

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 23 September 2021 commencing at 10.00 am and finishing at 3.00 pm

Present:

Voting Members: Councillor Jane Hanna OBE – in the Chair

City Councillor Jabu Nala-Hartley (Deputy Chair)

Councillor Nigel Champken-Woods

Councillor Imade Edosomwan

Councillor Charlie Hicks

Councillor Dr Nathan Ley

Councillor Freddie van Mierlo

District Councillor Paul Barrow

District Councillor Jill Bull

District Councillor David Turner

Co-opted Members: Jean Bradlow
Dr Alan Cohen
Barbara Shaw

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 and agreed as set out below. Copies of the agenda, reports and additional documents are attached to the signed Minutes.

40/21 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from District Councillor John Donaldson and Councillor Arash Fatemian.

41/21 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

The following declarations of personal interest were noted:

- Dr Alan Cohen as a Trustee of Oxfordshire Mind
- Jean Bradlow works for Oxford University on their Covid testing system and her husband is a consultant rheumatologist at the Royal Berkshire NHS Hospitals Trust.

42/21 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 24 June 2021 were approved and signed as an accurate record.

The Chair noted that the recent consultation exercise on the committee's Forward Plan had just been a limited exercise but there will be a more extensive exercise in Spring 2022 to plan the work programme for 2022/23.

43/21 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

The Chair agreed to the following requests to speak:

Item 6: OCCG Update:

Julie Mabberley
Town Councillor Ian Reissman
Councillor Stefan Gawrasiak

Item 9: Work programme

Julie Mabberley

44/21 SYSTEM-WIDE UPDATE ON COVID-19 RECOVERY
(Agenda No. 5)

Ansaf Azhar, Director for Public Health, updated the committee on the latest data around Covid-19. As expected, the opening of schools in September led to an increase in infections. That had started to come down again but we were entering a period of uncertainty as winter approached.

The vaccination programme had broken the link between infection and hospitalisation. However, the acute hospitals were still under extreme pressure from non-Covid issues and we also faced the flu problem as winter approached. It was still important to continue with safety measures such as masks and testing.

Ansaf Azhar summarised the Winter Plan. We were still on Plan A which included continuing the vaccination programme and booster jabs. If the situation deteriorated Plan B would be activated with further restrictions to reduce case rates.

Tehmeena Ajmal, Covid Operations Director, Oxford Health, spoke about the vaccine programme. They were now more skilled at getting out and about with vaccinations rather than expecting everyone to come to the centres. The booster programme was now live. It was recommended that the booster jab be delivered between 6 and 8 months after the last vaccination.

The programme for 12 to 15 year olds was mostly delivered through schools. No coercion was involved and the service was supporting schools in responding to concerns.

From Oxford University Hospitals, Lily O'Connor, Deputy Director of Urgent Care and Dr Larry Fitton, Divisional Director, Medicine, Rehabilitation & Cardiac, described how

pressures on Urgent and Emergency Care were being managed so that elective surgery could continue. More people were being supported at home when appropriate.

It was expected that the next Covid peak was likely to be mid-October. There were concerns of a negative impact on staff wellbeing if demand levels continued into Autumn.

The situation was being monitored seven days a week. There were increased numbers presenting to Emergency Departments, especially in the evenings. There were also increases in people presenting with eating disorders and in mental health crisis. Lily O'Connor took the meeting through the surge planning with an example case.

Lisa Glynn, Director of Clinical Services, OUH, described elective care recovery. The Trust had performed well coming close to the planned targets. The total waiting list had been increasing since February. The numbers waiting over 52 weeks had reduced but there had been a sharp increase in the numbers waiting over 104 weeks.

Three areas remained closed to referrals: Ear, Nose & Throat, Oral & Maxillofacial Surgery and Cataracts. The plans to reopen will be discussed at the Executive meeting the following week.

Looking at cancer waiting times, the percentage meeting the two-week-wait standard for Breast Symptoms was in the low 20s in July but intensive efforts have seen that rise to the high 90s in September.

Planning guidance for the rest of the year was expected imminently and they would ensure that the local plans were updated to meet that guidance.

Members of the Committee raised issues which officers responded to as follows:

- The number of PCR tests per week was increasing but the key figure was the proportion testing positive. This had increased from around 4% in early summer to 7-10% lately.
- Gynaecological referrals from primary care were being assessed on the community model and appropriate cases referred to secondary care. It was expected that the screening programme will be back to a healthy state by January 2022.
- Asked about a timeline for services that have not re-opened, there was a plan that was going to the OUH Executive the following week and it should be possible to give a timeline following that. A report on that will be submitted to the Committee within a week of the Executive meeting.
- Diagnostic testing was prioritised in the referral from primary care. An urgent case should be progressed within 7 to 10 days, routine in 6 weeks.
- There has been a significant number of young people reporting with breathlessness, often a couple of weeks after being diagnosed with Covid. They can be referred to long-Covid clinics if the problems persist.

- Oxfordshire Clinical Commissioning Group were working with primary care practices and Healthwatch to gather information on those who decline alternative providers and what can be done to assist them.
- There was no specific threshold for schools to reach in order to call an outbreak control meeting. It was context specific – depending on speed of spread and complexity.
- At a national level around 20% of those admitted to hospital with Covid have been fully vaccinated.
- Complex needs was an area where more could be done by an integrated approach between health and social care. OUH and Oxford Health were also examining opportunities for community based support.
- Work was ongoing on the governance and accountability of the Integrated Care System which was due to be up and running by April 2022.
- There was government guidance for Covid-safety in various settings. The County had a Covid Secure Team that visited settings to give more tailored advice.

The Chair thanked all of the participants for their contributions to the discussion. In particular, the Committee congratulated Tehmeena Ajmal and Natasha Barnes of Cherwell District Council on their High Sheriff Awards for their work on the pandemic.

Action: the slide titled “Elective care RTT” had incorrect data and a correct slide will be sent for the record.

45/21 OXFORDSHIRE CLINICAL COMMISSIONING GROUP UPDATE

(Agenda No. 6)

The Committee received a report from OCCG updating on a range of issues. Before considering the report, the Committee heard from two speakers:

Julie Maberley welcomed the report on the plans for the extension to the Wantage Health Centre but given the housing growth in the area and the fact that this extension was first promised by NHS England in 2012 it was long overdue. She noted that a range of new health services for adults and children will be piloted at Wantage Community Hospital but asked how this related to the project on improving community care for older people?

Patients requiring physiotherapy/MSK services had been directed away from local services because the wait for an appointment at Wantage was three times longer than in other parts of the county. Maternity services in Wantage hospital had been closed since the middle of August because of staff shortages across the system and were unlikely to reopen before the end of October.

Oxford Health Trust had suggested that the minor injuries unit could be one of the services returned to the hospital. She was sure that would be welcomed by everyone in OX12. With regard to the plans to strengthen palliative care inpatient support in the South of the County, she pointed out that Wallingford is about as far from OX12 as the JR and even more difficult to get to.

Councillor Ian Reissmann sent his apologies as he was unable to attend.

Councillor Stefan Gawrysiak, County, District and Henley Town Councillor, noted that the closure of the Sue Ryder Hospice had increased pressure on end-of-life palliative care in the south of the county. He asked the Committee to examine the OCCG funding for palliative care as he believed it should be higher.

He also suggested that the Committee ask to see the contract for the Sue Ryder Hospice at Home service as he did not understand why it did not include the prescription of drugs and organising of blood tests which put a lot of pressure on local GPs.

Councillor Gawrysiak also asked the Committee to examine the data behind the assessment that two beds at Wallingford were sufficient to cover an area with a population of 140,000. He believed that at least six beds were needed.

Dr Alan Cohen referred to Agenda Page 22 and the last paragraph where there was a reference to locally determined representatives. He asked who would decide those representatives.

Matthew Tait, Director of CCG Transformation, responded that there was no national prescription on that. It was to be worked out locally between the NHS and local authority. He noted that they would like to see a mix of local stakeholders including the voluntary sector.

Diane Hedges, Deputy Chief Executive, OCCG, responded to the questions on palliative care. The Sue Ryder Hospice had provided two beds and there had been concern that the low number had dampened demand. However, with the introduction of the new service at home it was not anticipated that demand would rise. The new model for palliative care involved a range of providers across the county and there was flexibility in the system in terms of bed numbers.

Diane Hedges emphasised that this was about specialist palliative care. There were no fixed boundaries within the county. There were beds available in the south, city and north and they would provide whatever best suited the patient. She was happy to share the data on which the decisions were based. The Chair asked for this to be circulated to the Committee.

With regard to prescriptions and blood tests for the Hospice at Home service, this had been discussed at the meeting of the Governing Body and their response would be published shortly. The OCCG was working with local GPs on this.

District Councillor Paul Barrow asked about the engagement process for the Community Services Strategy. Diane Hedges responded that they were engaging on the principles. Three public meetings had been arranged, information was sent to stakeholders and equality groups. They were using Facebook to promote it and information was available on the OCCG website.

In response to the questions raised by Julie Maberley, Diane Hedges stated that the community strategy may be more about older people than anyone else but it was not exclusive. It was important to understand reablement and how we use beds – why people need beds, which could be a mental health reason in some cases.

The staffing shortage related to the closure of the maternity unit was a national issue but she was optimistic it would reopen quickly. She was unaware of the issue with MSK services and would check into that.

Decisions had to be made to respond to workforce challenges. On the elective side there was a clear methodology for prioritisation but with other services the scrutiny committee could feedback as to whether the right choices were being made.

The Chair asked for information on the new arrangements for ear wax removal. Diane Hedges stated that it had been added to the Any Qualified Provider contract and would take effect from 1 December. This was never a commissioned service but was provided by some primary care practices. Many have decided that they can no longer provide it given the pressures they are under.

District Councillor David Turner described his personal experience where he was referred to a website to apply for the service and was faced with a questionnaire for which he was unable to answer some of the questions. He believed that this would put people off applying. The Chair noted that people would also be put off by having to pay for a private service that many could not afford. It was agreed to consider under the work programme discussion whether to come back to this issue at another meeting.

Actions: Diane Hedges to provide information for circulation to the Committee on-

- **specialist palliative care bed numbers**
- **MSK services**

46/21 CHAIR'S REPORT (Agenda No. 7)

The Chair's Report provided an update on issues that had arisen since the last meeting in June and contained some suggestions for progressing certain workstreams and issues.

District Councillor Paul Barrow asked if it was possible for the Chair to receive regular updates on the developments on BOB-ICS (Buckinghamshire, Oxfordshire, Berkshire West – Integrated Care System) as it appeared to be progressing at great pace.

The Chair added a suggestion that she write to the parliamentary committee in support of the points made by Ed Hammond of the Centre for Governance and Scrutiny. Both suggestions were added to the list of recommendations in the report and agreed by the Committee.

RESOLVED to agree the following recommendations:

Recommendation 1: The training workshop is built on through the development of a Health Scrutiny Handbook that sets out roles, responsibilities and best practice approaches to being a Health scrutineer, as well as a glossary of terminology and acronyms.

Recommendation 2: That members of the committee provide photos and a short biography that includes any experience they have related to health and care including professional and lived experience.

Recommendation 3: Further training needs of the Committee be identified by Members

Recommendation 4: A new Protocol be developed between health partners and the Committee that builds upon best practice and the advice from Centre for Governance and Scrutiny, and that enables the Committee to actively fulfil its roles.

Recommendation 5: That dedicated officer scrutiny time is requested to support the development of the committee as part of the developing Work Programme.

Recommendation 6: That the Chair receive updates on the progress on BOB-ICS in a timely manner.

Recommendation 7: The Chair will write to the parliamentary committee in support of the points made by Ed Hammond of the Centre for Governance and Scrutiny.

47/21 HEALTH AND WELLBEING BOARD ANNUAL REPORT

(Agenda No. 8)

This report gave information on the activity and development of the Oxfordshire Health and Wellbeing Board in 2020-21. It was introduced by the Chair of the Board and Leader of the Council, Councillor Liz Leffman.

Councillor Leffman noted that she had assumed the Chair in May whereas the report dealt with the year leading up to that. Pursuit of the strategy had been disrupted by the pandemic and paragraph 9 of the report outlined the recovery process.

Inequalities, prevention and safeguarding were all key focuses of the Board's work. The performance report showed a lot of red due to the pandemic. It was clear that young people were particularly badly affected.

The Board had recently held a workshop to develop its priorities to inform its work over the coming 12 months.

Anzaf Azhar, Director for Public Health, described how the Health and Wellbeing Strategy was based on the Joint Strategic Needs Assessment (JSNA). Now the Board had to apply a Covid lens to that.

Councillor Leffman and officers responded to questions as follows:

- Councillor Leffman will draw the attention of the Board and the Future Oxfordshire Partnership (formerly the Growth Board) to the issue of women's health services being particularly badly hit by the pandemic.
- How BOB-ICS will function was still being worked out including its relationship to the Board.
- Mental Health services needed to be improved and officers were committed to that but they were not sufficiently funded and this needed to be made clear to central government.

- The Health Improvement Board had identified three priorities: physical activity, reducing smoking and mental wellbeing.
- BOB-ICS had identified CAMHS as a priority.
- There was a new Minister for Care and Mental Health. The Corporate Director for Adult and Housing Services had already written asking for a meeting.
- Oxfordshire had a good record on annual checks for those with Learning Disabilities though most took place in the final quarter.
- The Board was planning 'deep-dives' on the three areas of priority and would provide trend data as part of that.

The Chair thanked the Council Leader and officers for the report.

Action: The Board to provide trend data in priority areas in future reports.

48/21 COMMITTEE'S WORK PROGRAMME (Agenda No. 9)

The Committee considered a report on developing its work programme. The Chair thanked everyone who sent suggestions. She noted that they were primarily looking at a programme for the three meetings in the remaining Council Year 2021/22. A more comprehensive approach was planned to take place in the Spring of 2022 to plan the agenda for 2022/23.

Members of the Committee welcomed the report and the approach outlined in it, including Members being more involved, taking fewer items at meetings to allow more thorough scrutiny of them, prioritising issues, more training, identifying deep dives. They added the following points:

- Involve health partners in scrutiny training.
- Create a map or outline of how the various partners work together and how the three new scrutiny committees will support each other's work.
- Examine the role of co-opted members and how to develop that role.
- Develop biographies for Committee Members outlining their background and experience.
- There needs to be equal attention given to physical and mental health issues.
- The work programme should always be flexible enough to accommodate new issues or matters that become more urgent.
- It might be helpful to break the county down into areas in order to deal with more efficiently with issues that are particularly relevant in local areas.
- Task and Finish Groups can require a lot of time outside committee meetings for both Members and officers.
- Select issues where scrutiny can add value, make the biggest impact.
- There were three main aspects of Covid going forward: deaths, impact on waiting lists, long-term wellbeing.
- The impact of the Health and Social Care Bill should be examined and it needs to be clear that integrated health and social care falls clearly within the statutory remit of the committee.
- There needs to be a measure of effectiveness when the Committee examines an issue.

The Chair noted that the health partners had been invited to the recent scrutiny training but accepted that the invitation had been issued very late for them to attend.

The Chair asked Members to identify their top two issues and the following were listed (multiple mentions noted in brackets):

- Pressures on General Practices (3)
- Covid recovery
- Access to services / waiting lists (3)
- Community Services (2)
- CAMHS (Children and Adolescent Mental Health Services) and mental health in general
- Dental services
- Covid and women's services
- Staff pay, recruitment and retention
- The link between housing/planning and health services
- Scrutiny of BOB-ICS (Bucks, Oxon, Berks West – Integrated Care System)
- Rural deprivation needs to be considered – where people have much less access to services.
- Voluntary sector
- Young carers

The Chair noted that the issue of access to services was clearly mentioned most often and suggested that the provision of a dashboard on access to services would be helpful in deciding which areas to focus on.

The Chair invited Members to continue sending in suggestions using the same form as before. She suggested holding an informal virtual meeting of Members to progress the Work Programme. This was agreed.

Ansaf Azhar, Corporate Director for Public Health, summarised the issues that system partners and senior officers would suggest:

- Mental Health and Wellbeing
- Opening the health care system in a sustainable way
- Community Services Strategy

*** Note: it was recalled after the meeting that Julie Maberley should have been invited to speak at the start of the item. The Chair and officers apologise for the omission. A copy of Julie Maberley's speech was circulated to Members of the Committee afterwards for consideration in further discussion of the work programme.

RESOLVED: to

- a) **agree the approach to Overview and Scrutiny outlined in Paragraph 8 and provide comments;**
- b) **consider the results of the limited work programme engagement exercise as detailed in Appendix 1;**

- c) consider suggestions made by Partners, the Cabinet and Senior Officers;
- d) consider the methods by which the Committee would like to undertake its Overview and Scrutiny activity;
- e) consider and agree the work programme for the Committee for the 2021/22 municipal year at an informal virtual meeting;
- f) agree to create any task group reviews and appoint membership of that review;
- g) identify any specific training and support needs required to deliver the 2021/22 work programme;
- h) engage in a mapping exercise of the landscape that the Committee operates in.

49/21 OXFORDSHIRE HEALTHWATCH REPORT

(Agenda No. 10)

The Committee considered the report submitted by Healthwatch Oxfordshire summarising views on the public on the health system. Rosalind Pearce, Executive Director, added that Healthwatch had published a report on ear wax removal the morning of the meeting. The Chair asked her to highlight some points from it:

- 173 people responded to the online survey, most of them over 50, over half of them 65-79 years old, 90% identified as 'White British'.
- Many had experienced the ear wax service at General Practices and were surprised that this was no longer available in many cases.
- The cost of going privately was prohibitive for some.
- The recommendations were:
 - There must be clear guidance for the public on self-help etc.
 - In the context of health inequalities, consider offering more support to those who were finding it difficult to access treatment.
 - Provide a preliminary check with a qualified member of staff to avoid unnecessary visits to providers.
 - All GPs should be required to provide information on the providers.
 - Providers should be required to display information on qualifications and training
- Healthwatch will monitor the impact and the take up of the new service

Rosalind Pearce also updated the Committee on the response by the Oxfordshire Adult Safeguarding Board to their report on the 'secret shopper' exercise related to reporting safeguarding issues. The phone number has been made more prominent and the form has been shortened.

Rosalind Pearce commented on a number of issues that had arisen during the meeting:

- There had been a lot of talk about staff shortages but very little about recruitment and retention plans.
- In the Health and Wellbeing performance report, under some items it was noted that they had stopped reporting due to the pandemic. Did that mean that they stopped recording the data? Also, there should always be an explanation provided for Red ratings.

- It would have been helpful to have other participants from the Board available when receiving the annual report.

Healthwatch priorities for the next year were to listen to voices seldom heard by the system; examine digital exclusion; access to primary care and waiting times and also a piece of work to understand why people choose not to be referred for treatment outside Oxfordshire to help with planning in management of pressures on the system.

Members welcomed the introduction of number-plate recognition systems at the John Radcliffe and Churchill hospitals. The question was asked if it was to be introduced at the Nuffield.

There was further discussion of the data provided by the Health and Wellbeing Board and ways in which the Committee could help. Rosalind Pearce added that it was important to have qualitative data as well.

Ansaf Azhar, Director for Public Health, responded that the Board's data was owned by all of the partners together. It was possible to provide data on trends but not for all items. He emphasised the importance of identifying priorities which could then be the subject of a 'deep dive'.

Actions:

Rosalind Pearce undertook to send the report on ear wax removal to the Committee for circulation and to find out if the number recognition system was to be introduced at the Nuffield.

50/21 ADMISSION TO CARE HOMES DURING THE COVID PANDEMIC
(Agenda No. 11)

It was agreed to defer this item to the meeting on 25 November 2021.

..... in the Chair

Date of signing