

Joint Health Overview and Scrutiny Committee

23 September 2021

Report of the Chair

This report provides an update on issues that have arisen since I was appointed as Chair of JHOSC in June, it also contains some suggestions for progressing certain workstreams and issues.

Developing the Joint Health Overview & Scrutiny Committee

Committee members were invited to attend a Health Scrutiny Workshop on 8th September as part of a training programme to support all members of the committee. The workshop covered the foundations of health scrutiny, its statutory roles and responsibility and recommended good practice approaches to approach and effective oversight.

In general, it was confirmed that JHOSC has a power in law to look at anything which affects “the area of the area’s inhabitants” and a good practice prioritisation tool was shared with the group. Guidance on questioning, developing key lines of enquiry, making better use of partnerships and other key scrutiny skills were covered.

The guidance provided was for the Committee to develop attendance at meetings of partners and to make more use of relationships with organisations such as Healthwatch. I met with Rosalind Pearce, Executive Director at Healthwatch following her invitation at the JHOSC in June and we plan to continue to liaise on a regular basis.

The JHOSC is an external facing committee. At present information about committee members is not easily accessible as the committee details on the County Council website do not give information about District Councillor members or independent members (or information about County Councillors is general). The workshop guidance was to draw on the experience and strength of members of the committee, providing this information would be helpful to the committee and those seeking information on the committee.

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.

Work Programme

The September HOSC is the committee’s first opportunity to contribute to the work programme. The organisation of an extra meeting soon after the June HOSC, which I had asked for, was not possible because of the impact of COVID 19 on face to face meeting organisation during the summer.

Instead a limited engagement exercise has taken place with Councillors and Partners to help inform our work programme deliberations in developing a work programme for the remainder of the 2021-22 municipal year. Best practice guidance is to focus on several key topics where we can add value as it is not possible to look at everything. I hope to work with the committee to develop a medium-term programme that utilises the prioritisation tools from the Centre of Governance, which invites stakeholders and the public to contribute to its development.

Our work programme will need to be flexible to take account of emerging issues. To support this I wish to develop a dashboard in future Chair's reports which includes notifications from system partners of items as well as notifications from committee members, the public or from media reports. A dashboard can support the committee keep a big picture view in mind as background to inform our work programme and evolving scrutiny.

Work Programme Suggestion:

My suggestions for items to be included for consideration and action by this committee for the September JHOSC and for the November agenda cover some especially time sensitive issues that we may otherwise entirely miss the opportunity to consider.

The Thirty Days Report (Dr Cohen and Barbara Shaw) and the Infection Control Report (Dr Paul Barrow) are included on our agenda for Thursday but, because of other highly time sensitive items, will be tabled last and will be taken on the November agenda if there is not enough time for proper consideration.

My suggestions are as follows:

1. BOB ICS

The Health and Care Bill is planned to take effect April 2022 so the ICS reforms and the influence the committee might have on the success of these reforms needs to start now.

JHOSC and Council agreed delegation of powers to a BOB JHOSC in March 2022. At a special Oxfordshire Joint HOSC meeting on 12 March 2021 committee members reiterated the importance of agreeing a toolkit to support health scrutiny decision-making once BOB HOSC has been established and the Joint HOSC committee agreed a review of BOB HOSC after 12 months.

The BOB HOSC Terms of Reference state that the process for determining the appropriate level of scrutiny (system or place/neighbourhood) will be in accordance with an agreed toolkit which will set out the process for initiating early dialogue between health and care system leads and the members of the BOB HOSC. The toolkit will help to ensure that local health scrutiny arrangements retain their integrity and primacy.

The committee has not received any communications yet about whether terms of reference for a new BOB HOSC have been approved by all Councils (Oxford County Council; Reading Borough Council; Buckinghamshire Council; West Berkshire Council; Wokingham Borough Council) and there is no Toolkit yet for our consideration.

I have received a letter from members of the public who are concerned about the impact of the Health and Care Bill on JHOSC and have requested responses from this committee to their questions. The Committee had general reassurance by the Centre for Scrutiny that JHOSC would retain its Oxfordshire scrutiny function on all matters that affect our residents and that guidance on this from 2013 remains unchanged. I am seeking confirmation of this from Government, CfGS and local partners that this is their shared understanding.

The County Council on 14th September heard concerns from the public about the impact of reforms on local scrutiny but did not have the time to consider this motion on health and social care.

JHOSC has an opportunity to consider this motion as Council was not able to, and agree a response on behalf of the committee to submit evidence to the Parliamentary call for views during September. If agree this could include the concerns of the public that have been raised and the importance of clear published guidance for the public and local authorities with a view to reassuring the public and our committee.

2. Hearing Loss Service

The Committee heard from Maggie Winters at June JHOSC that the ear wax removal service which is part of the ENT service that was closed during the pandemic is no longer provided free by GPs. The Committee has written twice since March 2021 to request a response from the CCG.

Health Watch has commented this is a health inequalities issue and members of this committee have also commented on the importance of services to support Ageing Well especially for older people who are experiencing isolation.

I understand that the change of alternative provider may be especially time sensitive and recommend that the committee ask during the CCG update questions as follows:

- an update on the contract
- whether they do not consider this a substantial variation
- details of any engagement they have had with a view to understanding the impact of the change including the cost of the service to members of the public
- the Committee considers having the hearing loss service as an agenda item on the November meeting dependent upon the responses

3. Temporary Closure of some Oxfordshire Maternity Units

A notice on OUH website published that Wantage maternity unit and Cotswold Birth Centre closed last week [Places to give birth - Maternity \(ouh.nhs.uk\)](https://www.ouh.nhs.uk/places-to-give-birth-maternity)

The service (based in Wantage Hospital) was reopened in November 2021 as part of a specific commitment made to JHOSC during 2020 as evidence of an intention that Wantage Hospital thrive and commitment to the engagement process with the public. It is particularly disappointing that neither JHOSC or local stakeholders who refurbished the maternity beds during the summer of 2020 were notified about the closure and the reason why these beds were closed.

I recommend that Oxfordshire Health be asked for information on why these beds at Wantage and the Cotswolds were closed so quickly and without engagement and when they are planned to reopen, depending on the answers given the Committee may consider having maternity services as an agenda item on the November meeting.

JHOSC Support Requests

		Committee consideration Actioned	Attached documents
OUH Annual Report	Request for letter	June HOSC	See letter Appendix
Oxfordshire Health Annual Report	Request for letter	June HOSC	See letter Appendix
KONHS Public	Request for Committee View	September HOSC	See letter Appendix

There was also a request for emergency meeting of the separate Horton JHOSC (statutory committee of three councils) to provide letter of support. As the Chair is yet to be appointed the request was considered by individual members of the committee but no letter of support could be sent because a consolidated view was not possible in the timescale requested. I

requested a meeting of the Horton Committee as soon as possible as an ordinary member of the committee after receiving the letter and this is now scheduled for October. I understand a statement has been made by the CCG and it would be helpful if this could be shared with the Horton JHOSC before the committee meets in October.