OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 24 September 2020 commencing at 10.00 am and finishing at 2.15 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	Councillor Kevin Bulmer Councillor Mark Cherry Councillor Hilary Hibbert-Biles Councillor Jeannette Matelot Councillor Laura Price Councillor Alison Rooke District Councillor Paul Barrow District Councillor Jill Bull City Councillor Nadine Bely-Summers (Deputy Chairman) District Councillor Kieron Mallon
Co-opted Members:	Dr Alan Cohen Barbara Shaw Jean Bradlow
Officers:	
Whole of meeting	Ansaf Azhar, Corporate Director for Public Health; Samantha Shepherd, Policy Team Leader; Martin Dyson, Policy 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.

28/20 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Councillor Kevin Bulmer attended as a temporary appointment.

District Councillor David Bretherton was unable to join the virtual meeting due to technical difficulties.

The Chairman welcomed three new members to the Committee:

District Councillor Jill Bull, representing West Oxfordshire
District Councillor Kieron Mallon, representing Cherwell
Jean Bradlow, co-opted member, a former Director of Public Health.

29/20 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Dr Alan Cohen is a trustee of Oxfordshire Mind.

Councillor Alison Rooke is a trustee of Vale House Alzheimer's Home.

Jean Bradlow is a volunteer with Oxford University working on a COVID early alert system. Her husband is consultant rheumatologist at Royal Berkshire NHS Foundation Trust.

District Councillor Jill Bull runs independent services for people with learning disabilities in West Oxfordshire.

30/20 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 25 June 2020 were approved.

On Item 18/20, Forward Plan, Councillor Alison Rooke asked for an update on the Action noted in the final paragraph regarding the Committee's volume of work. The Chairman responded that the feedback he received from members indicated a wish to handle the workload within the existing programme of meetings rather than adding extra meetings. COVID-19 will be a standing item on the agenda as long as it is needed.

31/20 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following requests to speak at this meeting:

<u>Agenda Item 6 – County-wide community services</u>
Julie Mabberley
Councillor Jane Hanna
Councillor Jenny Hannaby

<u>Agenda Item 7 - System-wide update on the COVID-19 response and recovery</u>
Liz Peretz
Councillor Jane Hanna

<u>Agenda Item 14 – Chairman's Report</u>
Councillor Jane Hanna
Councillor Jenny Hannaby

32/20 FORWARD PLAN

(Agenda No. 5)

The Chairman noted that committee members had made the following suggestions for the Forward Plan in advance of the meeting:

- COVID-19: public health messaging targeted at BAME communities and current testing capacity.
- Waiting times on cancer operations in Oxfordshire including delays due to COVID-19.

Councillor Hilary Hibbert-Biles asked that Chipping Norton Hospital be added as an item to be discussed. She was concerned that more peripheral clinics were going to the health centre which was a private business and that there will not be enough services left to keep the hospital going. She noted that local people had fought hard to keep it open.

It was **AGREED** to add these items to the plan.

33/20 COUNTY-WIDE COMMUNITY SERVICES

(Agenda No. 6)

The Chairman stated that he would take the public speakers after the statement had been read out to give them an opportunity to comment on it.

Nick Broughton, Chief Executive of Oxford Health Foundation Trust, read a prepared statement. He noted that for several years, there have been calls to refresh and update a county-wide approach to community-based care, in order to deliver a vision of more integrated care, closer to home, but, due to various circumstances, attempts to progress this work have been repeatedly frustrated. At the same time, locally-focused work intended to respond to healthcare challenges in parts of the county, such as the OX12 project, have also been delayed. These false starts and recurrent delays have resulted in damage to relationships and an understandable loss of trust from the public, which Oxford Health regrets.

The experience of responding to the COVID-19 pandemic has taught some useful lessons in how to improve services in an effective and timely way. Rather than spending a prolonged period on developing another transformation plan that is likely to fail to deliver, they propose to adopt a more rapid approach to service improvement, making small changes with involvement from patients and the public and refining them with ongoing feedback. They have set themselves an ambitious target to have produced a strategic development and quality improvement plan for community services at the end of this year.

Dr Broughton, on behalf of the Trust, apologised for the delays in completing the long-overdue work to upgrade the plumbing systems at Wantage Community Hospital and expressed regret at the long period of time that it has taken to resolve the unsatisfactory situation with the inpatient ward that has been closed at Wantage since 2016.

He announced that services were able to restart, including maternity care from the midwife-led unit. Deliveries will be re-starting in the unit from 1 October. Also a new, local podiatry clinic at the Hospital will open and the school nursing team are also working there, busily organising vaccinations for local school children.

However, looking at the output from the application of the health and care needs framework in OX12 and based on the bed occupancy rates in other hospitals, the Trust believes that re-opening the general inpatient ward at Wantage would not be a sustainable plan or the best way to use NHS resources at this time. Instead, they would like to progress new opportunities for developing a wider range of outpatient, community outreach and other daytime services at the Hospital which will be of greater benefit to local residents, such as mental health services for children and younger people and new ways of providing care for those who are older and frail.

He recognised the need for the NHS family to follow a formal process involving local people to deliver this type of change and will work with the clinical commissioners to undertake this as soon as the current restrictions relating to the COVID-19 pandemic allow.
The Trust commits to working with local residents and other key partners to co-develop and pilot services in and around the Hospital that will provide benefits for the local community and are in line with the latest clinical recommendations and care pathways. Their aim is to see the Hospital thrive once again and enter a new chapter in its long and cherished history.

Julie Mabberley welcomed the news that the plumbing problem had been resolved. She was very concerned at the proposed closure of the inpatient facilities and emphasised that a full consultation would be necessary to do that. The issue had been addressed by the Committee 42 times since the closure of the beds was first considered but there has been no discussion as to whether the closure of the beds should take place or how they should be replaced by other services. There is a need for rehabilitation services particularly in the wake of the Covid-19 pandemic.

Councillor Jane Hanna welcomed Dr Broughton's recent meeting with the OX12 Task and Finish Group and his positive tone and intention. However, she was shocked at the announcement of the closure of the inpatient beds, especially coming before he had met with the Wantage Town Council Health Committee or the stakeholder group that had worked so hard on the pilot framework. She believed that Covid-19 had changed the situation. There was a need for step-up and step-down beds. The situation regarding public consultation under COVID-19 needed to be clarified urgently in order to protect the democratic process. She asked that the OX12 report be thrown out as she believed it was no longer valid.

Councillor Jenny Hannaby stated that it appeared that a strategy for community hospitals may be finally coming about but there was still no solution for Wantage Community Hospital's inpatient beds. The OX12 report had been accepted despite all the requests from local people to reject it. The population is likely to double and it is not clear how local health services will cope with that. She believed that the origins of the problem could be traced back to the decision not to provide an extension for the GPs. She noted that the funds for the refurbishment of the maternity unit had been raised by the local community. Local people will be very disappointment at the decision on the inpatient beds. She believed that democracy was seeping out of the system.

Dr Broughton responded by reiterating that it is their intention to set out a vibrant vision for the hospital in Wantage. It will involve a wider range of services than it

currently provides and an ability to meet increasing demand from an increasing population. With regard to the inpatient beds, the statistics show that there are currently too many inpatient beds across the county and significant problems staffing the units.

Dr Ben Riley, Managing Director Primary and Community Services, Oxford Health, added that he was fully behind the vision. He stressed that the decision had not been taken on inpatient beds but the demand was reducing. With COVID-19, there was a greater emphasis on getting people home and home care services have been enhanced. He fully accepted that there would have to be proper consultation on any decision to close the beds,

Councillor Hilary Hibbert-Biles asked for more information on the Rapid Access Care Unit. Dr Riley responded that they would be providing the same services as before although the model may be slightly different. It would be like a hybrid between hospital- and home-based care. He did not want to be too prescriptive at this stage as there would be local engagement and co-design involved.

District Councillor Paul Barrow expressed concern that a full county-wide review would be very difficult to complete in three months. He said that the Committee would like to be invited to become involved and asked would OX12 continue to be a pilot or would it be just another postcode in the overall review.

Dr Riley confirmed that they would like the Committee to be involved. He stated that they were looking at a more rapid improvement cycle – making small changes and getting public feedback quickly, rather than waiting to have one master plan for the whole county.

Councillor Jeanette Matelot recounted the experience in Thame where they lost the inpatient beds but gained a lot more, for example consultant clinics where patients would otherwise have to travel to Oxford. She believed that it now provided more services for more people than before.

Dr Alan Cohen asked if all of the service partners are as enthusiastic about this as Oxford Health. Dr Broughton responded that they are all as one in terms of providing comprehensive out-of-hospital care across the county and making the most efficient use of assets such as community hospitals.

Councillor Alison Rooke asked, if there had been no problem with the plumbing and the hospital had been functioning for the last four years, would Oxford Health still be proposing the closure of the inpatient beds. She also asked if public consultation on that point was going to make any difference or if the decision had already been made.

Dr Broughton stated that, as of now, they do not see that re-opening the beds is sustainable. However, they would engage with the community before making a decision and that engagement would be meaningful. Any formal consultation will follow the usual process. They have to look at the best way to configure beds across the county and the smaller 12-bed facility at Wantage is suboptimal and more resource intensive.

Diane Hedges, Chief Operating Officer and Deputy Chief Executive, Oxfordshire Clinical Commissioning Group, confirmed that they were supportive of the proposed process of engagement and consultation. She noted that she was receiving many requests for space at community hospitals for out-patient services and she was convinced that there was a vibrant future for those hospitals.

The Chairman welcomed the positive tone and what he believed was the first expression of regret for what had happened and an apology for the delays in correcting the plumbing problem at Wantage Hospital. He thanked the representatives of Oxford Health for their time and their sentiments.

34/20 SYSTEM-WIDE UPDATE ON THE COVID-19 RESPONSE AND RECOVERY
(Agenda No. 7)

The Chairman introduced the item stating that, by agreement with the Chief Executives of Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group (OCCG), this will be a standing item on the Committee's agenda until COVID-19 ceases to be a substantial problem.

Liz Peretz, representing Keep Our NHS Public, stated that local test trace isolate and support schemes are necessary if we are to navigate our way through the pandemic. She was much encouraged by comments from the Director of Public Health that we are moving towards a local scheme – run in harmony with the national one. A number of people such as active, retired staff from the NHS and local authorities want to offer their services as tracers and contactors. She asked the Committee to ensure that this will happen in Oxfordshire.

Councillor Jane Hanna supported the call for local testing. She believed that the national system was not working with many people in her area of Grove and Wantage unable to access tests. She had also heard reports of people seeking testing at the Dalton Barracks site mingling due to the absence of signage. She was also concerned with the lack of engagement with the public and asked what the plan is for engagement, which will become particularly important if there is a second wave or difficulties with supplies of medicines or equipment following Brexit.

The Chairman stated that he wished to deal with the Winter Plan separately and concentrate on the overall COVID situation first.

COVID-19

Diane Hedges, Chief Operating Officer and Deputy Chief Executive, OCCG, described the plan to restore services to near-normal levels. With GP services there had been a move away from face-to-face contact and separation of COVID and non-COVID patients. A lot of work is going on to bring numbers back up towards normal. There will be a challenge with the increased numbers seeking flu vaccination.

Community services have been reopening premises getting people back in safely. There is a move towards community hospitals providing more support for out-patient services.

There has been a lot of new learning across the system most particularly around using digital solutions and the need to improve engagement around inequalities, for example with BAME communities. The OCCG has laid out an extensive engagement plan to help understand the patient experiences. Healthwatch has been very helpful in this regard.

Ansaf Azhar, Corporate Director for Public Health, outlined the current situation. The numbers of cases are rising across Europe. In Oxfordshire the Health Protection Board, involving all partners, meets weekly. There is also a surveillance unit analysing data on a daily basis, giving an early warning of problems. It also provides a dashboard where the public can see the number of cases at a district level.

There have been two areas of concern: East Oxford in July and more recently among young people. These were tackled by expediting testing through local mobile units.

He recognised the frustration with availability of testing. He is working with the BOB partners (Bucks and Berkshire West) at providing key-worker testing. There is likely to be a high demand for testing as we enter the flu season. A task and finish group has done a lot of work with the universities on the safe return of students. A local enhanced system of contact tracing will be ready to start in mid-October. This needs to be authorised by the national system and will focus on cases where the national system has failed to contact.

In summary, while they are escalating issues such as testing to a national level where necessary, they are also working on local and regional solutions. It is a fast-changing picture but they will react decisively when needed through the strong governance structure.

The Chairman welcomed the provision of local testing to tackle clusters and added that it was evidence of how the Oxfordshire system was learning as the situation develops.

Councillor Mark Cherry asked that the council communications teams promote the track and trace phone app and the importance of flu vaccination as much as possible.

Councillor Laura Price was critical of the national online booking system for tests. There were a lot of bugs in the system and it often failed to provide the necessary QR code at the end. She also asked about visiting in care homes and hospitals. The former depends on the individual care home. Many people have had a prolonged period now with no visits. People can be a long time awaiting an assessment in hospital with no visits allowed.

On the test booking system, Ansaf Azhar acknowledged the problems outlined. Much of it was related to the national limit on the number of tests. Areas with a high number of cases were being prioritised. Oxfordshire currently has a lower rate so it is more difficult for people to access testing. He has escalated the matter particularly in relation to the return of students.

The issues of care home visiting have been discussed nationally. The current evidence indicates that visiting is not a problem but it is curtailed in homes where

there are more than one case. Visiting is particularly important in end-of-life (EOL) cases and he would not like to see a blanket ban introduced.

Stephen Chandler, Corporate Director for Adult Services, acknowledged that there is a risk either way – a risk of infection versus the risk of detrimental impact of not being able to see loved ones.

Sam Foster, Chief Nurse, Oxford University Hospitals, added that while there is the 'rule of 1', there is discretion allowed regarding patients who have carers; with learning disabilities or mental health issues; and EOL. The government has enabled local trusts to make their own decisions. Family liaison teams are building relationships with families. All staff have been provided with iPads to enable patients to teleconference.

Members of the Committee asked for more communication around visiting policies and Sam Foster **AGREED** to provide the Committee with more information about the family liaison team and teleconferencing options.

City Councillor Nadine Bely-Summers stated that people in East Oxford find it difficult to access testing and get results quickly. They cannot work or go to school while they are waiting for results. She suggested that there should be more local communications on outbreaks. She also believed that, in relation to the cluster at BMW, there were too many different agencies involved.

Ansaf Azhar responded that the Public Health team was a small team receiving a large number of queries. The operational cell includes representatives from districts, police, GPs, hospitals, laboratories etc. Each is responsible for messaging to their own sector.

When there is a local outbreak, there is a clear communications plan. Mobile testing is brought in. He believed that the BMW outbreak was handled well in cooperation with the City Council – everyone was tested within half a day.

He stated that he was not happy with the national situation on testing which is why he is working towards local and regional solutions. The government has announced that financial support is available for people self-isolating and losing income.

Barbara Shaw noted that communications on GP services varies. It is difficult to get face-to-face visits. She believed that EOL services are overwhelmed. She would like more information on excess deaths. She also asked if it was possible that dental services could cease again.

Diane Hedges acknowledged that the situation for GP surgeries is challenging. All initial contact has to be by phone and then face-to-face consultations are available where necessary. They are working with Healthwatch and Patient Participation Groups (PPGs) to make this work.

She is not aware that EOL services are overwhelmed but if anyone has any evidence of that she would like to receive it. Hospice facilities have been extended and more people are being supported at home.

The OCCG does not oversee dental services - they are commissioned by NHSE. Her understanding is that services are returning to normal.

Ansaf Azhar responded on the point of excess deaths. This is being monitored because it takes into account deaths that may be occurring indirectly from COVID-19. The Oxfordshire figures are in line with the national trend. They are also watching non-COVID deaths which rose at the peak of the pandemic but have now reduced.

The Chairman AGREED to pursue the dental issue outside of the meetings for now.

Dr Alan Cohen noted that the GP federation in Oxford (OxFed) will cease trading. He asked what would be the implications; if a similar situation might occur in the north of the county; the impact on Primary Care Networks (PCNs); if money assigned to the federation will continue to be spent on primary care; and if there is nothing between PCN level and county-wide level. He also asked if the high number of transfers from hospital to care homes without COVID screening had any impact on the number of cases in care homes.

Stephen Chandler replied that he did not have the transfer figures to hand but they had already been presented and he AGREED to circulate them to the Committee and would be happy to take any questions Committee members may have after seeing them.

Diane Hedges agreed that the closure of OxFed was disappointing. OCCG are working with them on the transfer of services and staff. There will be changes to the dynamics of funding flows but the money will stay within primary care. Developing PCNs is the key to shaping future services. The federation in the north is still vibrant and there are other ways of delivering services at a level between PCN and county-wide. It was **AGREED** to follow up on the OxFed issue between meetings.

Councillor Alison Rooke asked about the availability of flu vaccines. Ansaf Azhar responded that this was a regional and national issue. At this time last year there had been a take-up of 4,000 through community pharmacies in the Thames Valley region and this year it is already 17,000. He has raised it with the local health resilience partnership.

Diane Hedges added that NHSE is buying as much vaccine as it can. People should not be concerned that it has run out – more is arriving all the time and another cohort is expected in November.

District Councillor Paul Barrow asked if there was now a standard protocol for care homes and a standard protocol for discharges from acute hospitals to care homes. He also asked if care homes who previously refused to accept transfers will now be pressurised to take them.

Stephen Chandler responded that there had been a standard discharge protocol since April. There must be a negative COVID test result before discharge can happen. Infection control protocols are evolving. They are addressing the risk of staff transferring infection. There is a low level of risk in Oxfordshire but he is

monitoring it closely. The government have announced a further allocation of £5.4m for infection control in Oxfordshire.

He did not believe that any of the stories about care homes being pressurised relate to Oxfordshire but if anyone has evidence of it, they should let him know. Most patients are now discharged to home and if not, then to hub beds rather than directly to a care home.

Jean Bradlow asked what the impact of COVID had been on immunisation and screening programmes; the plans to catch-up; and onward referral for cancer screening programmes.

Ansaf Azhar agreed that there had been a reduction in numbers though he did not have the specific numbers. The increase in provision of preventative measures is part of the recovery plan. They will be more targeted towards groups where the uptake has been lowest.

The Chairman asked that the issue of cancer referrals be addressed under Agenda Item 10.

Winter Plan

The Chairman asked if there is likely to be less flu this year given that all of the measures people are taking to reduce the spread of COVID-19 should also reduce the spread of flu. He emphasised that he would still urge everyone to get the flu vaccine anyway.

Ansaf Azhar responded that we do not know how effective current measures will be. Even if there is less flu the burden of COVID on the system will still be very high. There is also the question of amplification if somebody has flu and COVID.

Stephen Chandler noted that the government had published a winter plan for adult social care on the previous Friday and the local winter plan would need to be updated to account for that.

It was **AGREED** to take the Winter Plan as an item at the next Committee meeting but that the updated Winter Plan could be circulated to Members at any time and did not need to wait until the next meeting.

The Chairman asked the Chief Executive if a letter from the Committee to the Department of Health on the issue of testing would help. Yvonne Rees responded that every channel possible is being used to escalate the matter. A letter from the Committee will support the Director for Public Health and will be listened to. There is a problem with laboratory capacity at the moment and new labs will not come on stream until the end of October.

It was **AGREED** that the Chairman will write to the Department of Health. The Chairman thanked all of the officers across the system for coming to the Committee and responding to their questions.

35/20 COVID-19 RESEARCH

(Agenda No. 9)

As the representatives of Oxford University Hospital had to leave soon to attend a board meeting, it was **AGREED** to take the report as read and move on to Agenda Item 10.

36/20 ROUTINE REFERRALS

(Agenda No. 10)

Dr Raman Nijjar, Chairman of the Oxfordshire Local Medical Committee shared the views from GPs on the restart and recovery of routine appointments at Oxford University Hospitals (OUH). He noted that NHSE had asked, about five months ago, that all services be reinstated but this had not happened in Oxfordshire. Patient care was deteriorating as a result of routine referrals not taking place. He believed that patients were not being prioritised as they were in neighbouring counties.

Dr Nijjar had raised it with OCCG and had a meeting with them but OUH were unable to attend. At that meeting he said that services needed to resume by the end of July or mid-August but seeing no movement on this, he decided to go to the press. He was aware of a number of case studies of appalling care. GPs were doing their best with limited tools but they could not refer to a number of services.

Lisa Glynn, Interim Director of Clinical Services, OUH, stated that referrals were open for cancer and other services had started to reopen but capacity was restricted. Unfortunately for a number of services this had been particularly problematic. They were monitoring the volume of patients and the timeline from referral to booking and when that goes below 12 weeks they could look at reopening the waiting list. This would be expected to happen between now and February/March. They were working across BOB (Bucks, Oxon, Berks West) to improve availability and working with the independent sector too. Urgent patients were being prioritised.

Dr Bruno Holthof, Chief Executive, OUH, added that they were serving patients across the Thames Valley area with a population of 3 million. Patients who were clinically urgent could always be referred. If there was a second wave of COVID-19, he did not expect that services would close but they would have to readjust.

Barbara Shaw stated that, even pre-COVID, women had to go out of county for routine gynaecological referrals. She understood there were recruitment issues and asked if this was expected to continue. The report suggested that some patients were having to wait 52 weeks.

Lisa Glynn responded that there was a community service in place now with patients requiring acute services being referred to OUH. They restarted a few weeks ago. There had been improvements in recruitment and some short term support had been provided. In the gynaecologic oncology sub-specialty there had been recruitment advances as well as partnering with private general gynaecologist services in Berkshire which had brought about improvement.

Dr Alan Cohen asked if the capacity was restricted by space or personnel and if local sites could be used. Lisa Glynn replied that both were an issue. They were using space from local providers but there were a limited number of consultants and they needed to use them most efficiently. They were looking at using weekends and evenings to reduce the backlog.

Dr Holthof stated that they were having a lot of non-attenders. There was good uptake of digital consultation and they were using community centres.

Dr Nijjar stated that the numbers waiting for referrals were not small. ENT (Ear, Nose, Throat), for example, had issues pre-COVID. It was estimated that 7,000 patients may be waiting. GPs were open but secondary care was not happening for many. He said that he had not heard why Oxfordshire was different from other areas.

Barbara Shaw asked about dealing with the backlog when waiting lists reopen. Diane Hedges agreed that nobody was very happy with the situation. For example, triage was being developed for ENT which already had long waiting times pre-COVID. They were looking at alternative providers but it may mean people having to travel further. In BOB they were examining a possible cataract service. She **AGREED** to share the waiting times with the Committee.

The Chairman expressed concern that the real scale of the problem was not known because the waiting lists were closed and also that looking at out-of-county solutions might not be impactful as many people will have difficulty travelling.

Barbara Shaw agreed that it was necessary to know the real scale of the problem and asked what the medium term plan was to deal with the backlog and the long term plan for reinstatement of normal services. Jean Bradlow asked if it was possible to contract in consultants rather than sending patients out of county.

David Walliker, Chief Digital and Partnership Officer, OUH, stated that the waiting time for ophthalmology was 32 weeks. When they stopped taking referrals there were 1500 on the list. If they had continued taking referrals the list would have increased by 335% assuming previous rates of referral.

The problem for ophthalmology was that it was not easy to set up alternative centres because of the diagnostic equipment required which was based in the John Radcliffe Hospital. Safe waiting areas had to be set up, mindful that most people come with a partner or helper. They were working hard with partners to put a sustainable system in place.

City Councillor Nadine Bely-Summers stated that it was disappointing that a relatively rich county like Oxfordshire should have so many enormous waiting lists. She noted that there had not been any COVID-19 admissions to the JR since June so it was very disconcerting that so many services appear to be overwhelmed.

Dr Nijjar commented that it seemed to him that figures were regarded as more important than people. He could not fathom why there was a refusal to put people on the waiting list. He was also concerned that there was no quality data – only taking historical pre-COVID data which may not be relevant anymore.

The Chairman **AGREED** to write to OUH and OCCG asking for more information on the points raised in the discussion. He hoped that it would be possible to deal with this further between Committee meetings because there were long-term implications for people's health and the health system.

37/20 PROPOSED CHANGES FOR HEALTH SCRUTINY

(Agenda No. 12)

This item had been deferred.

38/20 HEALTHWATCH REPORT

(Agenda No. 13)

Rosalind Pearce, Chief Executive, Healthwatch Oxfordshire, introduced the report, giving apologies for Tracey Rees, Chair, who was not well.

She noted that Healthwatch were presenting a report to the Health and Wellbeing Board the following week on nine surveys they conducted related to COVID-19. It was **AGREED** to circulate that report to members of the Committee.

Healthwatch is talking with OCCG and other services on engagement around the impact of COVID-19 on primary and secondary services. They are particularly concerned about alternatives for those who cannot, or do not wish to, use digital options. They believe that the NHS should be considering what travel support they give to people who choose to take up referrals out of county.

With regard to referrals, she understood that the position was that GPs can refer, it's just that for some services the only referrals available are out-of-county. She called on the hospitals and GPs to work together to solve these problems.

She supported earlier comments regarding the negative impact of banning visits to care homes on both patients and families. She believed that, given the measures taken on infection control and the prioritisation of testing for keyworkers, it should be possible to allow visits. She hoped that the Council would ensure that care homes complied with the advice on this.

Their feedback from heads of care homes was that one felt under pressure to take transfers from hospital and one said that they closed their doors to transfers. The Chairman urged her to pass on any information about care homes to the Director for Adult Services.

Healthwatch have heard that it is possible to access private dental health but not NHS services. They are taking this matter to the NHS Commissioner.

Healthwatch are recruiting two positions to work with the BAME communities and develop innovative methods of outreach.

City Councillor Nadine Bely-Summers asked about the difficulties being experienced by some Patient Participation Groups (PPGs) and the situation regarding BOB-ICS (Bucks, Oxon, Berks West Integrated Care System).

Rosalind Pearce reported that some PPGs are finding it difficult to re-engage with GPs and some are not functioning fully due to individuals isolating. This is also a challenge for Primary Care Networks (PCNs) who have a responsibility to engage more widely. Healthwatch is talking to OCCG to see how they can help and to PPGs about how they can support re-engagement with GPs.

District Councillor Jill Bull said that she was hearing reports of problems with dosetted medication. Rosalind Pearce responded that she had not heard of any problems but any information should be passed on to her. She was aware of problems with small pharmacies closing and was keeping that monitored.

Barbara Shaw called for support for PPGs to engage at PCN level. They no longer get support from the CCG and there is a legal obligation on PCNs to engage with the local communities.

Rosalind Pearce responded that Healthwatch have a resource to support PPGs and have been brokering meetings with practices. The picture varies across the county. PPGs in the north are working well together with their PCNs. Healthwatch will get out into the community again, taking all necessary precautions, but the fact that many organisations are only meeting virtually provides a challenge.

The Chairman thanked Rosalind Pearce for her report.

39/20 CHAIRMAN'S REPORT

(Agenda No. 14)

Councillor Jenny Hannaby spoke regarding the letter from the Chairman on the OX12 report. If the inpatient beds are closed at Wantage Hospital then people, including many elderly people, will have to travel 30 miles and be more remote from family and friends leading to a risk of depression. She warned that other community hospitals may follow if they close Wantage. She believed that Oxford Health and the OCCG were not paying attention to the democratic wishes of local people. She thanked the Chairman for keeping this issue on the agenda for so long.

The Chairman responded that the position appeared to be that Oxford Health does not currently see the business case for keeping the inpatient beds but that they are open to exploring it further.

..... in the Chair

Date of signing .....