

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 14 July 2022 commencing at 3.00 pm and finishing at 5.15 pm

Present:

Voting Members: Councillor Jane Hanna OBE – in the Chair

District Councillor Paul Barrow (Deputy Chair)

Councillor Imade Edosomwan

Councillor Nick Leverton

City Councillor Jabu Nala-Hartley

District Councillor David Turner

Councillor Brad Baines (In place of Councillor Damian Haywood)

Councillor Roz Smith (In place of Councillor Dr Nathan Ley)

Voting Members attending virtually Councillor Alison Rooke (In place of Councillor Freddie van Mierlo)

Co-opted Members: Jean Bradlow, Dr Alan Cohen and Barbara Shaw (all virtually)

Officers:

Whole of meeting Ansaf Azhar, Corporate Director of 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.

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

Apologies were received from District Councillor Elizabeth Poskitt, County Councillors Damian Haywood (substituted by Councillor Brad Baines), Nathan Ley (substituted by Councillor Roz Smith) and Freddie van Mierlo (substituted by Councillor Alison Rooke attending remotely).

Councillor Nigel Champken-Woods attended remotely as did the Co-opted Members Dr Alan Cohen, Jean Bradlow and Barbara Shaw.

2/22 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.

Cllr Jane Hanna as CEO of SUDEP Action.

3/22 MINUTES

(Agenda No. 3)

The meeting considered the second draft of the minutes of the meeting held on 9 June 2022 which were circulated in Addenda 2.

Two further amendments were approved:

On Item 30/22 Oxford Health NHS FT Quality Account, on the fourth bullet point

Replace

“The Trust has been successful in staff recruitment”

With

“The Trust has had some success in staff recruitment”

On Item 34/22 Healthwatch Report, replace the final bullet point with:

“The Committee thanked Healthwatch for facilitating a workshop where women from minority ethnic groups could feedback on their experiences of using maternity services in Oxfordshire.”

The minutes as amended were approved as an accurate record.

4/22 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The following requests to speak were received:

Item 5 Oxfordshire Integrated Improvement Programme

Julie Maberley

Councillor Jenny Hannaby

5/22 OXFORDSHIRE INTEGRATED IMPROVEMENT PROGRAMME

(Agenda No. 5)

The Committee received a report and presentation on the Integrated Improvement Plan from Helen Shute, Programme Director, Oxfordshire Community Services, Dr Ben Riley, Executive Managing Director, Oxford Health FT and Lily O'Connor, Oxfordshire Director for Urgent Care.

Before discussing the papers, the Chair had agreed to the following requests to speak:

Julie Maberley welcomed the report but wished to see timescales for the underlying projects and the objectives and outcomes of each project clearly presented. She asked a series of clarifications on the report. Wantage Community Hospital had been temporarily closed for minor injuries for 20 years, temporarily closed to in-patients for 6 years, maternity services had not been providing birthing services for 32 weeks and physiotherapy services had closed again without any consultation. The local community felt that their hospital was being closed by stealth.

Councillor Jenny Hannaby, Wantage & Grove, noted that demographic information was very important in planning health and care services. She asked if the census data by age range and postcode for 2011 and 2021 could be provided as well as growth forecasts to the end of the local plan period in 2031.

Members were reminded that the Integrated Improvement Programme aimed to provide an interconnected system of care; and in order to provide reliable, high quality care, services must function effectively together in a reliable joined up way. The programme was made up of separate initiatives, which together formed the patient journey and experience.

Resulting from the Committee's questions and comments the following points were noted:

- A data insight tool for the programme was being created in order to analyse and make use of data on population health, transport links and food deserts.
- Each individual part of the wider Integrated Improvement Programme had a known attached cost, which was funded by rolled-over, previous funds or additional national or regional funding which had been bid for. In cases, where funding wasn't in place now, it was anticipated that it would be received in September.
- The Project Management Office function had been costed, and a finalised bid was waiting to be considered by the Integrated Care Board.
- Whilst some of the services under the programme would be provided by the private sector, namely physio, homecare and services provided by the GP Federations; the majority of the services offered under the programme would be offered directly in-house. It was also noted that there was no funding for the programme from the private or voluntary sectors.
- There were potential concerns in respect of access to services by vulnerable people, as well as those without English as their first language. It was noted that there were well established systems of feedback, which fed into quality improvement processes and pilot schemes. The next part of the programme was a large-scale public consultation.
- The findings of the OX12 Task Group should be paid particular attention in respect of the development of the Integrated Improvement Programme. This included the implementation of a clear project plan, including a timeline, workforce and cost requirements, and a full evaluation process. This also included use of a population/beds evidence-based strategy and strong use of population data.

- The programme was a huge, ambitious project, which required a fully formed governance structure and a board which oversaw the project. This was in addition to significant buy-in from senior partners from the participating organisations.
- There were some services which were harder to pilot in a community setting because of the upfront costs such as a minor injuries unit.
- Assurances were sought as to the status of Thame and Chinnor in the programme given the backdrop of their residents accessing Buckinghamshire Healthcare NHS Trust services.

The Committee reaffirmed its desire for clarity as to the programme's governance structure and assurance that senior partners from participating organisations were committed to the programme. The Committee also sought clarity on the previous statements, undertakings and timings, given that the Community Services Strategy had now been rolled into the wider Integrated Improvement programme; and it was affirmed that there should be regard to the new statutory guidance: Working in Partnership with People and Communities.

It was RESOLVED that:

- a) A member-Working Group is formed in order to**
 - **consolidate any outstanding questions relating to the programme and seek responses;**
 - **follow developments of the programme, including the Wantage Pilots; and**
 - **report back to the Health Overview and Scrutiny Committee;**
- b) The funding to consider the Project Management Office function is submitted, considered, approved and released at the earliest possible opportunity; and**
- c) The Committee is provided with the detail of the governance structure.**

6/22 ICB RESPONSE TO OJHOSC LETTER ON CONSULTATION AND ENGAGEMENT

(Agenda No. 6)

Catherine Mountford, Director of Governance, presented the Integrated Care Board's response to the Committee's recommendation made on Consultation and Engagement, which was published as a supplement to the agenda pack.

The Committee was informed that if the Committee wished to make any further representations on the draft engagement strategy, it should do so by the first two weeks of September. An offer of engagement with a sub-group of the Committee in respect of the proposed strategy was also noted.

In addition, it was acknowledged that it would be helpful in future for the Committee to be informed of any upcoming publication of national guidance in the background of the reforms.

RESOLVED that the ICB's response be noted.

7/22 ICB DEVELOPMENT

(Agenda No. 7)

The Committee received an update on

- the Integrated Care System development following 2022 Health & Care Act receiving Royal Assent in April
- the System delivery plan
- the Preparatory phase – pre-establishment for Integrated Care Partnership strategy development

From the ICB, Catherine Mountford, Director of Governance, and Amanda Lyons, Interim Director of Strategy and Partnerships, highlighted points in the presentation. Slide 5 described the elements created by the Act. Most of the focus so far had been on establishing the ICB to replace the Clinical Commissioning Groups. Work was now extending more to the broader Integrated Care System and discussions had taken place on forming the ICP and Place Based Partnerships.

The following points were made in response to questions:

- Collaboration was being encouraged where appropriate. There will be a joint strategy with agreed outcomes but then discussions as to how best to deliver. There may be different needs or priorities in different areas.
- Eliminating health inequalities will be a major focus. They will work with Directors of Public Health and Patient Care Networks to identify needs and discuss how to focus resources where most needed.
- Oxfordshire had already done work on researching the most deprived areas. It was also known that certain people had worse health outcomes, for example, those with learning disabilities, and particular efforts would be made to engage with those groups including through the voluntary and community sector.
- The starting point for this year was that each provider had the same funding as last year. Guidance will be received by the end of the calendar year when the strategy will also be in place. The funding allocations for 2023/24 will then be decided in detail as well as more generally for a five year period.
- Specialist services will remain the responsibility of the NHS nationally but some may be delegated to ICSs from 1 April 2023. However, the South East Region had decided, give the complexity of these commissioning arrangements, that none will be delegated before 1 April 2024 – apart from possibly some pilots.
- Workforce issues were being examined across the system including health and social care partners as well as the voluntary and community sector.
- A document on the establishment of the Place Based Partnership was in development and could be shared at the Committee's meeting in September.
- It was agreed that the term 'hard to reach' communities should be avoided but there was a need to find more effective ways of engaging with certain communities – whether geographic or service-related – and there was a lot to be learned from local authorities who have experience at this.
- The ICB was already looking at principles for prioritisation of resources. It was agreed that there was a need to improve engagement and transparency on these decisions.

- Local authorities and Directors of Public Health were fully involved in the discussions on the strategy representing the views from Place.
- It was proposed that the Place Based Partnerships will initially be committees of the ICB to allow for delegation to them while NHS guidance was awaited.

Action: Amanda Lyons to provide further information on MSK services.

8/22 ICB - OXFORDSHIRE PLACE DEVELOPMENTS
(Agenda No. 8)

This report was a continuation of the reports which had been received from Oxfordshire Clinical Commissioning Group. Given that it was a short report and MSK was to be discussed in a later item, the Chair proposed to take it as read and this was agreed.

9/22 HEALTHWATCH OXFORDSHIRE ANNUAL IMPACT REPORT 2021/22
(Agenda No. 9)

The Committee was asked to consider and note the Annual Impact Report from Healthwatch Oxfordshire for 2021-22. Given the limited time available at this extra meeting, the Chair asked Members to send any questions or comments to Healthwatch after the meeting.

Rosalind Pearce, Executive Director, introduced the report. She was very proud of the team and what it had achieved over the year but it could not have done so without the input from the community. The key elements were the outcomes which were outlined at the back of the report.

10/22 MUSCULAR SKELETAL SERVICES UPDATE
(Agenda No. 10)

Helen Mitchell, Scrutiny Officer, gave a report on two meetings of the MSK Subgroup comprising Councillor Nigel Champken-Woods, Barbara Shaw and Dr Alan Cohen. The group wanted to thank officers of the Integrated Care Board for the information they provided on the recommissioning of this service.

Discussions have included communications and engagement around the new service as well as the model itself. The ICB completed a Substantial Change Toolkit retrospectively to demonstrate why they believed that it was not a substantial change.

The subgroup agreed to make three recommendations to the Committee:

- **That a group of three voting Members of the Committee, plus the Co-optees who have been involved, review the completed toolkit.**
- **That an offer from the new provider, Connect Health, to meet informally be accepted - to be held when the Key Performance Indicators have been finalised.**
- **That Connect Health be invited to the first available meeting of the Committee in 2023 to review how the service is progressing.**

The recommendations were agreed and Councillor Jane Hanna and Councillor Nick Leverton agreed to join Councillor Champken-Woods on the subgroup.

11/22 WORK PROGRAMME

(Agenda No. 11)

The Committee considered its work programme for the remainder of the Council Year. Helen Mitchell, Scrutiny Officer, noted that the main changes were to bring the item on Primary Care forward being swapped with Dentistry and also the addition of an item on the Smoke Free Strategy.

Councillor Brad Baines noted that Healthy Place Shaping was on the deferred list and asked if there was a possibility of it being taken at one of the meetings in this Council Year as it was an issue that crossed over with other scrutiny committees. The Chair responded that the work programme was an evolving document – the September list of items was set but beyond that there was possibility of change.

The Committee agreed the Work Programme.

12/22 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 12)

Helen Mitchell, Scrutiny Officer, reminded Members to respond to the offer and suggested dates from Karen Fuller, Interim Corporate Director for Adult Services, to arrange visits to care homes if they were interested in taking up the offer.

The Chair proposed forming a subgroup to collate publicly available data on waiting times for services which could be analysed by the Health Scrutiny Officer. The group would also be available to meet with the Director of Public Health if urgent discussed was required.

The Committee agreed to the formation of the subgroup with Councillor Jane Hanna, Barbara Shaw and Jean Bradlow.

The Chair also proposed and it was agreed that Councillor Tim Bearder, Cabinet Member for Adult Social Care, be invited to present Cabinet's response to the recommendation from this Committee that there be a local review of the Covid response.

Barbara Shaw noted that since that recommendation was made the Central Government review had been formally initiated and the terms of reference included looking at the work of local authorities and discharges to care homes.

13/22 CHAIR'S REPORT

(Agenda No. 13)

The Chair highlighted a number of points:

- It had been confirmed that physiotherapy services will be provided at Wantage Community Hospital.

- The Committee will seek clarification whether GP surgeries in Didcot and elsewhere have closed to new patients. This will form part of the discussion at the Primary Care workshop.

The Chair thanked Helen Mitchell for her support as Interim Scrutiny Officer noting that the permanent appointment of a Health Scrutiny Officer had taken place.

..... in the Chair

Date of signing