Notice of Meeting Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 22 April 2021 at 10.00 am
Virtual Meeting

Please note that due to guidelines imposed on social distancing by the Government the meeting will be held virtually.

If you wish to view proceedings please click on this Live Stream Link

However, that will not allow you to participate in the meeting.

Membership

Chairman - Councillor Arash Fatemian
Deputy Chairman - City Councillor Nadine Bely-Summers

Councillors:	Kevin Bulmer	Mike Fox-Davies	Alison Rooke
	Mark Cherry	Susanna Pressel	Vacancy
District Councillors:	Paul Barrow	Phil Chapman	
	Jill Bull	Jo Robb	
Co-optees:	Jean Bradlow	Dr Alan Cohen	Barbara Shaw

Notes: ***Date of next meeting:*** *24 June 2021*

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am four working days before the date of the meeting.**

For more information about this Committee please contact:

Chairman - Councillor Arash Fatemian
Email: arash.fatemian@oxfordshire.gov.uk
Policy & Performance Officer - *Steven Fairhurst-Jones Tel: 07879 063934*
Email: steven.fairhurstjones@oxfordshire.gov.uk

Committee Officer	-	*Colm Ó Caomhánaigh, Tel 07393 001096* *Email: colm.ocaomhanaigh@oxfordshire.gov.uk*

Yvonne Rees
Chief Executive

April 2021

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. Minutes (Pages 1 - 16)

To approve the minutes of the meetings held on 4 February 2021 (**JHO3a**) and 12 March 2021 (**JHO3b**) and to receive information arising from them.

For ease of reference when considering the Matters Arising from the minutes, a list of actions is attached at the end of the minutes (**JHO3c – To Follow**).

4. Speaking to or Petitioning the Committee

This meeting will be held virtually in order to conform with current guidelines regarding social distancing. Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate these new arrangements we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. ***9 am on Friday 16 April 2021****. Requests to speak should be sent to* ***colm.ocaomhanaigh@oxfordshire.gov.uk*** *together with a written statement of your presentation to ensure that if the technology fails then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting.*

Where a meeting is held virtually and the addressee is unable to participate virtually their written submission will be accepted.

5. Forward Plan (Pages 17 - 22)

10:15

The Committee's Forward Plan is attached for consideration.

6. System-wide update on COVID-19 (To Follow)

10:20

A presentation to update on the key issues for the Oxfordshire system on the COVID-19 pandemic.

7. Oxfordshire Clinical Commissioning Group Update (Pages 23 - 26)

11:35

The paper aims to provide the Oxfordshire Joint Health and Overview Scrutiny Committee with an update on:

1. Transfer of services provided by Oxfed
2. Re-procurement of MSK services

11:50 BREAK

8. Community Services Strategy (To Follow)

12:00

An update on the Community Services Strategy.

9. OX12 Task and Finish Group report (Pages 27 - 36)

12:45

This paper provides the final report of the OX12 Task and Finish Group and the response to that report by Oxfordshire Clinical Commissioning Group (OCCG) on behalf of the Oxfordshire health and social care system.

13:00 LUNCH BREAK

10. Healthwatch Report (Pages 37 - 40)

13:30

Report on views of health care gathered by Healthwatch Oxfordshire.

11. Chairman's Report (To Follow)

13:45

To include an update on:

- Buckinghamshire, Oxfordshire and Berkshire West (BOB) Health and Overview Scrutiny Committee (BOB HOSC)
- Scrutiny of the Community Services Strategy
- Committee briefings and communication

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 4 February 2021 commencing at 10.00 am and finishing at 1.00 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	City Councillor Nadine Bely-Summers (Deputy Chairman) Councillor Kevin Bulmer Councillor Mark Cherry Councillor Jeannette Matelot Councillor Susanna Pressel Councillor Alison Rooke District Councillor Kieron Mallon District Councillor Paul Barrow District Councillor Jill Bull District Councillor Jo Robb
Co-opted Members:	Jean Bradlow Dr Alan Cohen Barbara Shaw

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.

1/21 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

There were no apologies for absence.

The Chairman welcomed District Councillor Jo Robb to her first meeting as the new representative of South Oxfordshire District Council.

The Chairman also noted that this was the last meeting to be attended by Sam Shepherd, Policy Team Leader, who had supported the Committee for almost four years. He thanked her on behalf of the Committee for her contribution to some very good achievements that the Committee has made for the people of Oxfordshire. He also welcomed Steven Fairhurst Jones as the new policy officer to support the Committee.

2/21 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Dr Alan Cohen is a trustee of Oxfordshire Mind.

3/21 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 26 November 2020 were approved with the following amendment:

On item 45/20 COVID-19 Research, the first sentence of the fifth bullet point to read

"Any side-effects from the vaccines were minor – similar to the flu vaccine – and were far out-weighed by the benefits."

It was noted that the report of the OX12 Task and Finish Group was complete and should go on the agenda for the April meeting ahead of the discussion on community services and the new terms of reference.

4/21 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following requests to speak:

Councillor Jane Hanna on items 5, 6 and 9.

5/21 FORWARD PLAN

(Agenda No. 5)

The Chairman noted that a number of items that had been planned for the agenda for this meeting had been deferred to the April meeting in order to facilitate the system-wide update on COVID-19 and to avoid tying health and care workers up with writing reports during the current peak in the pandemic.

Prior to their consideration of this item, the Committee was addressed by Councillor Jane Hanna.

Councillor Hanna noted that the OX12 report had been discussed at other meetings such as the Growth Board. It was expected to be on the agenda for this meeting but had been deferred to the April meeting, two months away. The Wantage Health Committee had been meeting through the pandemic and was expecting to meet following this meeting to discuss proposals for OX12. They needed clarity before the proposals are taken at the April meeting.

The Chairman responded that work continued on matters such as OX12 between HOSC meetings. He stated that he was not surprised that the work of the OX12 group came up at other meetings given the excellent work done. He had already explained that a number of items had been deferred to April, including OX12, as he

was sure that Members would not want staff and other resources diverted from fighting the pandemic.

The Chairman also noted that the April meeting was scheduled just a couple of weeks before the County Council elections and stated that he would not accept purdah as a reason for not bringing an item to the April meeting.

6/21 SYSTEM-WIDE UPDATE ON COVID-19

(Agenda No. 6)

Prior to their consideration of this item, the Committee was addressed by Councillor Jane Hanna.

Councillor Hanna noted that infection rates were still quite high in the Vale of White Horse area. She welcomed the opening of a test facility at the Beacon in Wantage and asked the Director for Public Health if decisions on accessibility to that centre were made locally and if it could be opened to local residents as soon as possible as the OX12 report had shown that many residents do not have access to cars.

Representatives of the health and care partners across the county had been invited to update the Committee on the latest developments on COVID-19. A presentation covered the following key areas:

- Data and intelligence
- Health and care sector
- Vaccination programme
- Community testing
- Support for self-isolation

Ansaf Azhar, Director for Public Health, started the presentation with the latest data. Since the new year almost 90% of the cases in Oxfordshire were of the new variant first detected in Kent. This variant was more transmissible but not as virulent. In the week ending 29 January, the Oxfordshire rate of new cases was down 36% on the previous week but the rates were still higher than the previous peak that led to the November lockdown.

He emphasised that the rates would increase very quickly if the lockdown was to be relaxed at this point. The proportion of tests that were positive had reduced, showing that the reduction in new cases was not due to any reduction in testing. The number of hospital beds occupied by COVID-19 patients was coming down but, at 238, was still very high. He also warned , as patients left acute hospitals, the pressures on community hospitals would peak.

Sam Foster, Chief Nurse, Oxford University Hospitals (OUH), reported that, since she last spoke to the Committee in November, the work involved had included working at the BOB (Buckinghamshire, Oxfordshire, Berkshire West) and South East levels. Patients were being moved between areas when necessary to reduce risk.

She noted that normally there would be five areas operating critical care but there were now twelve areas. The Churchill was still being maintained as a cancer

services site. The vaccination programme was being operated without any extra staff. There was a strong team effort across all system partners. They were now starting their People Recovery Plan which would range from staff who just need a few days leave to those possibly suffering Post-traumatic Stress Disorder.

Tehmeena Ajmal, Director of Community Services, Oxford Health, added that there had been a 46% increase in emergency referrals to the District Nursing Service as a result of the long recovery period from COVID-19. It had been an extraordinary team effort and they were in a much better position than in the previous few months but it was clearly going to be a marathon effort.

Ansaf Azhar gave the figures for the numbers of deaths and noted that the numbers in the latest wave were lower than in the first wave despite the number of cases being three times higher. However, everyone was still mindful that each death was a terrible tragedy for the families involved. Due to the four-to-six-week lag between new cases and deaths, the figures for the coming week were still likely to be higher.

On the South African variant, he reported that 11 cases had been detected nationally that were not linked to overseas travel. Testing had been intensified to a door-to-door level in the areas where they had been detected. This would be necessary in Oxfordshire if such cases were detected here and that would be a massive undertaking. The concern was that vaccines were slightly less effective with this variant.

Stephen Chandler, Corporate Director for Adult and Housing Services, and Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group (OCCG), drew particular attention to the slides headed “Examples of changes from balancing risks” and were happy to answer any question for members of the Committee at the end of the presentations.

Tehmeena Ajmal gave an update on the vaccination programme. There were 21 local vaccination sites operating in Oxfordshire – at least one in each Primary Care Network area – as well as two hospital sites and the Kassam Stadium. Vaccination centres were available to anybody within 45 minutes off peak drive.

Around 90% coverage of care home residents had been achieved, around 80% of care home staff and 90% of those 80 and over. Those who had received the vaccine still needed to demonstrate protective behaviour. A special effort was being made to engage with communities that may have a lower uptake of the vaccine – for example BAME (Black, Asian, Minority Ethnic) communities, those with learning disabilities and the homeless.

Ansaf Azhar summarised progress on community testing. This involved the Lateral Flow Test (LFT) which was less accurate but gave a result in 30 minutes. It was aimed at those who had to leave home to work. It protected against outbreaks and helped identify people who had the virus but were asymptomatic. It was estimated that about 1 in 3 people with COVID do not have symptoms.

Community testing would fill the gaps not reached by the national testing system and would therefore evolve as the national system changed. It was due to be launched in

Oxfordshire on Monday 8 February at three sites in Oxford, Banbury and Wantage, targeting fire and police officers initially and then social care staff and the early years group.

Dr Kathryn Brown, GP representative, described the issues facing GPs. It was when the numbers of new COVID cases dropped that GPs saw their peak pressure, as people felt it was safer to go out again. She stated that vaccine supply had not kept up with the GPs' capacity to deliver. This was a national issue. She was concerned that the vaccination programme was going to take many months on top of GPs' regular work and they needed to make sure they had the capacity to manage that.

Dr Brown confirmed that GPs were able to monitor who had been offered the vaccine, who had received it, who had refused it and why. They were able to go back to people who, for example, had COVID when first offered the vaccine. There was a working group to follow up on those who had not responded or refused the vaccine.

Officers responded to questions from members of the Committee as follows:

Latest statistics

- "Micro hotspots" changed from week to week and were generally areas of high population density and often of deprivation.
- The figures in the presentation for hospital beds indicated the number of beds occupied by COVID positive patients on each day.
- Oxfordshire was in a later phase of the epidemiological curve than the national picture, which was why deaths were still increasing locally despite a reduction nationally.
- Figures were monitored on a daily basis and there was no indication of an increase in emergency re-admissions but the Director for Adult and Housing Services agreed to look again and asked for any relevant information to be sent to him.
- Case rates were not higher among over 60s. They were higher in younger age groups and because they were generally more mobile they could pass it on to older age groups. The problem for over 60s was that the consequences of getting the virus could be more severe.

Vaccination

- When called for vaccination, patients could choose whether to go to their local centre or one of the mass vaccination centres which could be outside the county. It was agreed to circulate details of centres in neighbouring counties.
- The vaccination programme was following the priority groups defined by the Joint Committee on Vaccination and Immunisation (JCVI). More detail was sought on the priority groups as they progressed through each cohort. It was expected that more detailed information on who was included in Group 6 will be available before they get to that group.
- NHS England decided what information was made available publicly and so far had only provided vaccination figures at a BOB level. Organisations in Oxfordshire had been making the case that they should be able to give figures for the county.

Infection Control

- With all additional facilities commissioned for discharged patients the infection control procedures were checked and additional support was provided where necessary. Hotels were used in other areas during the first wave and their experience had been incorporated. The Care Quality Commission was satisfied with the procedures. It was a time-limited step.
- Infection control in the acute sector was closely monitored and there had been no indication of a significant issue. An Outbreak Control Team was available to be activated but had not been needed.
- Most out-patient consultations were taking place virtually but when a patient needed to come in for an operation they had a PCR test. Staff had LFTs twice a week.
- Patients were being moved out of acute hospitals more quickly if they were not the safest places for them – for example if they were waiting for a care package. This had an impact across the system. Community hospitals were being asked to accept more throughput of patients some of whom were slightly more poorly than would previously have been the case. Also, reablement capacity has been growing.
- Local testing could only be done at registered sites and by registered and trained staff. It was hoped that it may be possible to be more flexible about it as the situation evolves.

Workload and Mental Health

- The mental health of staff was being handled across the partnerships with a plan at BOB level. OUH had an embedded military facility and were learning from their experiences too. There were a variety of options available to support teams and individuals.
- Increasing workload for GPs had been an issue before COVID. It was managed through ways of working smarter, managing documents more efficiently and accessing other resources through the Primary Care Networks such as pharmacists.
- The CCG and Local Medical Committee (LMC) were looking at the data available to measure GP workload. It was a difficult task because it was not just about appointments – there was a lot of unseen work too.

Other services

- New providers had been identified to take over the services previously provided by OxFed which will cease trading on 1 April. Negotiations were continuing on the transition. A report will be provided when that has been finalised.
- Ophthalmology and ENT (Ear, Nose, Throat) were the only services that had not opened to routine referrals. If cases became urgent then GPs could escalate them. A new pathway was being developed for Ophthalmology. OUH conduct regular harm reviews that are overseen by OCCG.

It was agreed to circulate information after the meeting on how passengers arriving on private aircraft at local airports were being dealt with.

The Chairman confirmed that the Committee will receive data on the impact on non-COVID services by the April meeting provided the downward trend in COVID figures continued. He expected that the OCCG Update would return as a standard item on

the agenda for the April meeting and would include an update on the former OxFed services.

The Committee will also examine the question of measuring GP workload and how their work was changing – probably at the June meeting, with the LMC invited to attend. Diane Hedges added that figures on GP appointments had been provided before and she was happy to report on figures again.

It was agreed that written answers would be provided to questions submitted by members of the Committee but not reached in the meeting.

The Chairman thanked the health and care partners for the presentation which provided the right amount of detail and was up-to-date so that members of the Committee could properly scrutinise activities.

7/21 HEALTHWATCH REPORT

(Agenda No. 8)

The Committee had been asked to note the latest report from Healthwatch Oxfordshire on their collection of views from the public on health issues.

Rosalind Pearce, Chief Executive, updated the Committee on a number of points:

- New outreach workers had started this week.
- A report and video on Community Wellbeing will be presented to the March meeting of the Oxfordshire Health and Wellbeing Board.
- Healthwatch England will take up the issue of publishing vaccination data for Oxfordshire with NHS England.
- After the meeting she was going to the Kassam Stadium to observe the operation of the mass vaccination centre there and encourage members of the public there to return a questionnaire on their experience. The next report to HOSC will include the results of that survey.

Councillor Susanna Pressel asked if meetings of the Board of BOB-ICS (Buckinghamshire, Oxfordshire, Berkshire West – Integrated Care System) will be held in public. The Chairman responded that this was his understanding – that it would be similar to clinical commissioning groups.

Rosalind Pearce added that Healthwatch would certainly want the meetings to be in public. They had already flagged their concern at the lack of local public input at BOB level. Healthwatch's own board meetings were held in public and they also held a 30 minute public meeting before each board meeting so that members of the public could have a say as well as viewing the board meeting itself.

Councillor Pressel also asked if views of the public were being sought on test and trace. Rosalind Pearce responded that she would add that to the list of items they might ask about. She added that they were extending their period for organisations to feedback on their reports due to the pressures of COVID. Often now they included the responses in the reports so that everything was available in one document.

8/21 CHAIRMAN'S REPORT

(Agenda No. 9)

Prior to their consideration of this item, the Committee was addressed by Councillor Jane Hanna.

Councillor Hanna noted that the last meeting had endorsed two of the recommendations from the OX12 Task and Finish Group but took the other three recommendations as background comments. She asked if that was still the Chairman's position as she felt that it would be helpful for HOSC to endorse the three recommendations in advance of the item coming up again at the April meeting.

The Chairman responded that nothing had changed and that it was more a matter for the Forward Plan than the Chairman's Report but that he would speak with Councillor Hanna on the matter after the meeting.

The Chairman noted that the Terms of Reference for a Task and Finish Group on Community Services had been deferred to the April meeting. He confirmed that the report of the OX12 Task and Finish Group would be discussed at that meeting before the new Terms of Reference so that any relevant recommendations could be incorporated.

Barbara Shaw introduced the First Thirty Days report (Appendix 1) which was the outcome of a decision of the November meeting to gather information on the first thirty days of the pandemic and the impact of national decisions on the discharge of patients from acute hospitals.

The Director for Public Health and the Corporate Director for Adult and Housing Services met with Barbara Shaw and Dr Alan Cohen on the matter and she thanked them for their time. The discussion expanded to include measures currently in place to protect people in care homes and the issue of stranded patients. The report set out some suggestions for consideration by the Committee.

Stephen Chandler, Corporate Director for Adult and Housing Services, responded that the report contained an accurate account and was very helpful as a basis for discussion.

Councillor Alison Rooke asked if there were enough care workers available for the current and future increased demand for care in the community. Stephen Chandler responded that he believed that there were sufficient numbers now. Work was ongoing to grow the sector by improving retention and attraction of new staff to cope with expected future demand.

Dr Alan Cohen added that he believed that the case had not been made strongly enough that care was changing and becoming better and more efficient.

The report's recommendations were agreed and it was further agreed that the Director for Public Health and the Corporate Director for Adult and Housing Services will come back with a plan for how and when the four points will be addressed by the Committee.

RESOLVED:

1. **That Senior Officers provide further information on the reporting of people who have experienced a delayed discharge from acute hospitals, and how some of the successes in reducing that number can be maintained into the future.**
2. **That Senior Officers provide further information as to the consequences of implementing national guidance associated with the discharge of patients to care homes in the early stages of the pandemic.**
3. **That Senior Officers provide further information on the emerging pattern of community and home-based care, and how this can be linked to current developments in the County.**
4. **That Senior Officers are able to re-affirm a commitment to a review of the response of the system partners to the pandemic, in so far as this would provide a plan of what would be included and a reasonable time scale, given the unpredictability of the current situation.**

The Chairman noted that the document on Katharine House Hospice (Appendix 2b), Banbury, would be discussed at the April meeting. Jean Bradlow added that it would be useful to have more detail on how the services will be made financially sustainable.

Barbara Shaw asked if it would be possible to look at end-of-life services across the county. The Chairman responded that he would check if there was capacity to bring that to possibly the June meeting. The discussion on Katharine House in April could inform that discussion.

..... in the Chair

Date of signing .....

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Friday, 12 March 2021 commencing at 4.00 pm and finishing at 5.00 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	City Councillor Nadine Bely-Summers (Deputy Chairman) Councillor Kevin Bulmer Councillor Mark Cherry Councillor Susanna Pressel Councillor Alison Rooke District Councillor Paul Barrow District Councillor Phil Chapman Councillor Mike Fox-Davies Councillor Susanna Pressel Councillor Alison Rooke District Councillor Paul Barrow District Councillor Phil Chapman
Co-opted Members:	Jean Bradlow Dr Alan Cohen Barbara Shaw
Officers:	
Whole of meeting	Anita Bradley, Director for Law & Governance and Monitoring Officer; Steven Fairhurst Jones, Senior Policy Officer; Colm Ó Caomhánaigh

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 and reports are attached to the signed Minutes.

9/21 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies were received from District Councillors Jill Bull and Jo Robb.

The Chairman welcomed Councillor Mike Fox-Davies, who had replaced Councillor Jeannette Matelot and District Councillor Phil Chapman who had replaced Councillor Kieron Mallon as representative for Cherwell District Council since the last meeting.

10/21 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Dr Alan Cohen is a Trustee of Oxfordshire Mind.

11/21 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 3)

The Chairman had accepted the following request to speak:

Item 4: Councillor Jane Hanna.

12/21 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BUCKINGHAMSHIRE, OXFORDSHIRE, READING, WEST BERKSHIRE, WOKINGHAM) TERMS OF REFERENCE

(Agenda No. 4)

The Committee had before it revisions to the Terms of Reference for a health scrutiny committee for health system-wide issues across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) area. The Committee was asked to consider the revisions, recommend to Council to agree the revisions and provide for a delegation to make any further minor amendments.

The Chairman had agreed to the following request to speak:

Councillor Jane Hanna stated that she believed that there were risks to consider in relation to a lack of clarity in governance and public accountability surrounding the decision structures for shared services in the region. She was concerned that the toolkit for deciding which issues should be taken to the BOB JHOSC had not yet been agreed.

Councillor Hanna added that the terms of reference stated that meetings would be conducted under the standing orders of the host authority but it was unclear if their Constitution would be used to decide on any issues around conduct or gaps in the rules. She was concerned that the new committee would have no co-opted members which were a requirement for the Oxfordshire committee.

Councillor Hanna asked Members to reject the revisions. She was concerned that there was no definition in the delegation of authority as to what constituted a minor amendment. She believed that there should be a review required given that HOSC at the regional level was a new development.

The Chairman introduced the item. He stated that there had been a meeting between the Chairs of the five HOSCs and that it was clear there that they had a common goal in a robust scrutiny of health and care developments at the BOB level.

The Chairman described a number of changes as being necessary to accommodate the fourth “locality” tier of health scrutiny in West Berkshire which did not exist in the other authorities. There was also a change to allow substitutes to help ensure that

there would be at least one representative present from each authority which is required for a meeting to be quorate.

The specification that Healthwatch will be a recognised stakeholder with a standing agenda item to report, rather than being represented on BOB JHOSC, was in line with the approach taken in Oxfordshire. The provision to allow for temporary co-opted members would provide an opportunity to demonstrate the value of having co-opted members which has been the experience in Oxfordshire.

With regard to the concern expressed that the toolkit had not been finalised, the Chairman noted that the Oxfordshire JHOSC toolkit was not in its Constitution. He added that it was felt to be better to have two meetings each year in the diary for BOB JHOSC given how difficult it would be to arrange a date at short notice across five authorities. If there was nothing to discuss then the dates could be cancelled.

Anita Bradley, Director for Law & Governance and Monitoring Officer, confirmed that councillors could only be held accountable to the Constitution and Code of Conduct of their own authority.

The Chairman noted that it had been agreed previously and minuted that the terms 'Chair' and 'Vice-Chair' should be used instead of 'Chairman' and 'Vice-Chairman'. He asked that that change be made before the text goes to Council.

Councillor Alison Rooke stated that she was unhappy that the papers were only circulated a couple of days before the meeting – especially given that members of the public had to submit any requests to speak four days before the meeting. She was also disappointed that the provision for co-opted members was only that BOB JHOSC might have them some at some point. She noted that Oxfordshire members of BOB JHOSC could be outvoted on this by the other members.

Councillor Rooke asked if the Chair, coming from the host authority, would be voted for by that authority or would they be appointed. She noted that the Vice-Chair would be elected every 24 months but asked if that would be a rolling appointment like the Vice-Chair of Oxfordshire JHOSC which rotated between the city and district council.

Councillor Rooke supported the points made by Councillor Hanna regarding the need for the toolkit to be agreed, the definition of 'minor' amendments and the need for a review. She also asked that meetings of BOB JHOSC be broadcast and that members of the public should be able to participate remotely given the distances that would be involved in travelling across the region to a physical meeting. She concluded by requesting a vote on the recommendations.

The Chairman apologised for the lateness of the papers and accepted responsibility for that. He stated that he had always been flexible in relation to the deadline for requests to speak at meetings.

In response to Councillor Rooke's points he noted that the term for Chair was defined as 24 months in paragraph 15 and it would be up to each authority how it selected its Chair. The practice of rotating the Vice-Chairman position on Oxfordshire JHOSC

was an informal agreement and something similar could be worked out for BOB JHOSC.

The Chairman agreed to a review of BOB JHOSC after 12 months. He also stated that he would push for the provision of remote participation in the meetings if they are to be held as physical meetings but that was unknown at this point.

District Councillor Paul Barrow agreed with other councillors that the toolkit was very important and should be part of the Terms of Reference. He noted that one of the areas to be covered by BOB-ICS was the avoidance of variations in services across the region. If that were the case, then he believed that more than 20% of issues could well be taken at BOB level.

The Chairman responded that 20% was just an estimate. The only issue that had come up over the last few years that he believed would have covered the BOB level was the PET CT Scanner.

Dr Alan Cohen supported the call for a review especially given that a recent government white paper could change the nature of scrutiny if implemented in a Bill.

Councillor Mark Cherry stated that he supported the amendments and agreed with what had been said about the importance of the toolkit.

The Chairman addressed the issue that had been raised regarding the word 'minor'. He asked Members to put their trust in him and the Monitoring Officer. In his view, a minor amendment would be one which did not change the substantive meaning – changing from 'Chairman' to 'Chair' would be an example.

Anita Bradley added that she had a responsibility to the Council as Monitoring Officer. She would view a minor amendment as being one which did not change the operation of the function. Typographical or language changes would be examples of minor amendments but if there were changes to the number of members or the issue of co-option, that would be major.

Councillor Mike Fox-Davies supported the amendments. However, he was concerned that anyone reading the Terms of Reference in isolation would not see what the relationship was between BOB JHOSC and Oxfordshire JHOSC and where it fitted into the hierarchy. The Chairman accepted that point and asked officers to make that clear in the covering report to Council.

Barbara Shaw welcomed the fact that the debate was still open in having co-optees. She also felt that they were important to provide for on task and finish groups as well. The Chairman noted that individual terms of reference were drawn up each time a task and finish group was formed and could address the issue of co-optees.

The Chairman accepted that Members were being asked to make a leap of faith. Nobody was quite sure of the future for health scrutiny. This was about ensuring that there was appropriate scrutiny at all levels. He committed to working hard to ensure that the principles of this Committee were upheld in the new arrangements and he

believed that the same principles were shared by the other authorities. He put the proposal to a vote as had been requested.

The recommendations were carried by 6 votes to 2.

It was agreed that, in paragraph 27 of the Terms of Reference the word 'by' should be inserted between 'approved' and 'all'.

RESOLVED:

The Committee is RECOMMENDED to

a) SUPPORT the revisions to the draft Terms of Reference for a health scrutiny committee for health system-wide issues across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) area.

b) RECOMMEND that the revisions to the Terms of Reference are approved by Council.

c) RECOMMEND that a delegation is sought from Council to enable the Monitoring Officer, in consultation with the Chairman and Deputy Chairman of the Oxfordshire Joint Health Overview Scrutiny Committee, to make minor changes to the Terms of Reference after 23 March 2021 should other BOB councils request them as part of their own approval process.

..... in the Chair

Date of signing .....

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HOSC Forward Plan – April 2021

The scrutiny work programming guide was shared in July 2017 and is 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?

Last updated: 14 April 2021

Next meeting – 24 June 2021 – draft agenda

Item Title	Details and Purpose	Organisation
Minutes, speaking, other standard items		
COVID update	Standing item	System partners
OCCG update	Standing item	OCCG
GP Workload	a) Item to present information on GP workloads. b) This will look at the proxy data available for workload (e.g. GP appts and 111 data). c) It will also include information on the changing nature of GP working; feeding in work that the LMC are doing to measure GP workload (to illustrate workload beyond appointments). d) The Local Medical Committee will be invited.	OCCG/LMC
Future of Adult Palliative Care in Oxfordshire	Following a change in a hospice in the north of the county, this item will explore the future of palliative care in Oxfordshire.	OUH.
OUH Quality report	• Progress against stated priorities from providers (received in line with annual sign off process)	OUH
OH Quality report	• Progress against stated priorities from providers (received in line with annual sign off process)	OH
Healthwatch report	• Standing item	Healthwatch Oxfordshire

Last updated: 14 April 2021

Future Items

Meeting Date	Item Title	Details and Purpose	Organisation
To be confirmed (usually June)	Director of Public Health Report	• The annual report of OCC's Director of Public Health	OCC DPH
To be confirmed (usually June)	Health and Wellbeing Board Annual Report	An annual report to HOSC on the activity of the HWB, covering: • Activity of the Board over the financial year 2020-21 in pursuit of the Health and Wellbeing Strategy • Performance against aims and objectives during that period, including an overview of performance for all the sub-partnerships of the Board (e.g. HIB/Children's Trust & Integrated Systems Delivery Board). • Plans for 2021/22.	HWBB
To be confirmed	PET Scanning	• This item will provide follow-up information following the change of provider of PET scanning services for patients outside of Oxfordshire (but within the Thames Valley region). This item will report to the committee on the clinical pathways followed as a result of the change, the numbers of patients and patient flows. • It will also include any information on serious incidents which are reported.	
To be confirmed	Adult Social Care Green Paper	• The potential implications of the ASC Green paper on the local health and social care system	System-wide

Last updated: 14 April 2021

Meeting Date	Item Title	Details and Purpose	Organisation
To be confirmed	Health in planning and infrastructure	• How is NHSE engaging in the planning process, incl. the Health approach to CIL and s.106 funding • Learning from Healthy New Towns. • Impact on air quality and how partners are addressing this issue. • How can HOSC best support the planning function	CCG, NHSE, Districts/City Planners, PH, OCC Infrastructure
To be confirmed	Healthcare in Prisons and Immigration Removal Centres	• More in depth information on performance and how success is measured. • New KPIs in place since April 2017	NHS England
To be confirmed	Pharmacy	• Levels of access and changes to pharmacy provision, incl. mapping provision and impact on health inequalities	
To be confirmed	Social prescribing	• The roll out and outcomes of social prescribing pilots and learning that can be shared. (Berinsfield vs. Cherwell) • How District Councils and other partners link with and support social prescribing	
To be confirmed	Health support for children and young people with SEND	• How is Health contributing to improving outcomes for children and young people with Special Educational Needs and Disabilities and working with partners in Education and Care? • Linked to outcomes of SEND Local Area Inspection	OH, OUH
To be confirmed	Priorities in Health – Lavender Statements	• How the CCG manages competing priorities – Thames Valley Priorities Forum	CCG

Last updated: 14 April 2021

Meeting Date	Item Title	Details and Purpose	Organisation
To be confirmed	Commissioning intentions	• Committee scrutinises the CCG Commissioning Intentions	CCG
To be confirmed	Optometry	• Provision of optometry in Oxfordshire. • Trends and issues in the provision of optometry services. • How best practice and innovation from elsewhere are used within the services in the county. • To include a summary of the pathway and waiting times for NHS cataract surgery.	CCG
To be confirmed	BOB HOSC review	To review the BOB HOSC 12 months after its establishment, as agreed at 12 March 2021 OJHOSC. Scope to include review of: • BOB HOSCs establishment and operation • The ToR • The toolkit • BOB HOSC's scrutiny activity to date	OCC

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NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 22 April 2021

Title of Paper: Oxfordshire Clinical Commissioning Group: Key & Current Issues (non-COVID related)

Purpose: The following paper aims to provide the Oxfordshire Joint Health and Overview Scrutiny Committee with an update on:

1. Transfer of services provided by Oxfed
2. Re-procurement of MSK services

Senior Responsible Officer: Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group: Key & Current Issues

1. Transfer of services provided by OxFed

As HOSC members will be aware OxFed, the Oxford City GP Federation had given notice to OCCG to cease trading at the end of March 2021. GP federations are a not-for-profit healthcare organisations providing NHS services. OxFed made the decision to cease trading in light of the NHS Long Term Plan, which has established smaller Primary Care Networks (PCNs) to deliver patient care closer to home. OCCG are grateful to the staff at OxFed for their hard work and commitment to improving primary care services in the city.

Over the past six months we have worked with OxFed, the City PCNs and Oxford Health NHS Foundation Trust to ensure the safe transfer of the services commissioned by OCCG from OxFed. These include:

- *Primary Care Visiting Services (PCVS):* these services provide early assessment of patients in their own homes to mobilise care closer to home and prevent admissions to hospital where possible
- *The Improving Access Service:* this service aims to improve access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care service. More recently this service has been focused to support the PCN run vaccination services
- *City Social Prescribing Services:* this service provides holistic support to patients from a range of vulnerable groups. It aims to help improve and maintain people's health and wellbeing by seeking to address their needs in a holistic way and by supporting individuals to take greater control of their own health

The national Improving Access scheme and Oxfordshire PCVS are both county wide services with contracts coming to an end on 31 March 2021. The City Social Prescribing Services is only available in the City but has been supported by the Primary Care Network social prescribers across the rest of the county. The contract for this service was also due to end at the end of March 2021. As is normal practice, OCCG has undertaken a review of these services considering national direction, patient experience information and engaging with current providers, practices and system partners.

In December 2020, it was agreed that OCCG would recommission PCVS across the county from the current providers but as OxFed had previously informed us that they would cease trading on 31 March 2021 the CCG looked to identify an alternative provider for the City Population. The CCG considered the options available and agreed that in line with the NHS Long Term Plan national direction, where there is an increasing emphasis on integration and collaborative local service delivery, the CCG would commission PCVS for the City population from a

collaboration of the City Primary Care Networks. This would enable service continuity to be maintained.

In line with the national direction, it was agreed that the improving access services are commissioned through Primary Care Networks until such time as the national review and national specification for PCNs is available. In line with the current repurposing of improving access to support the vaccination campaign a new service will replace the existing service to ensure flexibility to support general practice and their patients and also maintain access.

The context in which social prescribing services now operate across Oxfordshire has changed significantly since the City service was commissioned as a result of the development of PCNs, the additional role reimbursement scheme (ARRS) and the focus on inequalities and health improvement. The Network directed enhanced services (DES) contract requires PCNs to "provide the PCN's patients with access to a social prescribing service."

As a result, a decision was taken not to recommission the city social prescribing service in its current form as this has now been replaced by the national additional role reimbursement scheme. Instead OCCG will commission from the City PCNs additional social prescribing link workers to work alongside and complement existing and future ARRS Social Prescribing link workers and increase the focus on health inequalities and health improvement in the City. As part of PCN development and the ARRS funding, the City PCNs are already employing, health and wellbeing coaches, care coordinators and social prescribers and plan to recruit more during 2021/22.

To ensure continuity of services for the City population and for practices while they prepare to deliver the Improving Access and PCVS services outlined above, OCCG has agreed to extend the contracts until 31 May 2021 and for OxFed to sub-contract their delivery to Oxford Health. This will enable a longer transition time.

OCCG is committed to the continuation of these services and supporting a smooth transition and the retention as many of the existing staff as possible.

2. Re-procurement of musculoskeletal services

The contract for the provision of the Musculoskeletal Assessment Triage and Treatment (MSK MATT) service, currently provided by Healthshare, is due to end 31 October 2022. The service was last commissioned for Oxfordshire in 2016/17 with the current contract starting in October 2017. The service has completed its three-year contract term and has entered the final two-year extension. As such, OCCG has commenced a programme of re-procurement for this service, which will take approximately two years to complete.

This MSK MATT service is a large service to commission, receiving in the region of 5,000 referrals per month in Oxfordshire, and the quality of which has important knock-on effects across the whole MSK care system.

This re-procurement is also taking place at a time when the system wide MSK service model is being reviewed in Berkshire West CCG and Buckinghamshire CCG, our integrated care system (ICS) partners, presenting an opportunity for closer working across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS to develop a cohesive MSK approach.

The re-procurement will include reviewing service feedback and input from the Pain Management Clinic, OUH Orthopaedics, OUH Rheumatology, the MSK Taskforce, primary care and the current provider Healthshare. We will also involve patients and the public in the procurement process, review feedback we already have from patient and GPs, and synthesise relevant patient surveys. As well as seeking feedback and review guidance from relevant national bodies and local groups. The HOSC has previously had extensive engagement in MSK through the MSK Task and Finish Group approach and the learning from this work will also be incorporated.

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

OX12 TASK AND FINISH GROUP REPORT

22 April 2021

Purpose and Executive Summary

1. This paper provides the final report of the OX12 Task and Finish Group and the response to that report by Oxfordshire Clinical Commissioning Group (OCCG) on behalf of the Oxfordshire health and social care system.

2. **Oxfordshire Joint HOSC is asked to CONSIDER the findings and recommendations of the OX12 Group's report in Annex A, and the OCCG's response to the report in Annex B.**

Background

3. The Population Health and Care Needs Framework – a new approach to assessing and addressing health and care needs on a local and holistic basis – was developed by the OCCG in 2018.

4. OCCG reported to HOSC on 29 November 2018 that they intended to use the agreed framework in Wantage and the surrounding area – described as the OX12 postcode area – with an immediate start.

5. HOSC's OX12 Task and Finish Group was established in February 2019 to provide "Scrutiny throughout the process of implementing the Local Health Needs Assessment Framework and its timely roll-out, to take account of the needs of residents in Wantage and the local area."

6. A report by the OX12 Task & Finish Group in January 2020 proposed that a final report would be submitted to HOSC to evaluate the OX12 project with recommendations on the further use of the Population Health Care Needs Assessment Framework. The final report is attached at Annex A.

7. Standard health scrutiny practice is that partners in the health and social care system are given chance to consider and respond to draft reports before their publication. A draft of the report at Annex A was shared with Oxfordshire system partners in February 2021. OCCG's response to the OX12 Group's report is attached at Annex B.

Anita Bradley
Monitoring Officer
April 2021

Contact Officers: Glenn Watson, Principal Governance Officer
Steven Fairhurst Jones, Policy & Partnerships Team

Annex A: Report of the OX12 Task & Finish Group

Annex B: Response to the OX12 report by the Oxfordshire Clinical Commissioning Group

Report by the OX12 Task & Finish group of the Population Health Care Needs Assessment Framework as applied to the OX12 postcode (The OX12 project)

Introduction

The report by the HOSC OX12 Task & Finish (T&F) group submitted in January 2020 proposed that a final report would be submitted to the full committee to evaluate the OX12 project with recommendations on the further use of the Population Health Care Needs Assessment Framework (PHCNAF).

The January 2020 report received little response from CCG and the T&F group recommended to HOSC in June 2020 that the CCG should respond to 5 specific points. Oxford Health (OH) and the CCG responded in July with partial fulfilment of the recommendations made, particularly the reopening of the hospital, in part with maternity services, and this coincided with re-engagement by OH.

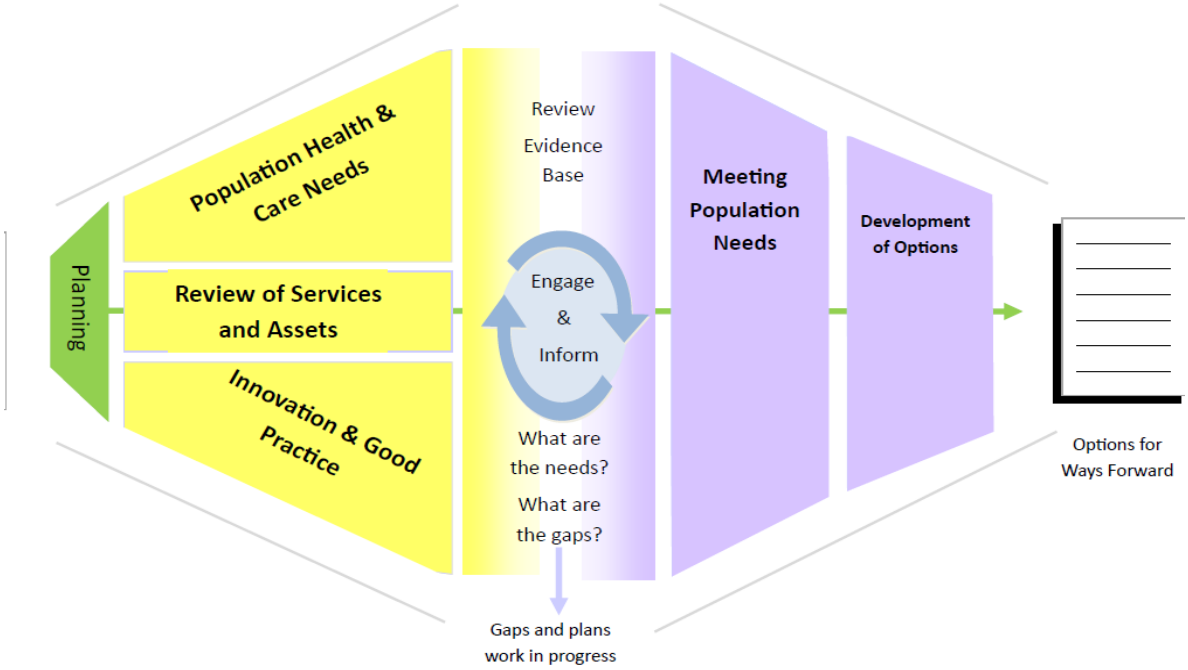
The initial CCG recommendation to the Health and Well-Being Board that the PHCNAF approach be used was accepted and the HOSC established the OX12 T&F group to scrutinise the project. Although the principles of the PHCNAF are coherent, the way in which they were implemented left much to be desired and note should be taken of our grave reservations before it is applied in the same way in any other part of the county or the ICS.

A major concern of this report is the negative impact that this project has had on residents of the OX12 postcode. The County Council agreed unanimously on 8th December 2020 that a starting point for recovery would be a clear commitment to completing the population-based pilot with a plan acceptable locally. However, as will become clear from this report, we have major concerns in the further use of the PHCNAF without first addressing the reservations which we have, and which are outlined below. The OX12 project has been replaced by a county-wide review of community health service provision by OH.

Although there has been no further engagement with the T&F group or with HOSC by the CCG, Oxfordshire Health did meet with the Wantage Health Committee including members of the OX12 Stakeholder group, with the T&F group and Oxfordshire County Council officers are also meeting regularly.

The Population Health Care Needs Assessment Framework (PHCNAF)

This was essentially an attempt to integrate populations health needs, assets and relevant innovation leading to rational identification of appropriate health care provision (see Fig.).



Several major shortcomings in his process were identified:

- There was no evidence for the Primary Care Networks (PCN), integrating GP practice work, county health provision and social care as originally proposed. It was unclear whether the PCN had bought into the PHCNAF.
- No evidence was presented on how the Wantage community hospital would be integrated with the work of neighbouring community hospitals.
- Resolving the projected shortfall of GPs and other clinical and non-clinical support was not analysed.
- No account was taken of the wider changes in the organisation of health provision including the NHS Plan, the ICS, the Oxfordshire HWB plan and the Oxford Plan 2050.
- Listening and solution building events were held involving the local population and the stakeholder reference group. The latter became closely involved in public-facing events. This gave them the false impression that they were involved in shaping the agenda.
- There was no provision made for any evaluation to measure success of the project.

The three evidence-based arms of the PHCNAF (yellow in the Fig. above) are:

1. **Population needs**

- Data, sometimes not from the most-recent sources, were presented and published very late which was a continuous problem. Gaps were inadequately identified. Use of insufficiently sophisticated software resulted in inadequate projection of future health care needs.
- How the changes in population and demographics, aging and increased provision of care homes could be integrated into health provision was not considered.

2. **Assets**

- The stakeholder group was also involved in the survey of assets but it is difficult to see if this information was used.
- The third sector is very active but how this might interact with more formal health service provision was not analysed.

3. Innovation

- Technical innovations aside, of which nothing was considered, the major recent innovation that became policy was Home First (discharge to assess) where rehabilitation takes place in the resident's home. The innovations paper offered to the clinicians, was a review of official policy rather than reviewing innovative practice elsewhere in the country. There were considerable deficiencies including the absence of Primary Care Home, which formed the evidence base for Primary Care Networks. No evidence was presented on the staffing/support requirements for this policy in comparison with the requirements for the community hospital.

Synthesis step - Identifying Population Care Needs and Solutions

There were a number of serious problems associated with this stage of the project:

- There was a clear mismatch between wishes/desires, as opposed to demands/needs in OX12, which was never adequately clarified.
- Solutions were to be developed and tested for clinical soundness, deliverability, affordability and benefits to the community, using data from the three evidence-based arms. It was entirely opaque as to who would make these judgements, and on which criteria they would be based.
- Ideas were and are still circulated on future plans for Wantage Hospital but the T&F group felt that these were picked out of the air with little regard to clinical, financial or logistical (staffing, travel etc) regard.
- The four projects that arose from the solution building event came to nothing.
- The key themes included Health and Well-Being (HWB) at all stages of life taken from the Oxfordshire HWB strategy. There was no indication at all of how this would be implemented and integrated with the PCN and community hospital.
- Travel was discussed with some minor suggestions to alleviate travel within and outside OX12. This was not analysed in any detail. The environmental impact of excessive travel was not discussed in detail although this is a major part of the Oxfordshire future plan.
- No evaluation was carried out on the progress of the project.

Recommendations

With these shortcomings identified, the OX12 Task & Finish group recommends improvements in the following areas, should the PHCNAF be used for analysis of community health provision in other parts of Oxfordshire.

1. The project plan:
    a. Evaluation should be an integral part of the project plan, and a project should not be signed off by the Health and Well-being Board (HWBB) without an evaluation plan in place.
    b. A clear project plan should be made available which describes the time required, the workforce needed, the skills and equipment needed, and the costs of such a project

c. The project plan should set out the process for the programme of work, so that it is clear to all those involved

2. The Process led by CCG:
   a. Innovations Paper: The review of the innovations and best practice needs was inadequate and failed to address innovation or best practice. It needs to be reviewed and updated
   b. Assets Evidence:
      i. There needs to be a review of workforce issues, and how these might impact on service developments including re-opening in-patient beds, GP and community nursing staff.
      ii. There needs to be a review of GP premises and if they are fit for an increasing population as identified in the Health Needs section
      iii. There needs greater clarity as to how the detailed information provided by the population questionnaire was used to formulate solutions
   c. Health Needs Evidence:
      i. The link between the JSNA and the local data sources including district planning and housing data should be strengthened.
      ii. Information gathering and analysis methods should be reviewed including the use of more sophisticated software for data analysis and future projections.
   d. Synthesis:
      i. It is recommended that the local framework fits into wider county-wide and national policies on community health and social care (in-patient beds/domiciliary care, etc). This should also include Oxfordshire Health and Wellbeing Strategy, and other place-based documents.
      ii. Greater clarity is required on how the three separate sections of the Framework are combined and used to formulate conclusions.
   e. One of the major specific issues discussed within the project was the future of Wantage Hospital. We reiterate our recommendations (HOSC November 26th) to HOSC that any decision made on the future of in-patient beds should be evidence-based and include the pros and cons of bed closures and of alternative provision and include consideration of Wantage Hospital within the proposed wider county strategy and not be based on the CCG report. We endorse the decision of the County Council (8th December item 15), supported unanimously, that a comprehensive plan for OX12 by the system be completed which is acceptable to the local population and forms a significant part of, or acts as a pilot for, the county-wide review of community health service provision.
   f. **Summary: The review of this project recommends that, as the PHCNAF has been unsuccessful, rolling this methodology out to other areas of the county should not take place until it has been evaluated and reviewed fully. Any future scrutiny of whole system working within Oxfordshire should only be established after due consideration given to the serious concerns raised in this report.**

3. Lessons and Recommendations for Scrutiny
   a. The main challenge to the scrutiny process has been the deep resistance we encountered from the CCG which led to the difficulties in the review process. The lack of transparency in meetings where decisions were made is a crucial issue, of particular importance as the whole system has become more

centralised and opaque. Working in this environment was particularly difficult for the T&F group. The period between the one-day stakeholder event and the publication of the report was especially problematic as the CCG met with small working groups including members of the OX12 stakeholder group under conditions of confidentiality. Throughout the process effort was required constantly to seek disclosure of information, which was normally only shared in the period immediately leading up to a HOSC meeting.

b. The closer working between whole system partners also created a new tension at the County where officers who were part of the team for the whole system were also supporting scrutiny work. At the very least this created at times the appearance of pressure being exerted on the T&F group.
c. The extent to which key decisions are made in a non-democratic way and without sufficient scrutiny is of increasing concern to the County Council which has resulted in a member of the OX12 T&F Group (Cllr Hanna) requesting a constitutional review (County Council July 2020). This was complemented by a motion passed unanimously on December 8th 2020 by OCC that "The increasing powers of non-elected decision makers is impacting negatively on Oxfordshire's population**".**
d. We recommend that HOSC requests that the operation of the scrutiny function be part of a County Council Constitutional Review. We recommend priority to the value of transparency and openness to ensure the public is aware of the challenges faced in scrutiny of the whole system.

Public engagement

- The OX12 project carried out by OCCG has been a litany of missed opportunities to engage productively with the residents of the OX12 post code and others outside the postcode who, nevertheless, use the health care facilities.
- The early establishment of a stakeholder's reference group, with activities involving the well-attended listening and solutions meetings, gave the misguided impression that ideas and proposals made by residents during the listening and more importantly the solutions events would be adopted. It is difficult to see how the CCG intended to adopt these and how they aligned with the intentions of the CCG. Indeed, apart from the closure of Wantage Hospital, which was always understood by the OX12 population to be a major aim of the CCG, it was difficult to see what the aims of the CCG were. If they existed, these were not communicated in any way to the population. As indicated in the main body of this report the PHCNAF did not really marry population needs with population wishes and no attempt was made to explain the underlying approach and strategy of, and options available to, the CCG in health care provision for OX12 together with any constraints in terms of costs, staff etc. This represented a major failure in communication. So much more could have been done in terms of arguing the cases for the "Home First" policy, presenting new opportunities arising from new technologies. These opportunities were missed completely.
- One route to policy development is that the executive body develops a strategy based on a number of options, coupled with an outline of the limitations intended to manage

expectations. This is then ideally followed by a discussion with the population affected, which may result in a degree of compromise on both sides. There was no indication that anything like this took place. The consultation events (listening and solutions) took place before and in the absence of any semblance of a presentation of the strategy by CCG. The PHCNAF was a process rather than a strategy.

The process of co-production, where there is meaningful engagement and transparency to build trust with a local population as a partnership (http://www.realisegroup.com/our-team#our-team-1), could have been used. The use of digital communication combined with face-to-face events would have increased transparency and mutual understanding.

- In contrast, the process was strictly controlled by the CCG with whole system support and did not appear to have been based on advice from experts in co-production. Some advice was sought in the summer, but this was after a survey had been completed which omitted questions considered a priority by the local population and the series of private meetings held after the stakeholder listening event (7 months after the start). This ensured that any transparency was lost, leading to grave disappointment amongst the community as a result of a report that bore no relation to their experience and expectation that there would be progress.
- It was unclear why the CCG did not lay out their aims and arguments in clear daylight for a full discussion from the beginning which could have led to a full, frank and fruitful discussion even if this was likely to become animated. OX12 has a relatively well-educated population who are well able to understand issues related to finance and other limitations that may be imposed on the health service.
- The failure to communicate properly and constructively with the OX12 population has been a major contributor to the failure of the OX12 project and has led to mistrust and a degree of bad feeling. It is unfortunate that this mistrust has been inherited by OH in their county-wide review and a renewed engagement with the OX12 regarding the future of Wantage Hospital. Although the future of the hospital is assured, the continuing discussion regarding in-patient beds lingers on and OH have compounded the distrust of residents' representatives by not engaging rapidly with them to explain their case and arguments.

In summary, the OX12 project to pilot the PHCNAF has failed. It has failed as a result of the poor management and realisation of the PHCNAF, together with a poor level of engagement and communication with the residents of the OX12 postcode.

Cllr Dr Paul Barrow
Cllr Jane Hanna
Cllr Alison Rooke
Dr Alan Cohen

NHS
Oxfordshire
Clinical Commissioning Group

Response to OX12 Task and Finish Group report

A report was presented to Oxfordshire Health and Wellbeing Board on 30 January 2020 setting out the results of the OX12 project. The report provided a summary of the project, its findings and learning from applying the Health and Care Needs Framework for the first time. This was followed with a report to Oxfordshire Health Overview and Scrutiny Committee on 6 February 2020.

The acceptance of this report by the Health and Wellbeing Board marked the completion of this project. The project highlighted two areas for further work:

1. To test the feasibility of the ideas and opportunities that resulted from the application of the framework; aligning them with existing priorities and plans for Oxfordshire and those of the partner organisations. These tests of feasibility were to include ensuring that an idea was clinically viable, operationally deliverable (particularly in terms of space for services), financially affordable and would deliver a measurable benefit for people in OX12.
2. To review Wantage Community Hospital Beds. Based on the work of the project there was no compelling case for reopening the temporarily closed beds. Further work was required to test this.

These pieces of work were being formulated in early 2020 when the emerging COVID-19 pandemic began to make itself felt in Oxfordshire and the work had to stop.

The outcomes of the OX12 report marked a point in time. As highlighted in the paper presented on the Community Services Strategy the work to take this forward is now encompassed in that programme.

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healthwatch Oxfordshire
Your voice on health and care services

Healthwatch Oxfordshire

Report to the Oxfordshire Joint Overview Scrutiny Committee

April 2021

Contents

Update on Healthwatch Oxfordshire

Healthwatch Oxfordshire staff continue to work from home or in our COVID-19 secure office environment when needed. This is continuing to prove a challenge to our traditional approach to listening to people about their experiences of health and care services – that is actively out in the community. We are adapting and making progress with new ways of reaching out – exploiting social media channels, webinars, newspaper articles, and maintaining relationships with communities.

Between April and end December 2020:

- We heard from 4,542 people.
- We reached 345 people through our work with local groups, including Oxford Community Action, Black Asian and Ethnically Diverse Women in Oxfordshire Recovering from Lockdown and Domestic Abuse, African Families in the UK and the Early Years Network.
- During October and December, we were active in Didcot and surrounding villages listening to residents about what it is like living in the Didcot and surround areas, their experiences of accessing health and care services. The Report can be found on our website https://healthwatchoxfordshire.co.uk/our-work/research-reports/.
- At the end of December 2020, we welcomed 87 members of Patient Participation Groups to a webinar who were able to ask questions of the Clinical Commissioning Group about the COVID-19 vaccination programme. A questions and answers (Q&As) online document resulted from this and is constantly updated. The report and recording of the webinar can be found here https://healthwatchoxfordshire.co.uk/ppgs/news/ . This was followed up in March 2021 with a webinar of Social Prescribing attended by 60 people.

Making a difference, being heard, influencing changes.

- A presentation of our Care Home COVID-19 report to Oxfordshire Clinical Commissioning Group Primary Care Commissioning Committee in October led to a briefing webinar for care homes including a focus on legal framework and safeguarding. This was in response to concerns raised in our report about restrictive visiting arrangements at some care homes.

- At our recommendation, Oxford University Hospitals NHS Foundation Trust updated its website so that content about maternity services, including partners being able to visit and be present at birth, was more accessible.

- Homestart Oxfordshire made use of our report on the emotional wellbeing of under-fives in developing its support for families during the pandemic.

- The Healthwatch Ambassadors report 'Help and support for parents in Oxfordshire' was presented to the Board in March 202. There are three recommendations in the report as follows that the Children's Trust:

1. Take note of the findings of this research.

2. Make a commitment to review and monitor the reinstatement of all services that were operational prior to April 2020 and how they are 'catching' up on supporting families across Oxfordshire.
3. Support voluntary and community organisations to re-engage with families – including running group sessions and face-to-face meetings.

The report was welcomed, the recommendations agreed, the executive summary and full report praised. An action for the Trust Board agreed for health visiting and midwifery to be placed on future agendas. Kevin Gordon Director Children and Families, Oxfordshire County Council expressed his keenness to engage with the 3rd sector on COVID-19 recovery plans.

Our Community Outreach Worker joined us in early February. The role will continue to support our work to reach out to seldom heard groups in Oxford city.

Reports

During March 2021 we published the following reports:

Adult unpaid carers in Oxfordshire are they getting the right support when needed? - February 2021

The key messages from the research were:

- Many people do not identify as a carer.
- Many carers do not access support – including financial support, caring support, personal support.
- The challenges to getting support included not know what is available, too much information, having to repeat their story over and over, can be a confusing and complicated process, there is no one to help on a personal basis just leaflets and signposting.

What is needed to support unpaid carers?

- Coordination of advice and support.
- Active promotion of what is available to unpaid carers.
- Personal practical support.
- One place or one person to help.

We held a round table meeting on 3rd March 2021 to discuss the findings of this report. This meeting was attended by representatives from Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, Oxfordshire Mental Health Partnership, AgeUK Oxon, Carers Oxfordshire, Rethink, Oxford Health NHS Foundation Trust and six carers who took part in the research.

The carers who attended welcomed the opportunity to be part of the discussion, hear what is happening and hoped that similar meeting could be arranged in the future.

Healthwatch Report was welcomed by all those who attended as it confirmed what the commissioners and service providers had been hearing from carers.

We heard that the newly commissioned carers support service (went live on 1st April 2021) creates a carers pathway that appeared to address many of the findings from the research. This pathway has been developed by commissioners, carers organisations and carers responding to similar issues.

Healthwatch Oxfordshire will monitor the impact of this new service over the next 12 months.

Listening to the voices of employed home carers March 2021
https://healthwatchoxfordshire.co.uk/our-work/research-reports/

Enter & View at Kassam Stadium – NHS mass vaccination centre.
https://healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/

Report to the Oxfordshire Health and Wellbeing Board March 2021.
https://healthwatchoxfordshire.co.uk/our-work/reports-to-other-bodies/

On-going work

Reports to be published during April 2021:

- Listening to residents in care home and their loved ones.
- Using your pharmacy during 2020
- Dentistry – access during COVID-19 pandemic.
- Didcot – living in Didcot

Planning for the next year and beyond with our focus being on listening to seldom heard communities across Oxfordshire, digital exclusion to accessing health and care services. Our goals and strategy for 2021-22 can be found here https://healthwatchoxfordshire.co.uk/about-us/our-priorities/

To support our strategy of working alongside seldom heard communities to have their voice heard Healthwatch Oxfordshire are now beginning to work alongside and support five **community researchers** in the County. These are part of two projects supported by funds from Care Quality Commission, and Health Education England / Public Health England.

We continue to support the development of Patient Participation Groups, Primary Care Networks, and the Oxfordshire Wellbeing Network.