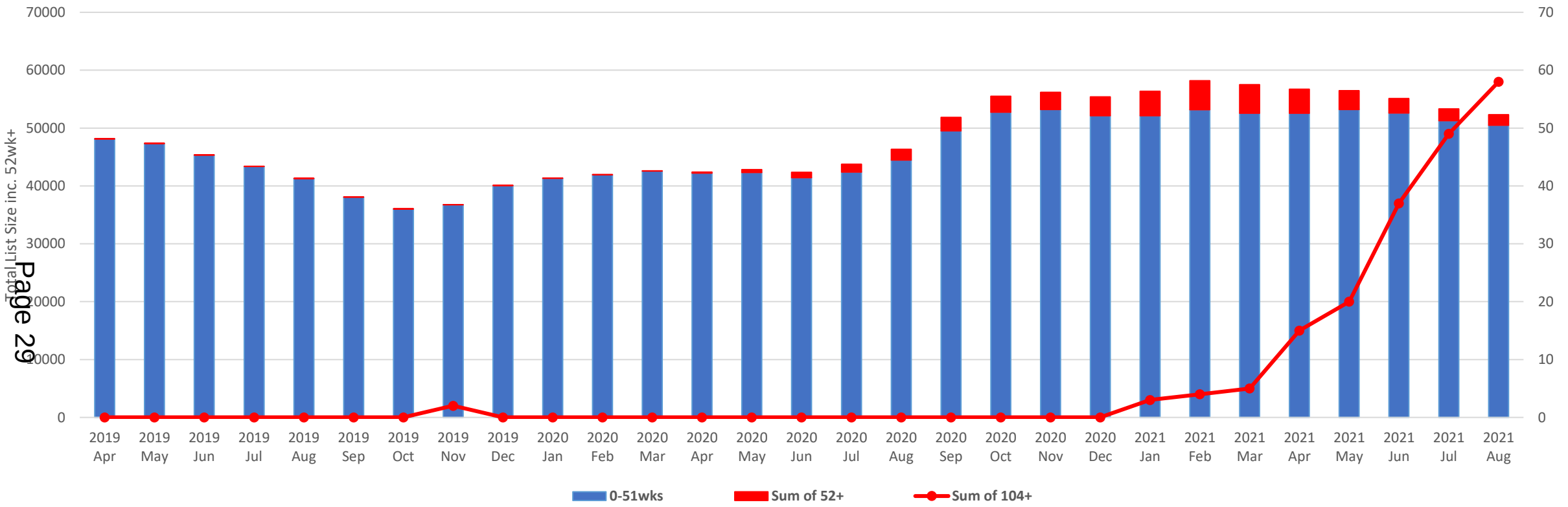
Workforce support to meet demand
Infection prevention control
Public communications and social marketing
Demand modelling

System Recovery – Strategy (Maintaining elective capacity)

Elective Care RTT Total Size and Trend inc. 52 week



Total waiting list size has been steadily **increasing** since February 2021

52 week+ open pathways overall have begun **reducing** in 2021/22

104 week+ open pathways are a small cohort yet growing **focus** is given in detailing plans for individual pathways

Specialties closed to referrals

31st August Reported

	Ear, Nose & Throat	Oral & Maxillofacial Surgery	Cataract
Waiting List Size	1,509	814	320
52 weeks+	625	162	3

- OUH remains closed to routine referrals for these three specialties due to ongoing significant capacity constraints.
- Plans are being formulated to secure additional capacity to enable specialties to re-open
- Patients can be referred to alternative providers within the Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care System and to local independent sector providers
- Oxfordshire CCG are working closely with Healthwatch to identify the number of patients who have declined referral
- OUH CEO to meet with patients to hear of their experiences and to understand concerns regarding accessing alternative providers

Progress Update

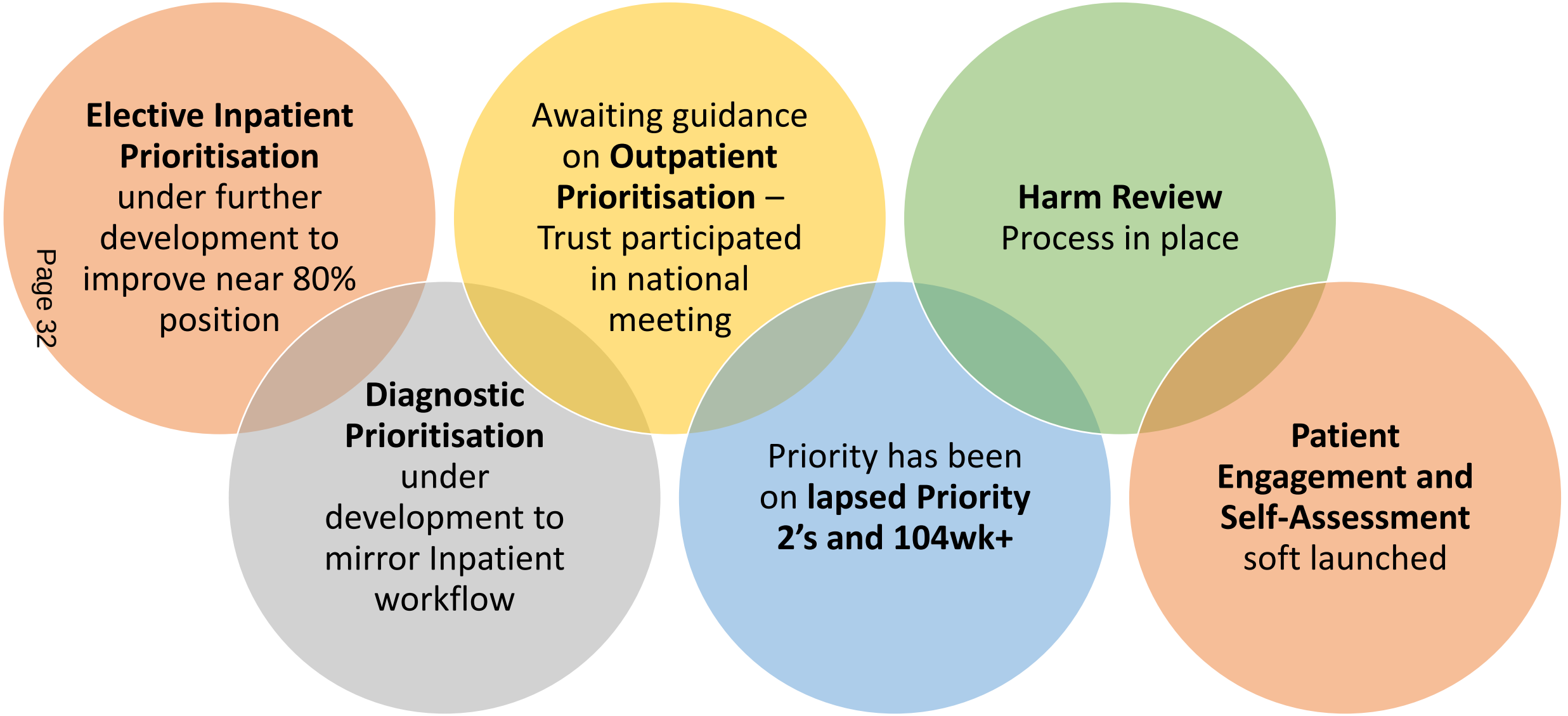
Success

- **Demand Management** prioritisation for Cancer and Urgent
- **Reduced 52wk+** open pathways from 5,000 at end of March 2021 to less than 1,823 by August 2021
- **Royal College of Surgeons Clinical Prioritisation** for elective admissions has maintained near 80%
- **Diagnostic prioritisation** in place for endoscopy except cystoscopy
- **BOB Integrated Care System Task & Finish Group** in place
- **Breast Cancer Pathway** will show an improved 2WW performance
- **Patient Self-Assessment** for longest waiting patients
- **Harm Review Group** in place

Focus

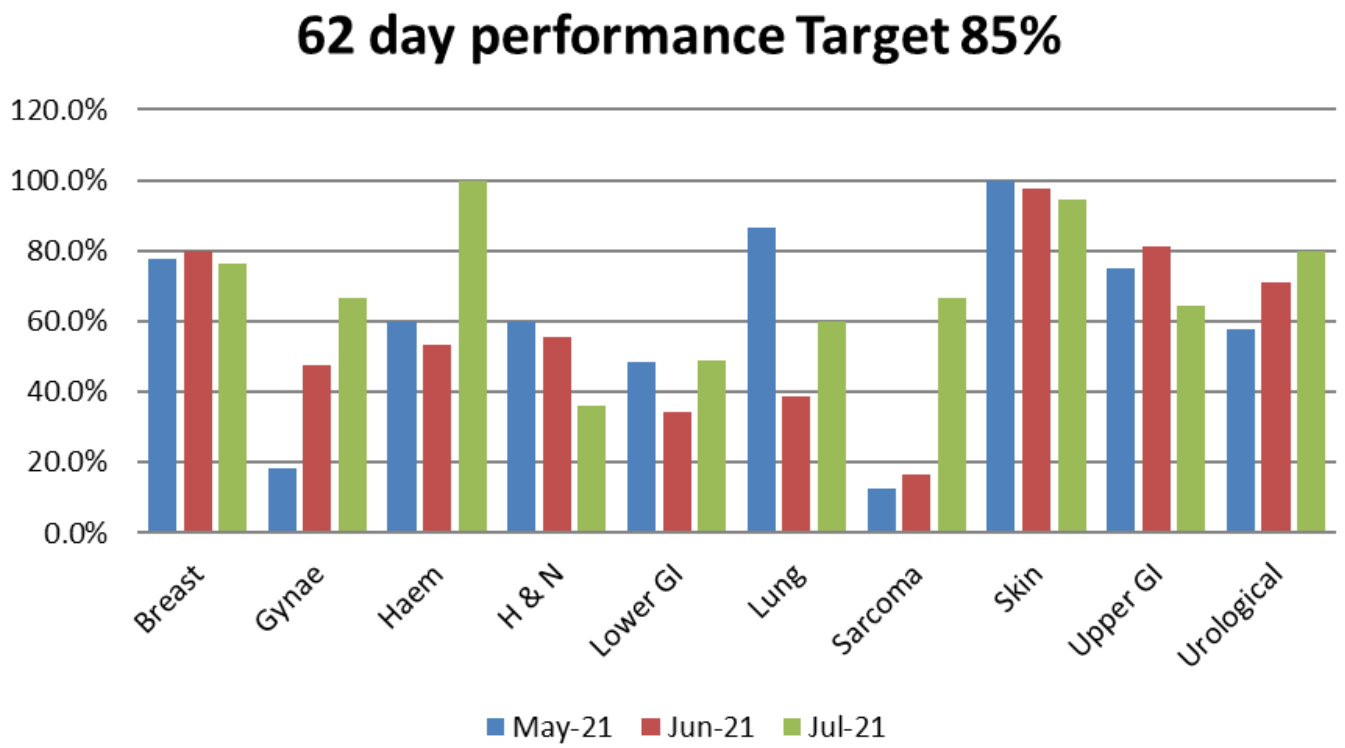
- **Planning** for Q3 and Q4
- **Demand Management** for Routine referrals
- **Enablers to continue reducing 52wk+** pathways with emphasis on ensuring nil 104wk+ pathways by end of March 2022.
- **Digital solutions** to enable Elective Improvement Workstreams including new prioritisation workflow in the Electronic Patient Record
- **Collaboration** with Independent Sector Providers
- Detailed **Demand & Capacity** Modelling
- Business Planning Rounds by ERF enablers and overall planning
- **Rapid Diagnostic Services** and **Pathway Analytics** for Cancer

Clinical Prioritisation



Cancer Waiting Time Standards:

Indicator	Metric	May 21	No of breaches May-21	Jul 21	Jul 21	July 2019	July 2020
2 WW for suspected cancer	93%	70.6%	575/1954	74.5%	499/1958	94.5%	70.3%
2 WW for Breast Symptoms	93%	3.5%	166/172	21.8%	169/216	95.8%	27.4%
28 Day Faster Diagnosis Standard	75%	78.6%	373/1742	81.7%	322/1764	81.3%	81.9%
31 Days Decision to first treatment	96%	95.80%	20/473	94.8%	23/455	94.1%	94.7%
31 Days Decision to subsq treatment (surgery)	94%	88.0%	12/100	91.1%	8/90	96.9%	86%
31 Days Decision to subsq treatment (drugs)	98%	98.2%	4/217	100%	0/144	96.3	100%
31 Days Decision to subsq treatment (radiotherapy)	94%	96.9%	7/226	95.6%	10/229	98.6%	98.1%
62 Days GP referral to first treatment	85%	69%	69.5/224	73%	50/185	71.4%	75.6%
62 Days Screening service to first treatment	90%	77.8%	6/27	83.9%	5/31	48.1%	23.1%
62 Day incomplete pathways >62 days	Count	134	n/a	162	n/a		
62 Day incomplete pathways >104 days	Count	28	n/a	28	n/a		



Note that the 2 week wait Breast symptoms performance is addressed in the 62 performance target to first treatment

Most significant 62 day breach reasons:

Complex pathways - requiring repeated diagnostic tests
Co-morbidity - delaying diagnostic procedures or synchronous primaries diagnosed
General Anaesthetic diagnostic procedures and capacity for treatment
Faecal Immunochemical Testing
Patient Choice

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COVID Vaccine: reaching into our communities

Health on the Move van

- The aim of this facility is to increase access to the Covid-19 vaccination
- From July to 12th September, the van has given 1059 vaccinations in Oxfordshire. This includes a mixture of first and second dose Pfizer and Astra Zeneca vaccines
- Communities that have benefitted include the homeless population, farm and shift and factory workers, businesses, women's groups, ethnic minority groups and 16-17 year olds
- We continue to work with different communities to plan vaccination clinics, as well as other uses for the van i.e. health promotion

Credit to: Milton Park and Aurelien Langlais photographer

COVID Vaccine: reaching into our communities

- Pop-ups in local Oxford Mosques- multi-agency approach. All local communities were invited, not just the Muslim community
- HoM in area of inequality in Oxford city (as previous slide), which has a significant BAME population. Specifically targeted the local Asian Women's group
- Large pop-up sites for both universities in Oxford and other focused areas to respond to the data on surge
- Liaison with Margaret Clitherow Trust which has links to Gypsy, Traveller & Roma communities. They have conducted outreach to the Oxfordshire County Council managed sites which have had good vaccine take up. Work continues with some private sites to ascertain the health status and vaccine uptake
- The local Polish community in Banbury were invited to HoM clinics when the town or surrounding area
- Initial work undertaken with refugees to impart information on the vaccine through a Q&A panel with a GP
- HoM outreach to Luther Street in Oxford (GP Practice with registered population from the homeless community)
- Pop-up at St Mungos centre in Oxford (homeless charity)

COVID Vaccine: communications

- We continue to promote confidence in the vaccination programme and encourage take up in the population and highlight the importance of the second dose of vaccine to maximise protection
- Communications materials being used to reach different groups include:
  - Short films in different languages being shared via social media, websites etc.
  - Translated written material being made available in different languages
  - Films and animations focussing on facts being shared widely e.g on fertility, pregnancy, myth busting
- Support provided to community groups for online events – including providing speakers and publicity
- Significant amount of work undertaken via non paid for and paid for digital advertising and social media for all priority groups and ages
- Flyer, leaflet and poster drops to support specific walk in and / or pop up clinics

Long COVID

- New national Long COVID plan and funding announced June – BOB ICS allocation confirmed August 2021 - to:
  - Enhance and expand adult services
  - Develop childrens' services including specialist hubs
- Oxfordshire Adult Service is an integrated service delivered by OUHFT and Oxford Health FT that accepts referrals from the community or following Post-COVID hospital discharge.
- The service includes specialist triage, multi-disciplinary Post-COVID Assessment Clinic and a Post-COVID Rehabilitation Pathway. It includes specialists in: respiratory medicine, rehabilitation medicine, sports and exercise medicine, psychology and psychiatry, respiratory physiotherapy, chronic fatigue occupational therapy, vocational support and a specialist nurse care coordinator.
- The rehab pathway includes: holistic assessment, symptom tracking, virtual fatigue management, virtual breathlessness management, psychological therapies (IAPT), dietetics, pulmonary rehab, 121 specialist support, peer support, and Imperial College and English National Opera breathing rehab programme.
- Personalised care and supported self-management is also encouraged throughout the pathway including usage of the Your COVID Recovery online platform.
- The Childrens' service is in development. Oxfordshire will have a local paediatrician and rehabilitation resource. Also specialist Children's Hub provided by OUHFT that includes multi-disciplinary assessment - virtual and in clinic. Specialist children's Post-COVID rehabilitation will be delivered in connection with the Hub for the most complex cases.

OXFORDSHIRE COUNTY COUNCIL

29 June 2021

Oxfordshire Joint Health Overview and Scrutiny Committee
County Hall
New Road
Oxford
OX1 1ND

Prof. Meghana Pandit
Chief Medical Officer
Oxford University Hospitals NHS Foundation Trust
by e-mail: Meghana.Pandit@ouh.nhs.uk

Dear Professor Pandit,

OUH NHS FT progress against quality priorities 2020/21; priorities for 2021/22

Thank you for presenting information on Oxford University Hospitals Foundation Trust's (OUHFT) quality priorities to the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) on 24 June.

I and the committee fully recognise the significant impact of the COVID-19 pandemic on OUH's work over the past year. We are acutely aware of the pressures on you and your teams and the impacts which this has had on workloads and on physical and mental health across OUH. As such we are very grateful both for the work which OUH does and for your time in bringing details of it before the committee.

The presentation you made gave the committee a clear account of progress against OUH's priorities for 2020-21. There is much to applaud, both in what has been achieved, whether fully or partially, and the manner in which OUH has applied its values to the delivery of its priorities. Your focus on OUH growing stronger together as you collectively begin to recover from the pandemic was both evident and reassuring.

The achievements recorded in your presentation are impressive and welcome. The additional explanatory detail about how COVID and other factors led to some of your priorities being "partially achieved" or "not achieved", is appreciated, particularly given the committee's earlier discussion of closed pathways during the pandemic.

I and the committee were also reassured to understand how those 2020-21 priorities which were 'partially' or 'not' achieved remain actively pursued, tracked and reported to the OUH Board in the current business year. Your response to Cllr van Mierlo, explaining that your 2021-22 priorities do not explicitly reference mental health because you will continue to report on that among 2020-21 "partially achieved" priorities, was a helpful example of this in action.

I and the committee are very supportive of your priorities for 2021-22. In discussion of the year ahead I was very encouraged by your response to Cllr Hicks about how OUH will continue to work with partners to apply its expertise and resources to preventative activities at population health scales, which could help reduce the demand for admissions. You also gave helpful examples of how OUH collaboration with Oxford Health and the Biomedical Research Centre has already involved research into reducing admissions due to multi-morbidity, and how your existing Hospital at Home services have supported those with a COVID diagnosis at home and so avoided admissions or readmissions. I look forward to hearing more about these preventative and partnership elements of your Strategic Framework 2020-25 in the coming years.

I and the committee remain very keen to continue to support OUH and the wider health and care system in the coming year. I look forward to further details of how the priorities identified through this process develop through the 2021-22 business year and would welcome further discussion at a future HOSC meeting in due course. Equally if there are matters or proposals on which OUH would like the committee's engagement please do not hesitate to contact me.

Yours Sincerely

[*by e-mail*]

Cllr Jane Hanna

Chair, Oxfordshire Joint Health Overview & Scrutiny Committee

Jane.Hanna@Oxfordshire.gov.uk

Contact: Steven Fairhurst Jones, Senior Policy Officer

Email: steven.fairhurstjones@oxfordshire.gov.uk

OXFORDSHIRE COUNTY COUNCIL

8 July 2021

Oxfordshire Joint Health Overview and Scrutiny Committee
County Hall
New Road
Oxford
OX1 1ND

Britta Klinck
Deputy Chief Nurse
Oxford Health NHS Foundation Trust

By e-mail, copied to Jane Kershaw, Head of Quality Governance

Dear Ms Klinck,

Oxford Health NHS FT Draft Quality Account 2020/21

Thank you for sharing the Oxford Health NHS Foundation Trust's (OHFT) draft Quality Account 20/21 with the Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC) on 24 June.

I and the committee fully recognise the significant impact of the COVID-19 pandemic on OHFT's work over the past year. We are acutely aware of the escalation in pressures on mental health and the importance of resilience in the system. In what has clearly been an exceptional year for the Trust I and the committee give our thanks to all staff at Oxford Health for the work they do, in particular over the past year.

The Quality Account is a valuable tool in helping the public to understand the Trust's performance and priorities for improving the quality of services. The committee is supportive of OHFT's vision – outstanding care delivered by outstanding teams – and also of how you seek both to empower staff to work towards this vision, and to collaborate with patients and carers on services, whether consultatively or using co-production.

The committee recognises and fully understands why many of OHFT's quality objectives from 20-21 are not fully complete and have been rolled over into the new business year.

We welcomed your assurance that you continue to work towards these objectives, and that you have continued to make progress in a number of domains despite the pressures of the pandemic.

As the new Chair of our Committee I and the committee look forward to working with Oxfordshire Health NHS Foundation Trust. Thank you for your appreciation of our very full agenda for the first meeting of the new JHOSC committee. This letter I hope gives my fuller appreciation of the 50-page report. We will be taking the opportunity as a committee to finalise our work programme for 2021/2022 and look forward to working with you.

I and the committee were particularly pleased to hear how OHFT has maintained a focus on staff wellbeing and mental health while pursuing its priority objectives. Many committee members, including myself, have experience of working in fields concerning mental health and trauma. Your description of how OHFT staff are being given support, and space to reflect and recover was reassuring, and no doubt welcome to you and your colleagues.

With that in mind it was also especially welcome to hear that OHFT has managed to launch, during the pandemic, new services to support mental health – your new 111 service, for example, which provides direct access to mental health professionals, and your expanded mental health crisis centres which are both helping individuals in need and reducing the demand for acute admissions. This also includes the work to improve the experience of patients and families during end of Life Care: we note your collaborations and the launch of end of life care plans during Dying Matters week 2021.

We were pleased to hear all your key achievements and awards. Although we only had time in the committee to hear about the Vaughan Thomas award (interior design supporting the needs of psychiatric patients suffering from sleep deprivation) you are congratulated for all your awards across your team during a most challenging of years. Your global achievement of your Clinical Research Faculty working in support of the COVID-19 vaccination trials has benefited the public in Oxfordshire and around the world and locally including your work which has been recognised in the Community Hospital's Association Award.

As the new Chair of our Committee I look forward to working with you. The committee programme at our last meeting was full and we will be taking the opportunity as a committee to finalise our work programme for 2021/2022.

Committee members are keenly interested in the development of services across Oxfordshire. We recognise where progress has been made and the commitment to working to meet the target sets that are rolled over to 2021/2022.

It is helpful for me and the committee to have the red-flag areas highlighted by OHFT such as inappropriate placements of adults mental health patients; preventing future death reports action plans and also in relation to the physical health care of patients with severe mental health illness. So too the developing plans for mental health services of the young during the pandemic. Cllr Hicks raised the services for the 18-25 year olds. Across all services you describe we look forward to learning more about support and supervision of staff.

I and the committee look forward to working with OHFT and the wider health and care system in the coming year. I look forward to further details of how work towards your priorities develops through the 2021-22 business year and would welcome further discussion at a future HOSC meeting in due course.

I and the committee look forward to building strong working relationship taking into consideration the transformation of health and social care systems and strengthening of wider partnerships as these evolve. I and my committee will be finalising our work programme for 2021/2022 taking this into consideration. If there are matters or proposals

on which OHFT would like the committee's engagement please do not hesitate to contact me.

Yours Sincerely

Cllr Jane Hanna

Chair, Oxfordshire Joint Health Overview & Scrutiny Committee

Jane.Hanna@oxfordshire.gov.uk

Contact: Steven Fairhurst Jones, Senior Policy Officer
Email: steven.fairhurstjones@oxfordshire.gov.uk

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Dear Members of Oxfordshire JHOSC

The impact of the Health and Care Bill on JHOSC

A. The role of scrutiny

The Health and Care Bill is likely to change the functions of local HOSCs. The government wants its legislation to be implemented from April 2022. Until then HOSCs will exist in their current form. According to existing law, HOSC may scrutinise and challenge any change in the provision of health care which it considers may have an effect on the health of its local population. *21. (1) A local authority may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area.* [Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.]

If the proposed legislation remains unchanged, we would see a power shift from local authorities to the system level, with a resulting loss of local accountability.

The Centre for Governance and Scrutiny (CFGS) is concerned that '*a reduction in local accountability, and the drawing of increased intervention power into DHSC and the Secretary of State, will make the design and delivery of services more remote and less relevant to local people's needs. This may be exacerbated by the drawing of commissioning up to the system level*.'
https://www.cfgs.org.uk/wp-content/uploads/2021-02-19-health-wp-explainer-final.pdf

Question 1. What concerns about health scrutiny and the role of HOSCs, as proposed in the NHS Bill, does the committee have?

B. Referral powers

The Secretary of State is currently able to intervene only in such cases upon receiving a local authority referral. Most service changes are delivered and implemented locally – planned reconfigurations are developed at local or regional levels by commissioners. The current system for reconfigurations works well for the majority of changes, and this will be left in place for many day-to-day transactions.

These proposed reforms will add a new discretionary power to the NHS Act 2006 for the Secretary of State to give a direction to NHS bodies or providers requiring a reconfiguration to be referred to him instead of being dealt with locally. The Secretary of State will be able to use this call-in power at any stage of the reconfiguration process.

The proposals to extend the Secretary of State's powers have been controversial. Dr Jennifer Dixon, Chief Executive of the Health Foundation, has said that the new powers are 'politically driven and risks taking healthcare backwards.' https://commonslibrary.parliament.uk/research-briefings/cbp-9232/

The Local Government Association (LGA) is concerned that the proposal to extend the powers of the Secretary of State to intervene in NHS reconfigurations, may undermine or by-pass the existing powers and duties of local authority HOSCs in relation to local NHS reconfigurations, and continues to seek assurances from the Department for Health and Social Care (DHSC) that the existing powers and duties of local government will survive. https://local.gov.uk/parliament/briefings-and-responses/health-and-care-bill-second-reading-house-commons-14-july-2021

Contentious changes to hospitals could see our JHOSC sidelined, and local opinion ignored. The independent think tank, the Kings Fund has also expressed concern that '*Extensive new powers for the*

Secretary of State to intervene in local service reconfigurations bring the risk of political expediency trumping clinical judgement and a decision-making log jam – a far cry from the government's stated ambition to reduce bureaucracy.' And would create '*one of the biggest bureaucratic burdens in recent memory.'* https://www.kingsfund.org.uk/publications/health-care-bill-house-commons-second-reading-briefing?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12509773_NEWSL_ICS%202021-07-21&dm_i=21A8,7G4LP,MSY45B,U9KPL,1

The chief executive of the think tank the Nuffield Trust, Nigel Edwards, has added his voice to growing unease over the proposed new power for the Secretary of State to intervene at any stage of changes to NHS services, warning that *'It risks gridlock and a lack of innovation, and ministers themselves might come to feel it as a millstone around their necks*.' https://www.nuffieldtrust.org.uk/news-item/nuffield-trust-response-to-health-and-care-bill

Earlier this year, Parliament's Health and Social Care Committee called for clear criteria to be set out in the Bill on the proposed use of the Secretary of State's powers to intervene in reconfigurations. However, according to the new Health Secretary, Sajid Javid, the Independent Reconfiguration Panel will be maintained, and '*will help to ensure that Ministers receive the necessary advice and information before making decisions*.' https://commonslibrary.parliament.uk/research-briefings/cbp-9232/ (p30)

Question 2. What impact will the proposed extension of the SoS's discretionary powers to intervene directly in reconfigurations have on the functions of JHOSC?

The Explanatory Notes (EN) accompanying the publication of the NHS Bill state that HOSCs will still have 'involvement' in reconfigurations. To support this intervention power, the current Local Authority referral power, which is set out in regulations under the NHS Act 2006 will be amended to reflect the new process. However, according to the EN, *'This does not remove the local Health Oversight and Scrutiny Committee (HOSC) role or the requirement to involve them in reconfigurations*.' https://publications.parliament.uk/pa/bills/cbill/58-02/0140/en/210140en.pdf (p62)

Question 3. What would 'involvement' in reconfigurations look like under the proposed Bill?

The Centre for Governance and Scrutiny says '*An NHS anchored by the needs of local people is an accountable NHS – health scrutiny provides a strong part of this accountability. We are going to continue to fight hard to ensure that health scrutiny is eventually bolstered, rather than diminished, by this legislation.'* https://www.cfgs.org.uk/an-update-on-the-health-and-care-bill/
https://www.cfgs.org.uk/?publication=possible-legislative-provisions-on-scrutiny-in-the-health-bill

Thei House of Commons Public Bill Committee, which will scrutinise the Health and Care Bill, is now inviting written evidence from people with '*relevant expertise and experience or a special interest in the Health and Care Bill*'. https://www.parliament.uk/business/news/2021/july/have-your-say-on-the-health-and-care-bill/

Question 4. Will JHOSC make a submission to the House of Commons Public Bill Committee detailing its opposition to the removal of existing referral powers and making the case for not only preserving current functions but also extending HOSC scrutiny and overview duties, as set out in the Centre for Governance and Scrutiny papers? (see links above)
Question 5. What additional actions will JHOSC take to ensure that '*health scrutiny is eventually bolstered, rather than diminished, by this legislation.'*?
https://www.cfgs.org.uk/an-update-on-the-health-and-care-bill/

C. Local Democracy

The Local Government Association is rightly concerned that *'no consideration [in the NHS Bill] is given to increasing accountability of the NHS to local people.'* They go on to urge the Government 'to ensure that any new powers will not undermine local democratic accountability mechanisms.' https://local.gov.uk/parliament/briefings-and-responses/health-and-care-bill-second-reading-house-commons-14-july-2021

Question 6. What impact will the proposed changes have on local democracy and the capacity of local councillors to determine what is in the best interests of their residents?
Question 7. What impact will the proposals have on transparency, openness and accountability of decision making across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS)?
Question 8. The BOB ICS, which will be put on a statutory footing if this Bill becomes law, has already decided that a two-tier scrutiny function will operate across the geographical area. What impact will this have on Oxfordshire HOSC to carry out its current functions, in the interests of improving the health of residents?

D. Public involvement and consultation

The Explanatory Notes say that a new section (14Z44) sets out requirements on Integrated Care Boards (ICBs) for involving the public (whether by consultation or otherwise). ICBs must make arrangements to involve individuals to whom services are being or may be provided in the commissioning process. Under 14Z44(2), individuals must be involved in planning commissioning arrangements; in developing and considering proposals for changes in the commissioning arrangements, where those proposals would have an impact on how services are provided or the range of health services available; and in decisions that would likewise have a significant impact.

Significantly, this section also contains the following proviso:
'Under 14Z44(3), this duty does not apply in cases where a trust special administrator drafts a report concerning an NHS Trust or Foundation Trust and NHS England and the Secretary of State have already made decisions about actions to take. https://publications.parliament.uk/pa/bills/cbill/58-02/0140/en/210140en.pdf (p64)

Question 9. What impact would this new section have on the functions of JHOSC?
Question 10. What impact would the proposed changes have on the involvement, engagement and participation of local people in the decisions that affect their health care?

We look forward to the committee's answers to our questions.

Yours sincerely

Bill MacKeith
Secretary, Oxfordshire Keep Our NHS Public

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Council Motion

Motion by Councillor Jane Hanna

"Government planned reforms to integrate health and care by April 2022 are being implemented across Buckinghamshire, Oxfordshire and Berkshire West (BOB) ahead of the Health and Care Bill 2021 and there are many non-elected new decision-makers and groups in place.

We believe Oxfordshire County Council must have freedom to work with partners to respond to the needs of our people, most especially as inequalities have worsened through the pandemic. County councillor democratic involvement at each local and regional level of decision-making is vital as well as ensuring local authority standards of accountability apply to new non-elected bodies.

Oxfordshire statutory committees of Health and Wellbeing and JHOSC are well established Oxfordshire committees. Their role must be core to understanding and tackling inequalities and helping build back sustainable local communities.

New decision-making powers for health and care above Oxfordshire as place must be compelling and accountable. Proposed new powers for ministers to intervene in any local change need to be removed from the Bill.

If joint health and care plans are to succeed locally government needs to deliver now on national workforce planning and on it's failed pledges in 2017 and in 2019 to deliver a social care settlement fit for the 21st century.

Council calls on and supports the Chair of Wellbeing Board and Chair of HOSC writing to all Oxfordshire MPs seeking their active support for this Council's position in Parliament and to seek wider support with local partners with view to influencing improvements to reforms."

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