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Oxfordshire Joint Health Overview & Scrutiny Committee
Thursday, 25 November 2021

ADDENDA

9. Waiting lists and access to services

Note that the update on specialities closed to GP referral will be presented at the meeting.

11. Chair's Report (Pages 1 - 24)

This report will include

- BOB JHOSC update
- Health & Care Bill update
- Committee briefing and communication
- Committee support and development

12. Work Programme 2021-22 (Pages 25 - 32)

Attached is the correct version of the work programme for 2021-22.

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Joint Health Overview and Scrutiny Committee 23 September 2021 Report of the Chair

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This report provides an update on issues that have arisen since the September meeting of JHOSC and recommendations relating to progressing the development of the committee; ICS and BOB, and important correspondence to the committee that will need consideration.

This is a lengthy report and my apologies that it was not circulated with the agenda. This was due to considerations detailed in this report and also the lack of expected information in some of the updates to the committee.

Health Scrutiny officer support for the Committee

The committee agreed my recommendation in September that the committee be supported by a dedicated health scrutiny officer.

The lack of a dedicated health scrutiny officer has been challenging for me since I became Chair in June. Two officers experienced in health scrutiny over many years resigned in January 2021. An officer was recruited as part of Corporate Services and the Public health team with work primarily in public health.

One of the purposes of the Constitution is that no one will review or scrutinise a decision in which they are directly involved.

It is unfortunate that at a time of a crisis in health and care and increasing complexity because of the most significant proposals for reform of health and care since 2012 that I have had to invest a lot of time on internal matters relating to the committee. The public and non-elected members may not be aware that the new administration is working with a budget set by the previous administration and because of funding constraints on local authorities it is challenging to make changes mid-year.

I am pleased to report that a health scrutiny officer is to start shortly. As any support for the Chair of the committee since February has been shared across Colm O'Caomhanaigh, Stephen Fairclough (Corporate Services – Public Health) and since August Jodie Townsend (providing consultancy across three new committees and also providing support to JHOSC),

The appointment of a health scrutiny officer is an opportunity to provide support for the Chair and for the committee to advance the work programme and develop the committee. It would be helpful if all committee members could action September's recommendation by emailing me a photo and one paragraph of a biography including any experience in health scrutiny; health and care (professional and lived experience. This will be helpful in considering JHOSC recommendations for members of BOB JHOSC (below).

There is some urgency to the new protocol between the committee and health partners as the 2018 protocol has not been followed for some time.

Governance of the JHOSC

JHOSC like Audit and Governance are independent statutory committees of the Council. JHOSC has wide responsibilities including those from the Francis Committee on patient safety. At a time of crisis in health and care it is vital that there is absolute clarity in the governance as well as effective operations of the committee.

It is very concerning that there has not been any meaningful update or opportunity of this committee for engagement on ICS reforms or ICS plans or any engagement on the BOB JHOSC committee with only four months to go before April 2022.

There have also been some unintended consequences of the creation of three new scrutiny committees. The three new non-statutory committees do not have standing orders yet, hence a new approach of a shared approach and structure. JHOSC is an existing committee with Standing Orders and there is an unnecessary risk at a time of great demand on the committee of lack of clarity. The inclusion of the Work Programme for the new Place Overview Scrutiny Committee on agenda item 12 of our JHOSC agenda and a recent news item on scrutiny which referred to the `health` committee as one of four `new` committees of the council are two minor illustrations of unintended consequences for an existing committee of the creation of new ones.

The new Health and Care Bill places a duty on the ICS Board to exercise its functions effectively, efficiently, and economically. There is the opportunity now with the appointment of a health scrutiny officer as the main point of contact for the Chair in between meetings and with strengthened communication processes that both Chair and the Committee can be properly supported. This approach was welcomed by members of the committee at the virtual meeting to consider the work programme.

Recommendation 1

An agenda item for the next virtual meeting to review the new approach with view to building on the progress that has been made and to strengthen the implementation of the existing Constitution and Standing Orders and existing protocols (e.g. set up of working groups) of the JHOSC; and provide a steer to the Chair in relation to any related agenda item on Audit and Governance and/or the Cabinet.

Virtual meetings to progress the development of the committee

The committee met informally virtually since the September JHOSC. A contribution from Julie Mabberley (minutes) and final contributions from members invited at the September meeting were circulated in advance which were welcomed by the committee.

The online meeting of JHOSC members welcomed the introduction of an informal session for the committee to enable it to support the Chair in between formal meetings with member views; consideration of draft proposals by the Chair (in liaison with officers) in support of the work programme of the committee.

Whilst as Chair I can under standing orders liaise with officers regarding any new items proposed to the committee it is important that the focus is on planning and preparations

for the items on the proposed existing work programme which has had extensive input from members and a wide range of partners.

There was support for a JHOSC scrutiny hub and for the use of virtual non-decision meetings to allow the committee to discuss issues.

Recommendation 2

A virtual be held within four weeks of the JHOSC to prepare scrutiny for the next meeting; to build on the introduction of new agenda items by a steer on the list of information the committee would like; to consider design of JHOSC Dashboard for the Waiting lists and access to services agenda item to liaise with partners in the preparation of papers for this committee.

Work programme

I have led the committee on creating a Work Programme for the Joint Health and Overview Scrutiny Committee. I have liaised with some of system partners already with view to support for the JHOSC Committee work programme which is a change of approach. The committee has a new report analysing data on elective waiting lists for Agenda item 9. I have liaised on support from some of the system partners already on a JHOSC Dashboard.

The committee will also want to gather other intelligence across the Oxfordshire system on non-elective waiting lists and on closed services, alternative providers and waiting lists and access across the whole Oxfordshire system so as to inform it's work programme for 2022/2021.

Care Homes Report

I met with Stephen Chandler on the Care Homes Report by Cllr Paul Barrow and liaised with both with recommendations included in Agenda item 8 b.

JHOSC communications

I have written a draft news item on the JHOSC committee similar to the news item on the Place committee.

Health and Care Bill

The Health and Care Bill is at second reading this week newbook.book (parliament.uk)

The County Council agreed my motion on the Bill this month and Councillor Leffman and myself co-signed a letter to Oxfordshire MPs seeking their support. See appendix.

Other Councils across the country have raised concerns about the impact on patient care. An integrated care board must arrange for the provision of the following to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility but reasonable requirements are not defined.

ICS update

We anticipate that the new Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System (ICS) will be established on a statutory footing by April 2022. NHS Health and Care Bill establishes ICS Boards by statutory order. There is a duty under the bill for the ICS Board to publish a constitution. The Health and Care Bill will take effect in April 2022 if passed. I have researched a mature ICS which won an HSJ award last week West Yorkshire and Harrogate Partnership :: Integrated Care Systems legislation (wypartnership.co.uk). This ICS has been engaging on their draft constitution. It has an existing detailed Memorandum of understanding which cover governance of a partnership of non-democratic and democratic partners with visual governance maps including health scrutiny committees and including a visual map of the governance structure.

Attached in the appendix is a letter to JHOSC from Keep Our NHS Public who have asked whether there is a `shadow' governance structure ahead of the April 2022 abolition of CCGs.

Agenda item 6 Oxfordshire Clinical Commissioning Update was expected to be an update on the Integrated Care System. The CCG is responsible for producing a Constitution but there is no update on whether there is a draft and there is no information on whether there are informal governance arrangements in place in the lead up to April 2022.

The Health and Care Bill will take effect in April 2022 if passed. Some ICS are offering engagement on their draft constitution and there are detailed Memorandum of understandings which cover governance of a partnership of non-democratic and democratic partners with visual governance maps including health scrutiny committees (e.g. West Yorkshire and Harrogate Partnership :: Integrated Care Systems legislation (wypartnership.co.uk) HSJ ICS award 2021.

The appointment of the designate Chair of the NHS to take up the role in April suggests that practically there may not be an appointment of the Chair and Board of the Integrated Care Partnership until after April with government guidance indicating that there may not be formal structures in place as late as 2022 Frequently asked questions (FAQs) on the Integrated Care Partnership engagement document - GOV.UK (www.gov.uk). For updated September 2021 guidance NHS England » Integrated Care Systems: Guidance; *https://local.gov.uk/publications/thriving-places-guidance-development-place-based-partnerships-part-statutory*; *integrated- care-partnership-icp-engagement-document-integrated-care-system-ics-implementation*

At a special meeting of JHOSC on 12th March 2021 I and many members of the former JHOSC committee expressed serious concern about the lack of clarity in governance and public accountability surrounding decision structures and that detail was not known. There have been references to a number of new groups that have been meeting including a senior leader's group and a new Health Inequalities Board.

On a BOB related matter regarding an outstanding question to the CEO on the CCG response to the JHOSC Taskforce on the OX12 Pilot, a letter from the CEO of BOB is

attached in the appendix which arrived on the day of the last committee. The original reports from OX12 were also attached. I have written to welcome Javed Khan, Chair designate of the ICS Board and to seek a meeting with a view to discussing the development of a new protocol.

Recommendation 3

The committee may wish to consider the letter from the CEO of BOB in relation to items on the agenda which relate to this (public engagement on the community strategy) and as a case study in planning for the development of a revised JHOSC external protocol with system partners.

BOB HOSC

As discussed at previous meetings of the Oxfordshire Joint HOSC a new scrutiny committee covering the BOB geography (the "BOB HOSC") will therefore need to be ready to scrutinise such matters as might arise at that level.

At a special meeting of JHOSC on 12th March 2021 the former Chair accepted that members of that committee were being asked to make `a leap of faith` in recommending that the JHOSC delegate some matters (to be identified through a `toolkit`) to a new BOB JHOSC. A majority on the committee and a majority of the County Council approved a delegation of authority. There was an agreement however that there would be a review after 12 months.

The Terms of Reference (ToR) for the new BOB HOSC have been approved by the Councils of all 5 BOB local authorities (no amendments to the Oxfordshire ToR).

BOB councils are at different stages with the selection of members to represent them on the BOB HOSC once it is established. Reading and West Berkshire selected their intended representatives (2 members each) at meetings earlier in the Summer. Wokingham (2 members) and Buckinghamshire (6 members) are in the process of identifying their intended representatives. I have been advised that members appointed to date have been from the JHOSC of the Councils.

Oxfordshire County Council will consider its process for the identification of its 7 members in the near future. The preparation of the case and terms of reference for the BOB JHOSC were done in consultation with the former Chair and Deputy Chair of the JHOSC. Given the expectations of members of the committee in recommending delegation of powers to a separate BOB JHOSC that the function of the JHOSC would not be significantly diminished as a result of the delegation I will be recommending that the process for the appointment to the BOB JHOSC is in accordance with the process for County Council appointments to all committees and taking account of the recommendations of the JHOSC committee.

The approved BOB HOSC Terms of Reference refer to a "toolkit" as follows: "The process for determining the appropriate level of scrutiny – ie. System or Place/Locality/Neighbourhood will be in accordance with an agreed toolkit which will set out the process for initiating early dialogue between ICS Leads and the Members

of the Joint HOSC. All constituent authorities will be notified of the outcome of those discussions."

Many members of the JHOSC are experienced in the use of the well-established toolkit which both health partners and HOSC have been using to determine whether or not a matter represents a substantial change. This offers a starting point for the emerging BOB HOSC toolkit but the critical aspect will be the issues discussed by the JHOSC committee on the 12th March 2021 about what constitute the 20% of issues that the committee was advised would be BOB JHOSC rather than JHOSC. Bearing in mind that when the committee by majority agreed to recommend delegation of power to the full Council this was after reassurances and that the JHOSC would always retain a referral power. The toolkit will need to enable HOSC officers and members to understand matters such as the geographic extent of a proposal and the patient footprint impacted, and other factors which support the necessary decision.

Other elements which the toolkit will either need to set out or reflect include the role of the BOB HOSC secretariat in supporting decision-making, the process for resolution of any disagreements, and how to proceed if there is no business to scrutinise. Officers will also need to ensure that all elements of the toolkit are consistent with the Standing Orders of each BOB council and that the toolkit remains under review to ensure that it meets the needs of each council (individually and collectively and any new protocol agreed with the ICS or health partners.

Many members of the former committee expected to view a toolkit before the County Council agreed the delegation of power and it is unfortunate that we do not have a draft toolkit yet. I will be working with officers with view to the draft toolkit being circulated soon for members' views. While the relevant legislation for the new ICS – and therefore relevant ICS structures, decision-making processes etc. – has yet to be finalised any toolkit will remain tentative. However, while we must maintain flexibility of its final form and content this does not prevent the toolkit's development.

Recommendation 4

That HOSC recommend to Council that the process for the appointment to the BOB JHOSC is in accordance with the process for County Council appointments to all committees informed by the advice of the JHOSC regarding the importance of membership from this committee.

Closures of Services or Alternative Provider Contracts

In the future a JHOSC Dashboard should help the committee keep track of closed or alternative provider services. I have received two letters but am also aware that in relation to maternity beds at Wantage and Cotswolds there is no update from the CCG about when these will reopen. These were closed for workforce issues but we were told would have reopened. There is no more information in the CCG update or the community strategy. The committee may wish to ask for an update under the waiting lists and access to services or the community strategy.

Opthalmology (cataract surgery), ENT and maxillofacial outpatient clinics (OUH)

Letter from Dr Rajan Nijjar, Chair Oxfordshire LMC attached.

OUH have been advised that this letter has been received and may be considered as part of the agenda item on waiting lists and access to services where the committee may wish to consider the recent referral to the CQC. The OUH agreed to update the committee after a Board meeting immediately following JHOSC but that update was not received. We have been advised there will be a verbal update under the agenda item on waiting lists and access to services.

Pharmacy – Central Oxford

Letter from Cllr Howson requesting JHOSC look into and refusal of NHS licensing of a second licence for central Oxford with view to returning NHS users to the former position before the pharmacy in Boswells was lost. The committee may wish to contact the licensing agency with the letter from Cllr Howson and request there is a process for review or appeal.

Update on the Audiology Service (communication from member of the public and a member of JHOSC)

The Committee has written twice since March 2021 to request a response from the CCG. At the September meeting the reason that there is no significant change in service arising is that this service was a varied one and not commissioned via the GMS contract.

I was briefed that there was a private meeting in October. JHOSC was not invited to observe that meeting.

A letter is attached on behalf of Keep our NHS Public, Oxfordshire requesting Oxfordshire JHOSC now to consider referring the issue of the new community audiology Any Qualified Provider (AQP) contract to the Secretary of State for Health on several grounds.

Recommendation 5

(i) **The committee notes that the CCG did not respond to requests from the committee and that the CCG took the view that because it was not a service explicitly contracted in the GP contract it was a national matter. The committee notes the Health Watch report that the public experiences a loss of service regardless of whether it is explicitly in the GP contract or was provided by the GP.**

(ii) **The committee seeks advice/confirmation from the Centre for Scrutiny that contracts regarding the whole or part of the ICS area that impact Oxfordshire residents and that where a service was provided but not explicitly commissioned it can still be scrutinised by the JHOSC.**

(iii) **The Committee advises the CCG and ICS that if they invite a member of JHOSC to a private meeting with stakeholders this must be done through the committee as representation of the committee in between meetings needs to be agreed by officers and the Chair.**

The Horton JHOSC (for noting)

The former Chair of the JHOSC included updates on the Horton HOSC in the Chair's report because the Horton Master plan and the Horton JHOSC does have impacts across Oxfordshire and with the JHOSC.

Further to my request in July that a meeting of the Horton JHOSC be called so that a Chair and Vice Chair could be appointed and business proceed, the meeting called on 11th October was inquorate because the member from the Warwickshire County Council appointed on 1st July gave her apologies and Northamptonshire County Council was only appointing a committee member on 2nd December.

Necessary business since July has included consideration of a letter from a minister (7th October); consideration of support to a bid from the OUH; scrutiny of the Horton masterplan and a statement by the CCG.

I called again for an urgent meeting and this was supported by 5 of the members of the committee and the independent member.

A committee of Oxfordshire County Council has not been able to meet for four months because of current constitutional arrangements which depend on neighbouring councils appointing, attending, or sending a substitute to a meeting in a timely way so a committee can function.

Attached documents

JHOSC Work programme (for agenda item 12)

Health and Care Bill - Letter to MPs

Letter from James Kent

Letter from KONP – ICS

Letter from KONP – Audiology Contract

Letter from Local Medical Committee

Letter from Cllr Howson – loss of 2nd licence Pharmacy Central Oxford.

19th November 2021
By email to Robert Courts MP; Anneliese Dodds MP; John Howell MP; David Johnston MP; Layla Moran MP; Victoria Prentis MP.

Dear MP,

Health and Care Bill 2021

An Oxfordshire County Council motion agreed cross-party on the Health and Care Bill calls for your support. As our hospital based social work teams are receiving 25% more referrals to support discharge of patients and working hard to support the NHS, we need urgent funding for social care and a plan for the health and care workforce that can meet the challenges faced across the health and care system this winter (*Oxfordshire County Council 2nd November 2021/13 Cllr Hanna, see appendix*).

Please can you support when you debate and vote on the Health and Care Bill next week and as the Bill progresses through Parliament to lobby government to meet the challenges faced across the health and care system for:

- **(i)** **An immediate investment in the social care workforce enabling us to pay a fair wage (The sector advises £11.50 hour minimum).**
- **(ii)** **A national workforce plan for health and care with a clear and funded plan for the transformation of adult social care in line with the NHS 10-year long term plan.**
- **(iii)** **Public recognition of the hard work undertaken by paid and unpaid carers and all social care teams during the pandemic.**
- ***(iv)*** **To support any changes that will tackle additional risks to successful health and care collaboration agreed cross-party in our County Council Motion.**

Needs of the Health and Care Work Force

The health and care system began the pandemic with 100,000 vacancies and without a national workforce plan.

The recent devastating report of the State of Care | Care Quality Commission (cqc.org.uk) found many people had struggled to access care they needed, with re-pandemic health inequalities exposed and having worsened. The Care and Quality Commission annual report found recruitment and retention of the health and care workforce a major priority with severe challenges for local systems and providers and deteriorating in adult social care. We align with the view that health and care professionals and unpaid carers across community and hospital settings have worked tirelessly, too often exhausted and depleted and need recognition and a plan.

5.8 million people are now waiting for hospital treatment. King's Fund analysis of the national performance statistics for ambulance response times, A & E treatment times and access to services suggest a health and care system on its knees. The NHS Confederation's recent survey found 9 of 10 health leaders reporting demands on the NHS as unsustainable and staffing levels are placing patients at risk NHS has reached tipping point, warn healthcare leaders | NHS Confederation. This week a report this week from the Association of Ambulance Chief Executives finds that 1 in 10 patients experiencing delays in handover of more than an hour could have experienced severe harm (AACE report published: Hospital handover delays potentially causing significant harm to patients - aace.org.uk)

Behind these statistics is escalating suffering and the many invisible heroes doing their best within the health and care system.

The position of the NHS Confederation, NHS Providers, the Local Government Association on the Health and Care Bill is that a greater focus on workforce and funding of social care is vital to the success of reforms is now urgent (Joint Statement confed-nhsp-lga-joint-statement-on-hcb-2nd-reading.pdf (nhsproviders.org), & independent think tanks Integrated care systems explained | The King's Fund (kingsfund.org.uk).

Inadequate Funding for Health and Social Care

The public are likely to be unaware that only 2% of the Health and Care Levy will go to adult social care. The £36 billion announced for the NHS and Social Care will not mitigate the shortages of health professionals and social care workers needed to care for rising demands both through this winter and in coming years. In addition, we do not agree that against these challenges and these harms, the extra £1.6 billion funding to local authorities will be adequate for council pressures and does not tackle the social care challenges. The Association of Directors of Adults Social Services and numerous other sector organisations have said that the funding to social care fails to recognise the crisis and the perfect storm that is expected.

Please be aware that none of the additional £6 billion earmarked for social care is to support pressures today and indeed none of it is to meet new demand. Calls this month to government from the NHS Confederation and the Patients Association are in alignment that urgent investment in social care is the top priority in protecting the public through this winter (Act now to protect the NHS | The Patients Association (patients-association.org.uk; NHS has reached tipping point, warn healthcare leaders | NHS Confederation).

Unlike the NHS, local authorities have a legal duty to set a balanced budget. We believe an extra £3 billion is needed for care now if the government wishes to see, as we do more, people being attracted to work in the care sector to stabilise care supply and to build up and strengthen care at home, enhance community support, meet unmet needs, and mitigate ongoing, intensifying recruitment and retention challenges and provide a significant package of support for unpaid carers. As a council we have lobbied government but urgently need your help to avoid a crisis harming our most vulnerable Council calls on government to urgently address national social care and special educational needs funding issues (oxfordshire.gov.uk).

Demand Increases

Locally we have seen increased demands across all elements of the health and care sector, for example our hospital based social work teams are receiving 25% more referrals to support discharge. Our fantastic care providers have with the council delivered an additional 5% capacity increasing the weekly home care hours to over 25,000 each week. Despite this it is not enough to meet the new normal now established as part of Covid.

Workforce

The health and care sector are increasingly exposed as carers are attracted by much higher wages in other sectors such as hospitality. The National Care Association and care leaders report that staffing agencies are taking advantage of the workforce crisis in the public care system and the lack of government regulation of capping of private agency staff costs. Carers have not been properly valued for many years and are not included in the shortage occupation list or provided with temporary visas granted to other sectors such as the poultry industry and haulage. Compulsory vaccines required by December for the care sector months ahead of the NHS adds to the complex range of factors that are contributing to a tight workforce with increasingly severe competition harmful to the public and the workforce.

Sally Warren, Director of Policy at the King's Fund giving evidence to Parliament (Treasury committee November 18th) that whilst the NHS needed funding the social care system should be left behind waiting for funds unable to tackle a workforce crisis with rapidly rising numbers of care workers leaving for better paid jobs in other sectors undermining government plans to integrate health and social care.

Last minute amendment to `The Care Cap`

Sir Andrew Dilnot CBE giving evidence to the Treasury Committee examination of government plans for health and social care (18th November) said that the last minute amendments to Care Act now mean that anyone needing care with lower-value homes or assets of less than £186,000 would be worse off. 18 year olds with care and support needs will no longer benefit from a zero cap. We agree with Sir Andrew Dilnot and the Health Foundation this last minute change to cap is a step in the wrong direction (Last minute changes to social care reforms are a step in the wrong direction (health.org.uk).

Unresolved governance concerns with the Health and Care Bill

We believe Oxfordshire County Council must have the freedom to work with the NHS and other partners to respond to the needs of our people, most especially as inequalities have worsened through the pandemic. Government planned reforms for integrated health and care are not likely to succeed if governance issues are not addressed urgently alongside a greater focus on health and care workforce and funding of social care. confed-nhsp-lga-joint-statement-on-hcb-2nd-reading.pdf (nhsproviders.org), independent think tanks Integrated care systems explained | The King's Fund (kingsfund.org.uk) and evidence from the Centre of Scrutiny.

Risks of failure have been identified by Research from the Centre of Policy Studies from 13 pilots of the planned reforms with advanced ICS organisations which found delayed transfers of care had increased by 65% since 2016 against 9% in other trusts. They propose the pilots are let to run their course to evidence that they work, whilst allowing the rest of the country to develop and build on new and better approaches to integration and collaboration.

The Department of Health Social Care Impact Assessment on the Health and Care Bill states “there is mixed evidence on whether collaboration can provide cost savings in delivery and on the impact of collaboration on definitive health improvements”.

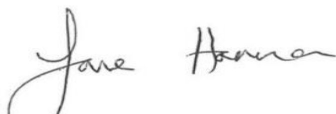
The Kings Fund independent think tank has cautioned about the risk of a top-down reorganisation, unless there is an approach that supports incremental, locally led change.

The Bill once passed gives sweeping powers to the Secretary of State to involve themselves in operational and local issues and powers of the Secretary of State to direct NHS England. The Bill is permissive on new governance arrangements.

We draw your attention to the evidence from the Centre of Scrutiny of Government to the Committee stage of the Health and Care Bill:

“*ICS bodies would be looking over the shoulder at what the Secretary of State would want them to do rather than looking down to local communities to understand where local need lies and decision-making led by what people think national priorities should be”*

Thank you for your consideration. With best regards



Cllr Jane Hanna OBE

Chair, Oxfordshire JHOSC, OCC

Cllr Liz Leffman

Chair, Health and Wellbeing Board, OCC

Appendix

Oxfordshire County Council November 2nd
MOTION BY Councillor Hanna (Agenda Item 13)
“Government planned reforms to integrate health and care by April 2022 are being implemented across Buckinghamshire, Oxfordshire and Berkshire West (BOB) ahead of the Health and Care Bill 2021 and there are many non-elected new decision-makers and groups in place.

We believe Oxfordshire County Council must have freedom to work with partners to respond to the needs of our people, most especially as inequalities have worsened through the pandemic. County councillor democratic involvement at each local and regional level of decision-making is vital as well as ensuring local authority standards of accountability apply to new non-elected bodies.
Oxfordshire statutory committees of Health and Wellbeing and JHOSC are well established Oxfordshire committees. Their role must be core to understanding and tackling inequalities and helping build back sustainable local communities. New decision-making powers for health and care above Oxfordshire as place must be compelling and accountable.
Proposed new powers for ministers to intervene in any local change need to be removed from the Bill. If joint health and care plans are to succeed locally government needs to deliver now on national workforce planning and on it's failed pledges in 2017 and in 2019 to deliver a social care settlement fit for the 21st century. Council calls on and supports the Chair of Wellbeing Board and Chair of HOSC writing to all Oxfordshire MPs seeking their active support for this Council's position in Parliament and to seek wider support with local partners with view to influencing improvements to reforms."
RESOLVED: Accordingly (48 votes to 0).

Previous motion 2020
Oxfordshire County Council December 8th 2020
81/20 MOTION BY Councillor Jane Hanna; Cllr Hannaby seconding (Agenda Item 15) Councillor Hanna moved and Councillor Hannaby seconded the following Motion: "The increasing powers of non-elected decision makers is impacting negatively on Oxfordshire's population. Buckingham, Oxfordshire and West Integrated Care System (BOB) is an exemplar. A local pilot for an Oxfordshire Population Health and Care Needs Framework has stalled since February awaiting a review by BOB under national instruction. It marks an early test case of the value placed on local communities across Oxfordshire by non-elected agencies. The pilot in OX12 targeted a population of over 27,000. The local community endured the loss of a GP practice, a vibrant community hospital, with no delivery of infrastructure needed for 1000 new houses. A further 50% increase in housing is planned. There have been many excess deaths in recent months disproportionately impacting care homes. A starting point for recovery would be a clear commitment to completing the population-based pilot with a plan acceptable locally. A successful completion of this pilot would ensure consideration of local communities by people making decisions who do not know our local communities, who are less effective in securing confidence, and are not accountable to the public.
Council calls on the leader to influence a positive commitment now within BOB to the OX12 pilot. In addition, we request that he send an open letter to the Prime Minister, the Select Committees for Health and Social Care, Housing, Communities and Local Government to urge the vital importance of safeguarding local democracy and scrutiny as non-elected decision-makers implement policy across Oxfordshire." Following debate, the Motion was put to the vote and was carried unanimously. RESOLVED: Accordingly (unanimously).

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60 Great Clarendon Street, Oxford OX2 6AX

Councillor Jane Hanna
Chair, Oxon Joint Health Overview and Scrutiny Committee
County Hall
New Road
Oxford OX1 1ND

11 November 2021

Dear Councillor Hanna,

Motion carried by Oxfordshire County Council on the NHS Bill

Oxfordshire Keep Our NHS Public was pleased to see that your motion to Oxfordshire County Council on the NHS Bill was passed unanimously. This clear result indicates that county councillors are becoming more aware of the negative impact the bill will have on local democracy and accountability, as well as the resultant corrosive effect on patient access and availability of healthcare services.

It is also of importance that the public are kept informed about the vital work of their elected representatives in defending local democracy and ensuring that the seven principles governing public life are maintained. Indeed, recent events in Parliament highlight all too clearly the imperative of upholding these standards, both nationally and locally.

With the above in mind, we would ask you to provide:

1. A copy of the letter (referred to in your motion) sent to all local MPs seeking their active support in Parliament for the council's position.
2. Details of which local partners have been contacted for wider support, 'with [a] view to influencing improvements to reforms'.
3. Details of the specific 'improvements to reforms' that are being sought.

We look forward to hearing from you.

Yours sincerely

Bill MacKeith
Secretary, Oxfordshire Keep Our NHS Public

DRAFT

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60 Great Clarendon Street, Oxford OX2 6AX

Councillor Jane Hanna, Chair, Oxon Joint Health Overview and Scrutiny Committee
County Hall, New Road, Oxford OX1 1ND

11 November 2021

Dear Councillor Hanna,

New community audiology Any Qualified Provider (AQP) contract

On behalf of Keep our NHS Public, Oxfordshire I am writing to urge Oxfordshire JHOSC to consider referring the issue of the new community audiology Any Qualified Provider (AQP) contract to the Secretary of State for Health on the grounds that:

- The transfer of NHS provided ear wax removal services from GPs to an AQP service constitutes a significant change of service, and for some patients an actual cut in service. We believe that OCCG's argument that it does not amount to a change or cut because it was not previously commissioned by them is spurious. As the Healthwatch report and our own report (Preventable hearing Loss in Oxfordshire, March 2021) show, this amounts to a very real change/cut for many patients locally who had previously received a satisfactory service from their GP.
- The AQP service fails to meet NICE Guidance on ear wax removal (Quality Standard 185 2019) which states: "Adults with earwax that is contributing to hearing loss or other symptoms, or preventing ear examination or ear canal impressions being taken, have earwax removed in primary care or community ear care services" and makes no reference to age.
- The CCG failed to consult the public about its proposals and also failed to provide the relevant information for JHOSC to carry out their scrutiny function.
- The option to commission a locally enhanced GP service was not taken up by the CCG despite the findings of the Healthwatch report, which demonstrated the value patients placed on the previously provided GP service.
- By restricting the AQP service to some people over 55 the service is discriminatory on grounds of age. We do not accept that OCCG's argument that hearing loss in people under 55 is "not a straightforward condition" (and therefore requires referral to secondary care rather than ear wax removal services) applies to all under 55s with hearing loss. We believe there are significant numbers whose loss is due to wax build up and who should be included in the new service.
- The AQP service fails to meet the needs of people whose hearing loss is due simply to ear wax build up whatever their age, forcing them to pay for private treatment. This is discriminatory on grounds of income, and against the principles of the NHS.

I would re-iterate that our view is that ear wax removal should be included in the GP General Medical Services Contract and should be fully funded to take account of staff recruitment, training and acquisition of micro-suction equipment.

Yours sincerely

Bill MacKeith
Secretary, Oxon Keep Our NHS Public

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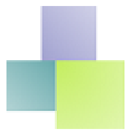

Berkshire, Buckinghamshire & Oxfordshire **LMCs**

Chief Executives Dr Matt Mayer & Dr Richard Wood
Chair Dr Simon Ruffle

The Secretariat of the Local Medical Committees for Berkshire, Buckinghamshire & Oxfordshire
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Oxfordshire LMC Chair's statement for JHOSC, November 2021 2021-11-18

by email

Dear Councillor Jane Hanna (OBE), Chair of Oxfordshire JHOSC.

for attention of: Oxfordshire JHOSC.

I write on behalf of Oxfordshire LMC, the statutory body that represents Oxfordshire GPs within the NHS, regarding continued closure of certain specialties to routine referral at our local NHS Foundation Trust.

Background

In April 2020 the pandemic necessarily resulted in much reprioritization of services. Throughout 2020 and into 2021, many of our patients, although non-urgent, still needed specialist input or advice. Recognizing this, NHSE's Primary Care team advised "GPs should continue to refer patients to secondary care using the usual pathways" on 16th April 2020 (1). Unequivocal guidance to both primary and secondary care followed on 29th April 2020, advising GPs to "make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate" (2).

By June 2020, neighbouring hospital trusts had reconfigured their services and were open to all routine referrals via the NHS eReferral System. These organizations were honest about the long waits patients would face, but shared this burden and provided vital specialist oversight for patients on their waiting lists, as was expected of them. The Oxford University Hospitals NHS foundation trust (OUH) was the exception, and refused to reopen several specialties for routine referral. This remains the case to this day.

We are now over a year into this pandemic, and Oxfordshire GPs are still unable to refer routinely to certain specialties at OUH. Routine ophthalmology (cataract surgery), ENT and maxillofacial outpatients clinics remain closed. Requests for explanation from the Trust have not been answered in any substantive or reassuring fashion. There does not appear to be a robust recovery plan. We have reached a situation where it appears the trust is either unable or unwilling to resume this routine work.

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Actions taken by Oxon LMC

To raise these concerns, Oxon LMC have throughout the pandemic remained in regular contact with commissioners and with the OUH directly. We have done this as clinicians, in line with GMC guidance on raising and recording concerns, which requires us to work collaboratively with local colleagues before escalating elsewhere.

In September 2021, Oxon LMC committee directed the LMC secretariat to make contact with CQC, in order to raise concerns about service provision at one of the large acute trusts in our area – the OUH. This was done by contacting the CQC Head of Hospitals Inspection for Thames Valley, by email/Teams, and by letter.

Specifically, with reference to the CQC's 5 Key lines of enquiry, we have drawn attention to the "Responsive" domain: *“Responsive = services are organised so that they meet your (i.e. patients’) needs.”*

We have requested that the CQC look closely at service provision in certain specialties (as detailed above). The OUH is commissioned to provide basic secondary care to the local population, and in these specific areas, it appears that it is not delivering.

The trust has previously been judged as “requires improvement” in the “safe” and “well-led” domains, but it has been judged as “good “ under “responsive”. However, this does not reflect the availability of basic services to meet the needs of our local population. I can only speculate that the OUH may assume this work can go elsewhere – but many of these patients cannot, and it is not good patient care to expect them to travel unnecessarily, or to fragment the care of complex patients with multiple comorbidities so that they see some specialties in Oxford and others elsewhere.

As we move into a more integrated care system, it is more important than ever that NHS Foundation Trusts treat the basic needs of their local populations as their core mission, not as an inconvenience or an externality. Oxon LMC looks forward to working together with you, with commissioners, and the trust, to reach a better outcome for our local population.

Yours,

Dr Raman Nijjar, Chair, Oxfordshire LMC.

1. Issue 19: NHS England Primary Care Bulletin – 16 April 2020 *“guidance will be published shortly **advising secondary care to accept and hold clinical responsibility for GP referrals**. Therefore, **GPs should continue to refer patients to secondary care using the usual pathways** and to base judgments around urgency of need on usual clinical thresholds (taking into consideration need for non face to face consultations, likely delays in recommencement of routine elective activity, and communicating likely delays to patients at point of referral)."* https://www.england.nhs.uk/coronavirus/primary-care/other-resources/primary-care-bulletin/

2. Coronavirus » Second phase of NHS response to COVID-19: Letter from Sir Simon Stevens and Amanda Pritchard - "make two-week wait cancer, urgent and routine referrals to secondary care as normal, using ‘advice and guidance’ options where appropriate" https://www.england.nhs.uk/coronavirus/publication/second-phase-of-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/

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Cllr Jane Hanna OBE
Chair, Oxfordshire HOSC
County Hall
New Road
Oxford

22nd November 2021

Dear Jane,

Pharmacy services in central Oxford

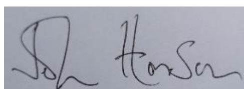
Since the closure of Boswells Department Store in central Oxford there has been only one dispensing chemist in Cornmarket, at Boots. On Saturday, 20th November I was informed when trying to collect a prescription sent from my doctor's surgery on the 18th to Boots that there were around 1,000 un-filled prescriptions in the queue awaiting dispensing at Boots.

Now there may be many reasons for this backlog, but it raises the question as to why the regional body responsible for licensing has failed to allow for the return of a second central Oxford pharmacy despite an application to open a dispensing chemist.

The central Oxford pharmacies are used by both students and residents from a wide area and while there is no competition there is no incentive for the monopoly supplier either to improve service to customers or even liaise with the surgeries to introduce an effective system for repeat prescriptions with a sensible deadline between ordering and collection.

At present, prescriptions brought in straight from the doctors by patients are taking precedence as most patients will wait to collect their prescription and repeat prescriptions fall down the order queue.

I would be grateful on behalf of my residents if HOSC would look into this matter and support a second licence for central Oxford to return NHS users to the former position before the pharmacy in Boswells was lost.



Cllr John Howson
St Margaret's Division
Oxfordshire county Council

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Councillor Jane Hanna
Chair Oxfordshire HOSC

By email:
Jane.hanna@oxfordshire.gov.uk

23 September 2021

Dear Councillor Hanna

I am writing to follow up on the discussion at the HOSC meeting in June and the response to the Task and Finish report on OX12.

AS HOSC is aware this project, sponsored by the Oxfordshire Health and Wellbeing Board started in November 2018. Its focus was on using the then recently agreed framework "Planning for future population health and care needs" (available here). The focus of the framework is to look at population need, now and in the future, and then consider what services are required to address these and whether there are gaps. The approach includes involving local community and stakeholders from an early stage; this was clearly demonstrated in the OX12 project through the development of a local Stakeholder Reference Group who supported our wider engagement including a survey and listening events. In addition, local NHS partners worked very closely with the HOSC Task and Finish Group; this included responding to requests for information and updating at meetings. All key documents were published on the CGC website here.

The work concluded with a report to the Health and Wellbeing Board in January 2020; this report is attached as Annexe 1. The Health and Wellbeing Board accepted the report including the proposed next steps for the OX12 project which included:

- Testing the feasibility of taking forward some of the service opportunities identified for Wantage. As you will see from the CCG report to the next HOSC meeting this has now led to a range of additional services are now being piloted in the Community Hospital.
- We understand that access to primary care is a very important issue for the local population and I am pleased to let you know that the CCG has received and approved the business case for the extension of the GP surgeries to ensure there is capacity to meet the needs of the growth in population.
- The work indicated there was not a compelling case for reopening the temporarily closed beds. Residents from the OX12 area who needed inpatient care have

received this in alternative locations. In line with the NHS requirements for significant service change we were then going to undertake the future work required to test this.

The report subsequently went to HOSC in February 2020 alongside a report from the Task and Finish Group. Many of the points made were about the detailed nature of running a project including setting realistic timescales, a clear scope, continuing to develop the approach to engagement and identifying sufficient resource; none of which we would disagree with though can be challenging in the NHS when we have linted resources and multiple competing priorities. In terms of Wantage the Task and Finish Group recommendation requested that "the HOSC recommend to the HWB that it lead the development of a place-based, county-wide strategy on the management of community services. The development of the strategy should include the role of wantage Community Hospital." As you aware all work on this then ceased as the NHS responded to the CCVID-19 pandemic.

We have now been able to restart this work and as we discussed at the June 2021 HOSC meeting, we are committed to developing a Community Service Strategy for Oxfordshire, that looks at services in the round, and includes those at Wantage. As highlighted above HOSC has previously supported this approach and in fact had it as one of their recommendations in February 2020. Building on previous work we launched the engagement on the principles on 9 September and you can access the information here.

HOSC has raised concerns about the short response that the CCG made to the April 2021 Task and Finish Group report, and I think mis-interpreted the level of importance that we place on this issue. The response was short only because we felt most of the points raised had been discussed and answered over the course of the project and in presentation of the findings. The points around approaching any further projects we have noted, and these will inform our work going forward.

As I said at the last meeting, through COVID we have been working collaboratively as a system across health and care. We are committed to drive the current Community Strategy project to a plan we can implement and that will improve health services for residents of Oxfordshire. We acknowledge that this means services are likely to need to change and could involve some hard choices to ensure we use our resources to best effect to maximise outcomes for the population of Oxfordshire.

Best wishes

Dr James Kent
Accountable Officer

Divisions Affected - All

OXFORDSHIRE JOINT HEALTH
OVERVIEW & SCRUTINY COMMITTEE
25 NOVEMBER 2021

WORK PROGRAMME 2021

Report by Director of Law and Governance

RECOMMENDATION

The Committee is RECOMMENDED to approve the work programme for the 2021/22 municipal year detailed in

Executive Summary

1. The purpose of this report is to support and advise Committee members to determine their work programme for the 2021/22 municipal year.

2. The Committee held an informal session on the 29 October 2021 to discuss content of the work programme for 2021/22.

3. This report sets out the following information to assist the Committee in this process:
   - The principles of effective scrutiny and the criteria against which work programme items should be considered;
   - The roles and responsibilities of the Joint Health Overview and Scrutiny Committee;
   - The work programme suggestions made to the Committee for consideration for the 2021/22 work programme
   - The outcome of the informal Committee discussion undertaken on 29 October 2021

Principles to apply to the Work Programme

3. The following key principles of effective scrutiny should be considered when the Committee is determining its work programme:

   - ❑ **Be selective** – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.

   - ❑ **Add value with scrutiny** – Items should have the potential to 'add value' to the work of the council and its partners. If it is not clear what the intended outcomes or impact of a review will be then Members should

consider if there are issues of a higher priority that could be scrutinised instead.

It is recommended that Members limit the number of items they wish to consider at a meeting to 2 or 3 to maximise the time and attention they can give the topic and maximise the potential for adding value.

- **Be flexible** – Members are reminded that there needs to be a degree of flexibility in their work programme to respond to unforeseen issues/items for consideration/comment during the year and accommodate any developmental or additional work that falls within the remit of this Committee.

- **Engagement** - Effective Overview and Scrutiny should provide extensive opportunities for community involvement and democratic accountability. Engagement with patients, service users and with the general public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Committee. Patients, service users and the public bring different perspectives, experiences and solutions to scrutiny, this engagement can help the Committee to understand the service user's perspective on individual services and on co-ordination between services. The Committee is encouraged to ensure it considers opportunities for engagement with service users and the public when agreeing its work programme.

Models for carrying out scrutiny activity

4. There are a number of means by which the Overview and Scrutiny Committee can deliver its work programme. Members should consider which of the following options is most appropriate to undertake each of the items they have selected for inclusion in the work programme:

Item on a scheduled meeting agenda/ hold an extra meeting of the Committee	The Committee can agree to add an item to the agenda for a meeting and call Cabinet Members/ Officers/Partners to the meeting to respond to questioning on the matter.
Task Group	A small group of Members, with officer support, meet outside of the scheduled meetings to gather information on the subject area, visit other local authorities/ sites, speak to service users, expert witnesses and/ or Officers/ Partners. The Task Group can then report back to the Committee with their findings to endorse the submission of their recommendations to Cabinet/Council This is the method usually used to carry out policy reviews.

The Committee asks for a report then takes a view on action	The Committee may need more information before taking a view on whether to carry out a full review so asks for a report to give them more details
Individual Members doing some initial research	A member with a specific concern carries out some research to gain more information on the matter and then brings his/her findings to the attention of the Committee if s/he still has concerns. This can only be done if agreed by the Committee which must consider the impact on resources and officer time in commissioning such items. Any emerging reports would need to go through the Council's reporting clearance process.

5. Note that, in order to keep agendas to a manageable size, and to focus on items to allow the Committee to make a direct contribution, the Committee may choose to take some "information only" items outside of meetings, for example by email.

6. The Committee has also discussed the possibility of creating a Scrutiny Hub service which will provide the Committee with an ability to access and deal with certain matters in a smarter way outside of Committee meetings. This will be taken forward in the Overview and Scrutiny Improvement Plan.

Suggested Criteria to consider

7. As the aim of the work programme is to ensure that scrutiny makes the biggest impact possible the following criteria was suggested to the Committee meeting of 23 September and to Councillors completing the limited work programme suggestion exercise:
   a. Is the issue a priority area for the Council?
   b) Is it a key issue for local people?
   c) Are improvements for local people likely?
   d) Is it an opportunity to contribute towards significant policy development?
   e) Does it examine a poor performing service?
   f) Will it result in improvements to the way the Council operates?

8. The Committee already has a prioritisation process designed to help assess the relative merits of topics brought forward in order to prioritise areas of focus for scrutiny through a transparent and objective process. The "PICK" methodology can help scrutiny committees consider which topics to select or reject. This is:

Public interest	❑ Is the topic of concern to the public? ❑ Is this a "high profile" topic for specific local communities? ❑ Is there or has there been a high level of user dissatisfaction with the service or bad press? ❑ Has the topic has been identified by members/officers as a key issue?
Impact	❑ Will scrutiny lead to improvements for the people of Oxfordshire? ❑ Will scrutiny lead to increased value for money? ❑ Could this make a big difference to the way services are delivered or resource used?
Council performance	❑ Does the topic support the achievement of corporate priorities? ❑ Are the Council and/or other organisations not performing well in this area? ❑ Do we understand why our performance is poor compared to others? ❑ Are we performing well, but spending too much resource on this?
Keep in context	❑ Has new government guidance or legislation been released that will require a significant change to ❑ services? ❑ Has the issue been raised by the external auditor/ regulator? ❑ Are any inspections planned in the near future?

2021/22 Work Programme Suggestions

9. Attached at Appendix A is a list of all the work programme suggestions that were received by or made to the JHOSC committee to assist its work programme considerations. This list is to act as a guide to assist in the work programme discussions and the steer sought moving forward.

Committee Preparation

10. The Committee held an informal discussion on 29 October 2021 in order to help it prepare for its work programme considerations. At this discussion the Committee discussed work programme suggestions received, the thoughts and direction provided by the Chair of the Committee on potential work programme content and the priority indications provided by the Committee at is September meeting.

11. As a result of these conversations a draft work programme was developed that is set out below:

February Meeting	
	Waiting Lists and Access to Services: Current waiting list issues and whole system recovery plans to deal with issues
	Community Strategy: key issues, current and upcoming areas of work
	CAMHS: Review of Oxfordshire Health offer and how it addresses current issues
	Covid Recovery system wide update:
	ICS Update (to include CCG update)
	Healthwatch
	Chair's Report

March Meeting	
	Waiting Lists and Access to Services: Access to Primary Care
	Community Strategy: key issues, current and upcoming areas of work
	CAMHS: Early interventions, burden on children of waiting list implications and service user experience
	Covid Recovery system wide update:
	ICS Update (to include CCG update)
	Healthwatch
	Chair's Report
	2022/23 Work Programme development

April Meeting	
	Waiting Lists and Access to Services: Women's Health and Maternity Services
	Community Strategy: key issues, current and upcoming areas of work
	Covid Recovery system wide update:
	ICS Update (to include CCG update)
	Healthwatch
	Chair's Report

12. The proposed work programme above involves adding an additional meeting to take place in March 2022 that is currently not scheduled.

13. The Committee is asked to endorse the work programme identified above as developed at the informal discussion on 29 October.

Financial Implications

14. There are no financial implications identified within this report.

Legal Implications

15. The law states that a Scrutiny Committee can:
    (a) Require a council officer or councillors to attend to answer questions
    (b) Require information to be provided that is held by the council
    (c) Require responses to recommendations

Specific Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:

- Power to scrutinise health bodies and authorities in the local area
- Power to require members or officers of local health bodies to provide
- information and to attend health scrutiny meetings to answer questions
- Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations

It is best practice for Overview and Scrutiny Committees to have a flexible work programme.

Anita Bradley
Director of Law and Governance

Annex:	Appendix 1 – Work Programme Suggestions
Background papers:	Report to HOSC: Work Programme – September 2021
Contact Officer:	Steven Fairhurst-Jones Senior Policy Officer E: steven.fairhurstjones@oxfordshire.gov.uk

November 2021

APPENDIX A: HEALTH OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2021-22
WORK PROGRAMME SUGGESTIONS FOR CONSIDERATION

Committee Member Suggestions
○ Oxfordshire Waiting Lists ○ Dental Provision in Oxfordshire ○ CAMHS Service Provision ○ GP Surgery need in new housing developments ○ Future impact of Covid on Oxfordshire and how to approach ○ Services to Women and impact of Covid ○ Maternity Provision in Oxfordshire (How does County compare/ CQC inspection/ Closures/ future plans/ views of service users and staff/recruitment and retention) ○ NHS Pay Justice ○ Young Carers ○ Community Services Strategy ○ Review of BOB Joint Scrutiny arrangements (proposals and delegations provided by Council) ○ Rural health inequalities ○ ICS Implementation: What is required? (focus on governance and accountability) ○ Access to health care that has been closed or reduced during the pandemic what is the recovery plan and how are health services returning to BAU. ○ Health services primarily for women have been disproportionately affected by Covid 19 in Oxfordshire ○ Community Health Strategy

Cabinet Member Suggestions
○ Mental Health and wellbeing Priorities and Outcomes ○ How can OCC assist in optimising support for Health system responding to covid? (integrated approach/ risk share/ costs/ areas for improvement/ support to people with complex needs/ build on support within communities)

Public/ Partner/ Officer Suggestions
○ Access to health care that has been closed or reduced during the pandemic ○ Oxfordshire Waiting List times compared to surrounding areas ○ Involvement of Voluntary or Third sector in integrated care ○ Health and Wellbeing in Oxfordshire 2050 and resulting local plans ○ Community Services Strategy ○ Re-opening the system post-covid ○ Mental Health & Wellbeing ○ Recruitment and retention barriers in Health Services ○ How to make the most of finite resources

- Palliative Care Provision
- 16-24 Mental Health Provision (what is best practice?/ how does Oxfordshire compare?)
- Eating Disorder Services (post-covid plans/ current issues in children and young people)
- Existing and future models of integrated support and how effective they are

Limited Engagement Exercise Suggestions

- Access to health care that has been closed or reduced during the pandemic
- Involvement of the Voluntary Sector/Third sector in BOB ICS
- Focus on the Health and Wellbeing Board, and how it provides oversight of the Oxfordshire ICP part of BOB
- NHS Dental services
- Antimicrobial resistance (i) How does Oxfordshire compare with the rest of England regarding measure to reduce AMR, in both hospitals and GO surgeries. (ii) Are national guidelines for prescribing being followed? Are there any difficulties which are encountered which reduces the effectiveness of the guidelines?
- CCG, GP surgeries and housing development. CCG have historically been slow at engaging with developers regarding expansion or building new GP surgeries such that we have rejected some planning applications because there has been insufficient attention to community health provision. This may have changed under pressure recently but movement towards BOB ICS may cause additional problems. Therefore we need to know how this problem will be addressed either at ICS or at county level.
- Community Health Strategy
- A deep dive into SEND provision in the county, specifically looking at:
    - Educational healthcare plans (EHCPs)
    - NHS waiting lists for SEND diagnosis
    - SEND and impact of budget cuts
    - School admissions panels
    - Number of places for special schools in the county
    - SEND budget overspend and false economies
    - CAMS, funding and staffing retention