# OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 9 February 2023 commencing at 10.00 am and finishing at 2.56 pm

**Present:**

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| **Voting Members:** | Councillor Jane Hanna OBE – in the Chair<br><br>District Councillor Paul Barrow (Deputy Chair)<br>Councillor Nigel Champken-Woods<br>Councillor Imade Edosomwan<br>Councillor Damian Haywood<br>Councillor Nick Leverton<br>Councillor Dan Levy<br>District Councillor Sandy Dallimore<br>District Councillor Elizabeth Poskitt<br>District Councillor David Turner |
| **Co-opted Members:** | Jean Bradlow<br>Barbara Shaw |
| **Other Members in Attendance:** | Councillor Mark Lygo |
| **By Invitation:** | Avril Fahey, Connect Health<br>Ben Riley, Oxford Health NHS Trust<br>Veronica Barry, Healthwatch Oxfordshire<br>Dan Leveson, Buckinghamshire, Oxfordshire and Berkshire West ICB<br>Will Hancock, South Central Ambulance Service<br>Kirsten Willis-Drewitt, South Central Ambulance Service |
| **Officers:** | Karen Fuller, Interim Director for Adult Social Care<br>Edward Scott, Scrutiny Officer<br>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.*

**75/22 MINUTES**
(Agenda No. 3)

The minutes of the meeting held on 24 November 2022 were confirmed by the Committee subject to the following changes:

The correction of a formatting error which showed Barbara Shaw and Jean Bradlow as voting members.

**Minute 68/22** – The inclusion of more of the key findings of the workshop session and the Committee's discussion which led to the resolved recommendations.

**Matters Arising**

It was noted by the Chair that since the 24 November 2022 Committee Meeting; the Committee had received an informal briefing on the Covid-19 Inquiry. It was affirmed that the inquiry was nationally directed and that Local Government submissions were to be coordinated by the Local Government Association. It was unclear, although unlikely, that content from Health Scrutiny Committees could be included in the content submitted by Councils. However this would depend on national direction.

It was noted that the Committee would keep an active, ongoing interest on whether the JHOSC's reports would be able to be submitted in due course.

**76/22 DECLARATIONS OF INTEREST**
(Agenda No. )

It was noted for the record that:

I. Councillor Damian Haywood declared that he received funding from Continuing Healthcare Oxfordshire for the care of his son.
II. Councillor Jane Hanna noted her position as Chief Executive of SUDEP Action

**77/22 SPEAKING TO OR PETITIONING THE COMMITTEE**
(Agenda No. 4)

The following requests to speak were received:

**6. Oxfordshire Temporarily Closed Services Update**

Julie Mabberley
Councillor Jenny Hannaby

**7. Healthwatch Oxfordshire Report**

Carol Stavris and Marie Walsh (on behalf of Didcot Against Austerity)

## 78/22 OXFORDSHIRE COMMUNITY MUSCULOSKELETAL SERVICE
(Agenda No. 5)

The Committee received a report by Danielle Chulan, Head of Operations, Connect Health; Judy Foster, Senior Commissioning Manager, NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board; which was presented by Avril Fahey, Operations Manager, Connect Health. The report gave an overview of performance against Key Performance Indicators, successes and areas for improvement and future plans for the Oxfordshire MSK Service.

On inheritance of the service from the previous provider, Healthshare, Connect Health had received 5,414 backlog patients, 6008 transition patients, and 7,500 on the Patient Initiated Follow Up (PIFU). List. This overall added up to 19,000 patients transferred overall.

During, before and after mobilisation of the contract, Connect Health encountered a number of challenges. These challenges included the sharing of the TUPE list of clinical staff, just 10 days from the service go live date, a number of patients which had been placed on the wrong transfer list or prioritisation lists by the ongoing provider; and the early identification that there were only 2 part-time injecting clinicians for Tier 2 services, despite a significant backlog. Moreover, approximately 30% of patients which were transferred; there was a block in place which prevented the sharing of patient data. As an interim measure, Connect Health offered all affected patients an immediate telephone consultation to discuss symptoms and care. Moreover, a panel review meeting had been scheduled between the new and previous provider and the Integrated Care Board (ICB) in order to ensure this situation didn't arise again in the future.

It was drawn out from the report that wait time for all appointments currently sat at a mean of 2.5 weeks, and a median of 1.6 weeks. The average wait for the Physioline Triage Service, currently sat at 2 working days.

Arising from Committee Members' questions and comments the following points were noted:

- In conjunction with the ICB, Connect Health were due to conduct a full estates and referral demand distribution review; and recognised several estate-related considerations including the long-term suitability of East Oxford for their central hub.
- 100% of backlog patients had now started their treatment; and any patients which hadn't yet been contacted by Connect Health would have been discharged by Healthshare.
- Between October and December 2022 there had been a significant variation in respect of experienced patient wait times. This could largely be attributed to the provider working through the inherited backlog list.
- Although Connect Health's contract officially started on 3 October 2022, in order to accelerate the reduction of the backlog, and with the ICB's agreement, Connect Health started treating 1498 backlog patients prior to the go-live date via locums and available newly recruited staff.

- Patients who were on the PIFU list were discharged after 6 months if they did not need or did not want further treatment.
- The volume of formal complaints which had been received in respect of the service were at levels which were to be expected during the mobilisation of a new contract. 3 main themes could be drawn out from the complaints which included the symptoms of the data sharing issue between providers, the lack of clinical capacity in the south of the County and relevant patients not getting into embargoed priority and post-operative appointment slots. In response to this, following inadequate capacity left from Healthshare, there had been a concerted effort by Connect Health to recruit to its sites in the south of the county. Furthermore, it was recognised that the embargoed appointment slots had not been offered by clinicians as they should have been and training and communications to staff have since tried to the address this.
- Members who had personal experience with the service, had found the service to be accommodating and a well communicated, smooth pathway.
- There were concerns in respect of the service's current ability to be accessed by those with mobility issues from the more rural areas of the county. The Committee were reassured that these issues would be factored into the wider estates review.

Moving forward Connect Health were aiming to mobilise gyms to treat patients within a wellbeing environment in order to promote lifestyle changes and to activate patients as part of their exit strategy from the service. In addition, the provider was aiming to increase its injection capacity; as well as its Advanced Practioner workforce by greater developmental pathways for Tier 1 staff.

The Chair of the Committee thanked Connect Health and the commissioner for their thorough report and attending to answer the Committee's questions. It was agreed that subject to the Committee's work programming process, the service should be reviewed in a year's time and looked forward to appointing a representative to the service's Patient and Public Engagement Group.

## 79/22 OXFORDSHIRE TEMPORARILY CLOSED SERVICES UPDATE

(Agenda No. 6)

As a follow-up to its resolution at its November meeting. The Committee received a report from Dr Ben Riley, Executive Managing Director – Primary Care and Community Services, Oxford Health NHS Foundation Trust, in respect of the closed inpatient-bedded unit at Wantage Community Hospital and the related proposed changes to community services within Oxfordshire.

The Committee was reminded that the situation at Wantage Community Hospital was inherently interlinked with the proposed redesign of community inpatient and intensive community support services across Oxfordshire. It was reminded that whilst there was a direction of travel to treat patients in their own homes, if required local Wantage residents could still undergo rehabilitation at a neighbouring community hospital. The Committee were reminded that, as it stood a number of services were being piloted out of the rooms at the Community Hospital, including Ear, Nose and Throat services (ENT), audiology, consultant-led ophthalmology and mental health services, as of Autumn 2021.

As a prelude to formal engagement and consultation, the Integrated Care Board and Oxford Health NHS Foundation Trust, had offered a co-produced pre-engagement stakeholder workshop to the Wantage Town Council Health Sub-Committee in order to reengage, review the lessons learnt from previous engagements and push forward the decision on which services should be provided at the hospital.

Members raised that the national move towards virtual wards needed to be accompanied with adequate care-support for family members, who shouldn't be required to provide wrap-around care. Moreover, it was noted that virtual wards required risk management and clinical culture change; and it was acknowledged that changes to mental health services in the last few decades offered insight of how settings for services could be transitioned.

Committee members questioned whether the main driver for the redesign of community services was in fact the financial sustainability of services and cost savings. It was reaffirmed by NHS partners that there should be emphasis on achieving value for money by partnership working and making use of technology. However there also needed to be a coherent overarching vision relation to inpatient bed provision, settings for care and where interventions would take place. It was also noted that the Integrated Care System was working with an academic in order to create a planning tool to use the currently available raw data to measure and predict demand for community services provision.

The Committee raised questions in respect of wider-workforce issues and the role of paid carers in the system. It was acknowledged that pay, property prices, developmental opportunities, and leadership and culture were all factors which influenced recruitment and retention. Furthermore, the Committee were reassured that the County Council valued a personalised care offering and did not commission 15-minute care calls for personal care and paid one of the highest rates for homecare across the country; which has in turn attracted new providers into the County. Furthermore, for its Live Well at Home contract the Council commissioned the service on a 'patch', basis which reduced the time carers spent travelling.

**RESOLVED that**

- **I. Cllrs Barrow, Champken-Woods, Hanna and Haywood form a sub-group to consider the Substantial Change Assessment Form on the Community Inpatient Unit at Wantage Community Hospital; and**
- **II. The offer of a co-produced, pre-engagement workshop to the Wantage Town Council, Health Sub-Committee be noted.**

## 80/22 HEALTHWATCH OXFORDSHIRE REPORT

(Agenda No. 7)

The Committee received a report from Veronica Barry, Interim Executive Director, Healthwatch in respect of Healthwatch Oxfordshire's latest activities and findings.

The Committee formally welcomed Veronica Barry and noted its thanks to Rosalind Pearce for her engagement with the Committee and her work to improve health services in Oxfordshire.

The consideration of the report focussed on several residents who had reported to Healthwatch that they were unable to register to the 3 GP practices within the Didcot area due to temporary list closures. Whilst Healthwatch was able to signpost the residents to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) Patient Advice Liaison Service (PALS) team who assisted them to register with a GP, there were concerns that there were other patients who had given up or did not have the confidence or awareness to contact Healthwatch or the PALS service.

After discussion, where it was clarified that only one practice had a formal list closure, the Committee agreed to formally write to the Integrated Care Board to seek clarity and assurances on the matter.

Further relating to the report and the activities of Healthwatch Oxfordshire, it was noted that during the HOSC's consideration of a joint report by Healthwatch and Community First, Oxfordshire, on rural isolation in Oxfordshire at its meeting in September 2022, it had been advised that the methodology of the report would be amended, and the Committee subsequently advised. It was agreed that this would be followed up informally outside of the Committee Meeting.

**RESOLVED that**

I. **Formal thanks to Rosalind Pearce for her work at Oxfordshire Healthwatch be noted; and**
II. **a letter be sent on behalf of the Committee to the Integrated Care Board seeking clarity and assurance on the situation in respect of new registrations at the 3 Didcot GP Practices.**

## 81/22 RESPONSES TO COMMITTEE RECOMMENDATIONS

(Agenda No. 8)

The Committee considered the formal, written response from the Integrated Care Board (ICB) on several recommendations it had made at its November Committee Meeting in respect of Primary Care in Oxfordshire.

There was significant discussion on the response to the Committee's recommendation that a priority list for funding of new primary care facilities in Oxfordshire was created with a view to seeking contributions for health where housing developments are already planned and delivered.

It was asserted by the Place-based Director that information could be provided in respect of where the developers contribution currently sat, the relevant time obligations, and their scope. However, it was clarified that there were technical complexities in the processes of how the Section 106 and Community Infrastructure Levy monies could be used in relation to healthcare estate, which meant it wouldn't

be possible to create a definitive, prioritised list. It was felt that the Joint Health Overview and Scrutiny Committee (JHOSC) had a role to facilitate a discussion between the ICB and District Councils' planning personnel share understandings of some of their complexities and promote closer partnership working.

**RESOLVED that the OJHOSC facilitates a workshop discussion between the Integrated Care Board and District Councils to better share understanding in respect of use of developer contributions for health facilities and to promote greater partnership working.**

## 82/22 WINTER PRESSURES UPDATE

(Agenda No. 9)

A short verbal update was provided by Dan Leveson, Place-based Director for Oxfordshire, Buckinghamshire, Oxfordshire and Berkshire West, Integrated Care Board, and Karen Fuller, Interim Director for Adult Social Care on the winter pressures which were and had been facing the Oxfordshire system.

It was acknowledged that the winter so far had placed incredible strain on Health and Social Care, which had suffered from the effects of the resurgence of Covid-19 and the emergence of strep A.

It was recognised that there was particular success in how the different parts of the Oxfordshire System had worked together to respond to the pressures. This included the provision of additional packages of care for people's homes, increased capacity via urgent community response, and extended hours which had been put in place at the Emergency Admission Unit in Banbury. It was also noted that there had been particular success in respect of the ability of the Transfer of Care Hub to get patients discharged and treated in their own homes under the Hospital Discharge 1 pathway.

It was advised to the Committee that the national £200 million fund to buy extra beds in care homes and in community settings wasn't as flexible as it could have been and wasn't necessarily suitable in Oxfordshire, where there wasn't a lack of bed capacity. Furthermore, it was asserted by the Cabinet Member for Adult Social Care that the fund did not reflect the long-term need for systematic changes need in Oxfordshire. It was noted that the Council had raised its concerns nationally, and the conditions of the funds had been subsequently made more flexible.

It was agreed that the Committee would be advised of when it was most suitable for the Committee to consider an item on the learnings from the 22/23 Winter and the planning for 23/24.

**RESOLVED that the consideration of the 23/24 Winter Plan and the learnings of the 22/23 winter be included on the Committee's Work Programme for 23/24.**

**83/22 SOUTH CENTRAL AMBULANCE SERVICE (SCAS) IMPROVEMENT PROGRAMME UPDATE**
(Agenda No. 10)

The Committee received a report from Will Hancock, Chief Executive, South Central Ambulance Service (SCAS) and Kirsten Willis-Drewitt, Head of Operations, in respect of a progress update relating to the SCAS Improvement Programme.

It was presented to the Committee that SCAS were mid-way through Stage 2 of their Improvement Programme; and had recently received a discretionary visit from Care Quality Commission (CQC) representatives and been through various oversight and scrutiny processes with NHS England; as well as the Integrated Care Board (ICB) and partners. Furthermore, at SCAS' request a detailed assurance visit from the ICB clinical leads had been undertaken in order to maintain independent oversight and provide feedback on areas of strength and areas for improvement.

Following the Committee's questions and comments, the following points were noted:

- SCAS had a number of sub-committees which reported to the SCAS Board, including the recently formed People and Culture Sub-Committee. The sub-committees were non-executive board member-led; which provided more hands-on oversight than the SCAS Board.
- Operationally, SCAS was broken down into 7 geographical areas, one of which was Oxfordshire, which was led by an Operations Manager. Below this lay a flat, Team Leader-led structure which totalled to 138 teams within SCAS, which each comprised of 15-20 members of staff per-team. Each team was rostered together and benefitted from 'Team Time', together which allowed the Team Leader to provide feedback, lead self-directed learning and conduct 1 to 1s and appraisals.
- To maintain oversight SCAS Executive members conducted regular ambulance station visits and accompanied ambulance crews.
- As per the norm with the NHS and as recommended by external bodies. SCAS had both an Audit and Risk Sub-Committee and a Finance and Performance Sub-Committee, which performed differing functions. Whilst the Audit and Risk Sub-committee primarily considered performance levels and management of risk, the Finance and Performance Sub-Committee was more forward-looking and appraised future programmes of work.
- As part of the Freedom to Speak-up (FTSU) part of the improvement programme it was noted that speak-up outreach work was being undertaken at ambulance stations and hospitals in order to encourage discussions and to allow staff to highlight areas for improvement. It was also noted that the FTSU team now also had 2 permanent members of staff and that the SCAS women's network was in the process of being set up and drew upon the expertise of the long-established LGBT network.
- Data was regularly collected on the clinical presentation of patients at Emergency Departments. It was noted that Oxfordshire was the best performing area within SCAS for using clinical pathways which did not involve sending patients to Emergency Departments.
- There had been a number of initiatives to improve staff welfare at SCAS including a policy which meant that during the last hour of shifts staff only

responded to very high category calls; noting that responding to call during the last hour of a shift previously meant the extension of a crew's time at work by up to 1 and a half hours. There had also been a greater focus to provide greater emphasis to the SCAS BAME and Disability networks, which aimed to encourage bring people together and the sharing of understandings of how members of staff could best support each other.

Committee members provided sincere and personal thanks to the work of SCAS; and from a scrutiny perspective noted its desire to regularly review its performance data at its Covid-19 Elective Recovery Sub-Group. Subject to the work programming process, the Committee also noted its wish to see SCAS report to the HOSC on its Improvement Programme in approximately 9 months' time.

**RESOLVED that SCAS' performance data be regularly reviewed by the Committee's Covid-19 Elective Recovery Sub-Group.**

## 84/22 CHAIR'S REPORT

(Agenda No. 11)

The Chair introduced her Chair's update report, which was contained in the main agenda pack, and reaffirmed the good news in respect of the reopening of the Midwifery-Led Units at Wantage and Chipping Norton.

Barbara Shaw emphasised the communication issues which were at the centre of the Oxfordshire Age Related Hearing Loss Contract in respect of the availability of earwax removal services. Whilst some patients over the age of 55 were eligible for earwax removal for free, many were left under the impression that the only option was to pay for these services via a private provider. Furthermore, as it stood it was left to providers to advertise the service, as little information was communicated by GPs.

Members were advised that a report in relation to the contract was going through the Integrated Care Board governance process and would be appended to the Chair's update report in April for consideration.

## 85/22 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 12)

The Health Scrutiny Officer clarified to the Committee that Action 18 should have been marked as complete and confirmed that several Members had attended the Oxford University Hospitals (OUH) Maternity Stakeholder event in mid-November.

It was confirmed that communication in respect of how to best facilitate further visits to care homes to evaluate infection control measures was ongoing.

## 86/22 COMMITTEE WORK PROGRAMME

(Agenda No. 13)

The Committee considered its work programme for the rest of the 22/23 municipal year. It was acknowledged that the Dentistry item which was due for consideration at the February meeting had been deferred to the April meeting at the request of the Integrated Care Board, in order to draw out access issues which specifically related to Oxfordshire in their report.

It was noted that a work programming meeting for the 23/24 municipal year with all Committee members would be arranged in due course.

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Date of signing ......................................................