OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 10 May 2022 commencing at 10.00 am and finishing at 3.00 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair Councillor Nigel Champken-Woods Councillor Imade Edosomwan Councillor Damian Haywood Councillor Dr Nathan Ley Councillor Freddie van Mierlo District Councillor Paul Barrow District Councillor Sandy Dallimore District Councillor David Turner Councillor Ian Corkin (In place of Councillor Nick Leverton)
Co-opted Members:	Dr Alan Cohen Barbara Shaw
Officers:	
Whole of meeting	Stephen Chandler, Interim Chief Executive; Ansaf Azhar, Corporate Director for Public Health; Helen Mitchell, Scrutiny Officer; Colm Ó Caomhánaigh, Committee Officer.

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.

12/22 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies were received from Councillor Nick Leverton (substituted by Councillor Ian Corkin), City Councillor Jabu Nala-Hartley, District Councillor Jill Bull and Jean Bradlow.

13/22 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

The following non-pecuniary interests were declared:

- Dr Alan Cohen as a Trustee of Oxfordshire Mind.
- Councillor Damian Haywood as an employee of Oxford University Hospitals NHS Trust.
- Councillor Jane Hanna as CEO of SUDEP Action.

14/22 MINUTES
(Agenda No. 3)

The minutes of the meeting held on 10 March 2022 were approved and signed as an accurate record.

15/22 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

The Chair agreed to the following requests to speak:

Item 7 - BOB-ICB Strategy
Joan Stewart

Item 10 – Healthwatch Report
Marie Walsh

16/22 ACCESS TO SERVICES - PRIMARY CARE
(Agenda No. 5)

The Committee considered a paper setting out the key aspects of delivery in the provision of primary care services in Oxfordshire, specifically general practice services. It included appointment data including the significant contribution that was made to the COVID vaccination programme, and recent patient feedback on accessing GP services.

The following people had been invited to participate in the discussion on this item:

from Oxfordshire Clinical Commissioning Group (OCCG) -
Jo Cogswell, Director of Transformation
Julie Dandridge, Deputy Director of Primary Care
Dr David Chapman, Clinical Chair Oxfordshire CCG and GP in Oxford City
Dr Sam Hart, North Network Clinical Director

from the Local Medical Committee -
Dr Helen Miles, GP at Woodlands Medical Centre
Nargis Khan, Practice Manager Representative.

Jo Cogswell introduced the report. The feedback included information from Healthwatch as well as an engagement exercise conducted as part of the commissioning contract.

The graph at 3.1 in the report was based on a national data set and unfortunately does not go back far pre-Covid. The number of appointments face-to-face and virtual

were shown. It should be kept in mind that these levels of work were maintained while the vaccination programme was being rolled out.

Dr David Chapman noted that there had always been a mix of interactions and flexibility in the system with a lot of professionals involved, not just GPs. Covid accelerated the triage-based system. GP services never closed during the pandemic – they continued to operate under contingency plans for a major epidemic despite the lack of PPE in the early weeks.

Statistics showed that appointments now were up 10% on 2019. Primary Care should be congratulated for continuing to deliver services thanks to the hard work of GPs, receptionists, practice nurses and practice managers. A GP gets about 90% of the necessary information from talking and only about 10% from examination. Patients were always seen face-to-face if it was necessary. Many patients liked the new ways. Opinion polls had indicated that satisfaction levels with Primary Care compared very well with other services.

Dr Helen Miles added appointments were really the tip of the iceberg of GP work. There were also tests, prescriptions, supervision, training etc. There was now extra work that was traditionally done elsewhere like tests that used to be done in hospitals. There were also hours of work spent with the administration of different funding pots. She also outlined staffing issues. Negative media was impacting on staff morale and turnover was higher than ever.

Nargis Khan emphasised that if it had not been for the technology now available, practices would have had to close at times. Fortunately staff self-isolating were able to work from home – patients may not have even been aware of the difficulties practices were facing.

Members thanked those working in Primary Care for their hard work in keeping services going through the pandemic. However, Members were very disappointed at the lack of information on workforce in the report. There was nothing on the number of GPs, how that was benchmarked against comparable areas, nothing about government plans on recruitment, on quality of premises which must be an issue. Was there a difficulty with GPs not wanting to be partners in practices – just salaried? There was nothing in the report that would help Members to respond to the many representations they receive on access to GP services and the report did not meet the spirit of the commission in respect of understanding current pressures on primary care and GPs in particular.

Members also raised a number of other issues:

- Only 59% of those over 75 got the second booster.
- Over what timeframe will the advanced telephone system be rolled out to GP practices?
- The number of practices offering e-Consult appeared to vary across the county. Many people found it too clunky and ended up phoning anyway.
- Difficulties accessing GP practices amounted to a significant proportion of casework for councillors. The experience once into the system was positive but accessing was a problem. There was a lack of metrics such as call waiting times.

- There were particular problems for those with mental health needs and other vulnerable populations – with some falling out of the system.
- There were issues around the length of consultations especially considering that the complexity of health issues was increasing.
- The public perception was that Covid was over and there was an increased expectation of access to services getting back to normal. Perhaps clearer communications on the continuing threat of Covid was needed.
- The survey did not distinguish between the different types of demand – acute, routine or chronic.
- How will areas of high housing growth impact on the service? How can the planning system support this?

These were responded to as follows:

- Weariness had crept in with each round of vaccines. Those eligible can ask for it at any time. There was likely to be a new round every autumn – probably with the flu vaccine. There will be campaigns to encourage uptake.
- It was expected that the advanced telephone system will be rolled out this year. It will allow more cross-practice working with other added benefits. There will still be issues around capacity – people were needed to answer the phones and there was still a limited number of appointments available.
- All but one practice was using some form of online consultation (e-Consult was one package available). The systems were used to varying degrees – some turning it on and off according to capacity. OCCG was working with practices to explore reasons for difficulties and learn from the best practices. A strategy had been developed to assist practices in their decisions on what system to adopt which will help even out some of the differences. It would be beneficial for Primary Care Networks to adopt the same system to maximise cross-PCN working.
- It had been estimated that 6,000 more GPs were needed across the country – the figure was probably closer to 7,500 now. The workforce issues were in common with many sectors across Oxfordshire.
- There were also issues with estates nationally with many existing premises unsuitable to cater for current requirements.
- It was agreed that better metrics on access were required including the profile of calls.
- OCCG was concerned about the sustainability of GP practices but believed that integration through PCNs will serve them well.
- Work by Public Health was also important in helping communities especially in the areas of mental health for young people, obesity, housing and recreation. GPs will play an important role in all of that.

The Chair summarised the discussion:

The Committee appreciated the work of GPs and the Primary Care sector in general through the pandemic and under the current pressures and was committed to supporting future planning for resilience especially on the issues of workforce and estate.

The Chair stressed the importance of whole system working and scrutiny. The Committee was disappointed at the lack of information on workforce issues. There

was agreement that it would be useful to have a workshop to explore issues in greater detail. The Committee will look at that in terms of its work programme.

There was an urgency about the estates issue in particular for Didcot and the development around Great Western Park. The recent developments at Wantage & Grove were welcome and brought hope to the area.

Actions for the OCCG:

- **Provide trend data to be able to compare with pre-Covid.**
- **Circulate the results of the March 2022 survey when available.**

17/22 MATERNITY SERVICES

(Agenda No. 6)

The Committee received a report from Sam Foster, Chief Nursing Officer, Oxford University Hospitals Foundation Trust (OUH) on the current position of maternity services.

Members raised a number of questions:

- If the Trust has been collecting outcomes data to analyse any impact of the suspension of services.
- If the CQC's 'Musts' have been implemented.
- If there was a plan to improve the two areas rated Red under the Incentive Scheme.
- If further information on the Continuity of Carer (CoC) issue could be provided.
- If any of the health inequality issues that have been identified were impacted by the issues around CoC; if the teams were working to the recommendations of the MBRRACE Report.
- If decisions to induce and other issues were discussed with the mother with an opportunity to ask questions before and after the birth and if shortages of health visitors were impacting significantly on the frequency of visits.
- If there was data to compare with national figures on stillbirths, complications and trauma.
- If there had been a response to the CQC report that had highlighted the lack of quiet rooms.
- If CQC visits were unannounced and if their report contained any surprises.
- If there was a prospect of the service moving from "requires improvement" grading to "good".
- If the communications and engagement around the temporary closures at Wantage and Chipping Norton were satisfactory. If there was a timeline for reopening and if population growth trends were being taken into account.
- Where the main shortages were in staffing.
- If there was a problem with midwives having to endure poor living conditions

Sam Foster responded as follows:

- The Trust was required to produce a quality impact assessment and review all of the alternatives – their pros and cons – which they were in the process of doing.

They had established that six patients were affected but they had been able to maintain one-to-one maternity care through this period.

- The audits around the 'Musts' have given assurance that those improvements were in place.
- On the Incentive Scheme issues, electronic notes were ensuring 100% compliance on point 6. Point 8 related to training which encountered difficulties under Covid when front-line care had to be prioritised nationally. However, they were on track to ensure compliance.
- A national report (Ockenden final report) had recommended pausing the Continuity of Care model due to a recognition that it could compromise safe staffing under the current workforce restraints.
- The Lotus Team was focussed on health inequality and vulnerability issues and the Trust was continuing to invest in that team. That team had the expertise to deal with the recommendations of the MBRRACE Report.
- The decision to induce will always be a clinical decision. The service could do better on providing information and will work with patients, families and Healthwatch to see how they can improve.
- The service was working towards providing a dashboard and benchmarks.
- The fabric of buildings could be an obstacle to providing bereavement areas and capital funding was needed. However, Government capital spending was currently focussed on urgent care and elective recovery.
- Most CQC visits were unannounced. There were no surprises in their report.
- The CQC currently had no plans to visit to regrade. The inspection regime had changed a lot since they recommenced after Covid. They were currently focussed on reactive visits based on concerns.
- The temporary maternity closures at Wantage and Chipping Norton were related to staff shortages and quality assurance. Wallingford on the other hand had three times the number of maternities.
- There was a communications team dealing with media queries ensuring consistent information and midwives were meeting with the ladies affected. The service would be happy to work with the Committee on future planning.
- Recruitment was improving. The main shortage was in midwifery and the biggest issue was in retaining newly qualified staff.
- The service has just carried out a survey on housing and new accommodation was currently being built.

The Chair expressed surprise that the expected maternities and future trends of expected maternities in Wallingford locality would be greater than the Wantage locality and asked for information on what postcodes the community hospitals were serving and whether current population and trends informed the decision making. It was noted that a meeting of senior OUH officials was to meet to discuss plans for re-opening in the coming weeks.

Actions:
Sam Foster to provide more detail on the CQC Action Plan Update and on the Lotus Team as well as the Maternity Safe Staffing Paper.
Committee to be updated on the OUH executive decision concerning temporarily closed midwifery units.

18/22 UPDATE ON ACTIONS
(Agenda No. 8)

The Committee considered the update on the progress on actions arising from previous Committee meetings.

Helen Mitchell, Scrutiny Officer, asked the Committee to endorse the completed actions with the exception of the items relating to Admissions to Care Homes which Members wish to discuss under the Chair's Report. This was agreed.

Action: Consider the issue of the convergence of service offer across BOB under the Committee's work programme.

19/22 CHAIR'S REPORT
(Agenda No. 9)

The Committee considered the update from the Chair of the Committee on work progressed in between meetings and future issues.

Helen Mitchell, Scrutiny Officer, drew Committee Members' attention to paragraph 13 on the recent High Court judgement that the discharge of untested Covid-19 patients to care homes was unlawful. This Committee had already called for a local review of the discharges to care homes and may wish to consider asking for that to take place sooner rather than later given the High Court judgement.

Members of the Committee noted that there was an Oxfordshire resident involved in the High Court case. Families wanted answers but there was no indication when a national review would take place. They agreed with the suggestion that Oxfordshire partners should look at having a local review. Such a review might be able to identify differences of approach between care homes for example.

Ansaf Azhar, Director for Public Health, was concerned that a local review would not provide a sufficiently large sample size to produce solid conclusions. Unless there was a belief that there was something different happened in Oxfordshire, it would be better to wait for the national public enquiry which would give better conclusions.

Stephen Chandler, Interim Chief Executive, added that another problem was that there was no testing regime in place in the period in question which would make it difficult to identify causes. The Government was currently working on the terms of reference for the national review but it seemed unlikely that they would move to interviewing witnesses even within the next year. He agreed to take the suggestion of a local review to the NHS partners.

The Committee agreed to accept the Interim Chief Executive's offer to consult with system partners about what could be done locally and come back to the June meeting with their response.

Councillor Paul Barrow asked for an update on including system partners in scrutiny training. Helen Mitchell responded that a programme of training was in development with the Centre for Governance and Scrutiny and system partners will be included.

Dr Alan Cohen questioned whether the action on providing information on winter access funds had been completed as there was only a small amount of information provided. Helen Mitchell agreed to include it in the planned workshop.

The Committee also noted that the latest update from Oxford University Hospitals was that the John Radcliffe appeared to be under severe pressure.

Action:
The Chair will ask for more information as there appeared to be a lack of public awareness that the impact of the pandemic was still being felt.

20/22 BOB ICB STRATEGY FOR WORKING WITH PEOPLE AND COMMUNITIES

(Agenda No. 7)

The Committee considered a draft engagement strategy from the Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board.

Before discussing the draft strategy, the Chair had agreed to a request to speak:

Joan Stewart, Keep Our NHS Public, stated that the engagement strategy had to be seen in the context of the wider strategy for BOB. The Board's strategy stated that it had to support those most in need. She believed that this entailed rationing services according to the limited funding from central government.

She noted that the head of Healthwatch England had resigned in protest at the reduction in resources available to it. She also believed that the Board members were being appointed for their financial expertise and none had been brought on to oversee the engagement strategy.

Joan Stewart described the strategy as tokenistic and believed that it would not achieve any meaningful public involvement where the real decisions were made - at Board level.

The Chair described the strategy as deeply disappointing as was the fact that the Committee had only heard about it recently. She asked for comments to be submitted to the scrutiny officer by Friday 13 May in order to prepare a draft response by 18 May.

The BOB-ICB had not provided a speaker for this item but Catherine Mountford, Director of Governance for the Integrated Care Board, had sent a statement to be read out.

"One of the NHSE requirements for Integrated Care Boards (ICBs) is to develop a strategy for working with people and communities in line with the published guidance available here. Following some early discussion with the five Healthwatches across Buckinghamshire, Oxfordshire and Berkshire West (BOB), lead governors and the VCSE alliance we have developed an initial draft for BOB ICB's strategy for engaging with people and communities. This was submitted to NHSE and published on our engagement site just before Easter. It has now been more widely

circulated/communicated and we welcome comments on it. For context it is a very general and high level draft strategy about an approach for ways in which the new ICB can work with people and communities across the geography. This would guide our approach for individual projects and service reviews.

Any comments received by Wednesday 18 May will inform the next iteration of the strategy to be considered by the BOB Integrated Care System (ICS) Development Board and then submitted to NHSE. A final version will not be ratified until the first ICB Board meeting on 1 July. Comments received by 17 June can be used to inform the draft that will be submitted to the ICB Board."

Asked if she had been in contact with the Chairs of the other Health scrutiny committees in the BOB area, the Chair confirmed that she had been and they had been equally surprised. She believed that the document was a very early indication of the culture and priorities of the ICB. Success depended on strength at Place between local government and health partners along with effective scrutiny.

Members agreed that the document was most unsatisfactory. It did not amount to any kind of effective engagement with the public and appeared to be a box-ticking exercise. The Committee would need to see a dramatic improvement in the next draft.

Action:
Invite the new chair of the ICB to come to the June meeting of the Committee.

21/22 HEALTHWATCH REPORT

(Agenda No. 10)

The Committee had received a report from Healthwatch Oxfordshire on its feedback from members of the public and its recent reports.

Before considering the report, the Chair had agreed to a request to speak:

Marie Walsh, representing Didcot Against Austerity, expressed concern that the pace of growth around Didcot was not being matched by the provision of health facilities. Her organisation's initial petition was to call for the provision of a Minor Injuries Unit but other issues came up as they engaged with people – particularly access to GPs and NHS dentists and waiting times for treatment of mental health issues.

A recent public meeting itemised specific needs such as a health centre and GP hub for Great Western Park and a pharmacy for Ladygrove. There were also problems identifying who to contact about each issue. The group would be very happy to meet individually with any Members of the Committee who could help.

Rosalind Pearce, Executive Director, Healthwatch introduced the report which she said was in a different format focussed on Healthwatch Oxfordshire reports relating to accessing GP services over the past 12 months. She offered some observations on the issues that had come up throughout this Committee meeting:

- The majority of people were very supportive of the care they get from the system once they are in it but the problem was with access in the first place.
- Many complained of long waits for an answer on the phone only to be told there were no appointments available.
- Dentistry was high on the list of access complaints.
- Healthwatch will have a report on access to pharmacies in six to eight weeks.
- Could the lack of uptake of the fourth vaccine be related to having fewer volunteers available?
- Not every surgery or every area was experiencing problems with access and it was necessary to identify those that had the biggest problems.
- In relation to reviewing transfers to care homes, the collection of 'data' needed to include the views of people.
- Healthwatch has had meetings on the BOB-ICB engagement plan. They have been quite clear that it will not work unless it has resources, a local focus and involvement by the public.

In response to questions from Members:

- The earwax removal service, free to those over 55, was advertised on the Healthwatch website and others but there was still more work to be done on getting the message out to ensure GPs refer people.
- They have had discussions with OCCG on the idea of having a consistent website for all GP practices. In the meantime, it would be important for practices to learn from the best sites.
- Relying on family members to interpret has always been problematic. Some people prefer to use family members but the offer of an interpreter must be made. The service was free to GPs and members of the public and, as a result of a Healthwatch report and follow-up action by OCCG, pharmacies now have access to this service, although not all seemed to be aware of that.
- For some people face-to-face meeting was vital and the message still needed to get out there that that was always an option. There was a concern about exclusion of those who were not digitally capable or hard of hearing or for whom English was not the first language.
- The film produced in Oxfordshire on women's experience of maternity services has been shown across England. It has brought the researcher into contact with Oxford University Hospitals NHS Foundation Trust maternity staff and managers, the Maternity Voices Partnership, and other groups.
- The funding challenge to Healthwatch Oxfordshire was that they had a 12-month funding cycle so could not engage in longer pieces of work. The priorities this coming year would be around Young People and Men – two groups who tend to be in the minority responding to other initiatives.

Ansaf Azhar, Director for Public Health responded to questions related to health monitoring Apps and whether they were coordinating with each other. He agreed that there was a big move towards digital offers. The idea of Healthcheck having a digital offer was being examined. He agreed that work needed to be done to avoid duplication and link related applications. It was important to offer digital and non-digital choices. It should be recognised that digital options offered economies of scale.

.... in the Chair

Date of signing ....