Notice of Meeting Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 23 September 2021 at 10.00 am
County Hall, New Road, Oxford OX1 1ND

Please note that Council meetings are currently taking place in-person (not virtually) with Covid precautions at the venue. Meetings will continue to be live-streamed and those who wish to view them are strongly encouraged to do so online to minimise the risk of Covid-19 infection.

If you wish to view proceedings, please click on this Live Stream Link. However, that will not allow you to participate in the meeting.

If you still wish to attend this meeting in person, you must contact the Committee Officer by 9am four working days before the meeting and they will advise if you can be accommodated at this meeting and of the detailed Covid-19 safety requirements for all attendees.

Please note that in line with current government guidance *all* attendees are strongly encouraged to take a lateral flow test in advance of the meeting.

Membership
Chair - Councillor Jane Hanna OBE
Deputy Chair - City Councillor Jabu Nala-Hartley

Councillors:	Nigel Champken-Woods	Arash Fatemian	Dr Nathan Ley
	Imade Edosomwan	Charlie Hicks	Freddie van Mierlo
District Councillors:	Paul Barrow	John Donaldson	
	Jill Bull	David Turner	
Co-optees:	Jean Bradlow	Dr Alan Cohen	Barbara Shaw

Notes: ***Date of next meeting:*** *25 November 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 workings day before the date of the meeting.**

For more information about this Committee please contact:		
Chair	-	Councillor Jane Hanna OBE Email: jane.hanna@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

September 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 - 20)

To approve the minutes of the meeting held on 24 June 2021 (**JHO3a**) 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 (**JHO3b**).

4. Speaking to or Petitioning the Committee

Currently council meetings are taking place in-person (not virtually) with Covid safety procedures operating in the venues. However, members of the public who wish to speak at this meeting can attend the meeting 'virtually' through an online connection. While you can ask to attend the meeting in person, you are strongly encouraged to attend 'virtually' to minimise the risk of Covid-19 infection.

Please also note that in line with current government guidance all attendees are strongly encouraged to take a lateral flow test in advance of the meeting.

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 17 September 2021 Requests to speak should be sent to colm.ocaomhanaigh@oxfordshire.gov.uk . You will be contacted by the officer regarding the arrangements for speaking.

If you ask to attend in person, the officer will also advise you regarding Covid-19 safety at the meeting. If you are speaking 'virtually', you may submit 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. Written submissions should be no longer than 1 A4 sheet.

recycled paper

5. System-wide update on Covid-19 Recovery (To Follow)

10:25

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

6. Oxfordshire Clinical Commissioning Group Update (Pages 21 - 26)

11:25

An update from Oxfordshire CCG including development of the Integrated Care System and engagement on improving Community Health and Care Services

Comfort Break

12:00

7. Chair's Report (Pages 27 - 30)

12:05

The Chair's report updates the Committee on developments since the last Committee meeting in June.

8. Health and Wellbeing Board Annual Report (Pages 31 - 44)

12:30

This report gives information on the activity and development of the Oxfordshire Health and Wellbeing Board in 2020-21.

The Committee is RECOMMENDED to note the content of this report and the systems in place to monitor progress in delivering the Joint Health and Wellbeing Strategy and improving health outcomes for our population.

LUNCH

13:00

9. **Committee's Work Programme** (Pages 45 - 56)

13:30

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

The Committee is RECOMMENDED to

(a) Consider the approach to Overview and Scrutiny outlined in Paragraph 8 and provide comments;
(b) Consider the results of the limited work programme engagement exercise as detailed in Appendix 1;
(c) Consider suggestions made by Partners, the Cabinet and Senior Officers;
(d) Consider the methods by which the Committee would like to undertake its Overview and Scrutiny activity;
(e) Consider and agree the work programme for the Committee for the 2021/22 municipal year;
(f) Agree on whether to create any task group reviews and appoint membership of that review;
(g) Identify any specific training and support needs required to deliver the 2021/22 work programme

10. **Oxfordshire Healthwatch Report** (Pages 57 - 64)

14:15

Healthwatch Oxfordshire will report on the views gathered on health care in Oxfordshire.

11. **Admission to Care Homes during the Covid Pandemic** (Pages 65 - 82)

14:40

This paper presents information about the discharge of people from acute hospital to care homes in Oxfordshire during the early days of the COVID-19 pandemic, and a response to that information by the County Council's Director of Public Health and Director of Adult Social Care.

The Committee is RECOMMENDED to NOTE the information provided in the paper (Annex A) and response (Annex B).

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.

This page is intentionally left blank

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 24 June 2021 commencing at 10.00 am and finishing at 4.10 pm

Present:

Voting Members:

Councillor Imade Edosomwan
Councillor Arash Fatemian
Councillor Jane Hanna OBE
Councillor Charlie Hicks
Councillor Dr Nathan Ley
Councillor Freddie van Mierlo
District Councillor Jill Bull
District Councillor David Turner
District Councillor Andy Foulsham (In place of District Councillor Paul Barrow)
City Councillor Jabu Nala-Hartley (In place of City Councillor Amar Latif)

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.

24/21 ELECTION OF CHAIR FOR THE COUNCIL YEAR 2021-22

(Agenda No. 1)

Councillor Jane Hanna was nominated by Councillor Nathan Ley and seconded by Councillor Charlie Hicks.

Councillor Jane Hanna was elected Chair for the Council Year 2021/22.

25/21 ELECTION OF DEPUTY CHAIR FOR THE COUNCIL YEAR 2021-22

(Agenda No. 2)

City Councillor Jabu Nala-Hartley was nominated by Councillor Charlie Hicks and seconded by District Councillor Andy Foulsham.

Councillor Jabu Nala-Hartley was elected as Deputy Chair for the Council Year 2021/22.

26/21 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 3)

Apologies were received from:

Councillor Nigel Champken-Woods (who was to be substituted by Councillor Nick Field-Johnson but he had to give apologies on the day of the meeting)

District Councillor Paul Barrow (substituted by District Councillor Andy Foulsham).

City Councillor Amar Latif (substituted by City Councillor Jabu Nala-Hartley)

27/21 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 4)

The following declarations of personal interest were noted:

- Councillor Charlie Hicks as a Flexible Healthcare Assistant at Oxford Health NHS Foundation Trust and a family member who is a GP in Oxfordshire.
- Dr Alan Cohen as a Trustee of Oxfordshire Mind
- Jean Bradlow whose husband is a consultant rheumatologist at the Royal Berkshire NHS Hospitals Trust.
- City Councillor Jabu Nala-Hartley as a member of the Socialist Health Association.
- Councillor Jane Hanna as Chief Executive Officer of SUDEP Action.

28/21 MINUTES
(Agenda No. 5)

The minutes were approved subject to amendments being agreed by the Monitoring Officer and Chair on Items 20/21 and 21/21.

On Item 18/21, System-wide Update on Covid-19, the Chair thanked the Director for Public Health for circulating statistics on comparable counties.

On Item 20/21, OX12 Task and Finish Group Report, it was agreed that the Chair discuss with the Monitoring Officer the serious concerns of the Task and Finish Group before any further scrutiny proceeds.

On Item 21/21, Community Services Strategy, the Chair noted that an offline discussion had been proposed regarding the difficulty of items going to the Health and Wellbeing Board before this Committee has had a chance to discuss them. This discussion had not taken place as there was no Chair for the Committee between the election and this meeting. This was something the Committee still needed to discuss.

The Chair also noted another action that did not appear to have been taken forward: “That Drs Broughton and Riley of Oxford Health address the issue that keeping the inpatient beds in Wantage Community Hospital closed for so long was essentially predetermining their future.” She asked that this be followed-up.

Action: The Chair to discuss with senior officers the concerns of OX12 Task and Finish Group and sequencing of this Committee's meetings and the Health and Wellbeing Board meetings.

29/21 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 6)

The following speakers had been agreed:

Item 7, Forward Plan:
Julie Mabberley

Item 9, Oxfordshire Clinical Commissioning Group Update:
Maggie Winters

Item 12, Community Services Strategy:
Julie Mabberley
Cllr Jenny Hannaby

30/21 FORWARD PLAN

(Agenda No. 7)

The Committee had before it for consideration a forward plan of items for future meetings. It had been agreed to take the following speaker for this item.

Julie Mabberley requested that the Committee add In-patient beds in Wantage Hospital as a specific topic in the Forward Plan. She outlined the background to the issue which first arose in 2016 when Oxford Health decided to close in-patient facilities temporarily on health and safety grounds. They remained temporarily closed and at the Health and Wellbeing Board recently Diane Hedges reported that the community strategy timeline indicated that any decision on beds being reopened would not be known until the end of 2022. At the last Committee meeting the Chairman pointed out that they had asked the Clinical Commissioning Group and Oxford Health to reopen the beds many times and that this had still not happened. She asked the Committee to add this topic in the work plan urgently.

Dr Alan Cohen noted that on Agenda Page 20, item title "The First Thirty Days", there were actually two separate papers – one by himself with Barbara Shaw and one by District Councillor Paul Barrow. He asked that they be scheduled as separate items.

Councillor Charlie Hicks proposed a discussion for the next meeting on the role of the Committee, how the Committee, the health partners and accountable officers viewed the question of accountability and how issues could be escalated if the system was going in a different direction from that desired by the Committee.

The Chair noted that this was a time of massive transformation in health and social care services given the immediate and long-term effects of Covid-19. She acknowledged all the work by officers in putting together the Forward Plan but noted that she had not had a chance to input, having only been elected at this meeting. She proposed to have a meeting with officers and the Deputy Chair to understand the background to the plan and the resources available.

The Chair invited Members of the Committee to send their suggestions to the Committee Secretary. She expected that there would be a lot of issues to discuss and that an extra meeting would be needed.

City Councillor Jabu Nala-Hartley suggested a discussion on the powers of the Committee. The Chair responded that there was a need to look at training and some of the issues coming down the line such as the BOB-Integrated Care System (Bucks, Oxfordshire and Berkshire West) and legislation aimed at limiting power of Health Overview and Scrutiny Committees.

Anita Bradley, Monitoring Officer, suggested a need to prioritise the issues that would come forward as it was unlikely the Committee could deal with all of them. She recommended using a scoring system.

District Councillor David Turner noted that there were 12 items on the plan that were marked 'to be confirmed'. He asked that target dates be set for every item to avoid drift.

The Chair noted that the Committee could request any health partner to come before it. She also suggested that they should consider the voluntary sector in their plans as they were also doing great work.

Ansaf Azhar, Director for Public Health, offered to work with the Chair to revise the Forward Plan, noting the importance of bringing a population perspective and maximising the benefit for the population.

Action: Chair, Deputy Chair, Director for Public Health and other officers to meet to discuss and prioritise items for the Forward Plan.

31/21 SYSTEM-WIDE UPDATE ON COVID-19

(Agenda No. 8)

The Committee had asked for a presentation on the latest data on Covid-19, vaccinations and elective recovery plans. Ansaf Azhar, Director for Public Health, started a presentation with the very latest figures on case rates. These had been rising in Oxfordshire, standing at 61 per 100,000 up 50% on the previous week. Cases among over 60s were not high. The main increase was in the 20-29 age group.

The Delta variant was more transmissible but thanks to the vaccination programme the increases were not as serious as they had been in December and January. He stressed the importance of asymptomatic testing which had picked up 151 cases in the previous week.

Hospital admissions were still low. Vaccination with two doses had been shown to be 80% effective against infection and 98% effective against hospital admission. Oxfordshire had seen no deaths from Covid-19 for 5 weeks but sadly two had been reported in the previous week.

Jo Cogswell, Director for Transformation, Oxfordshire Clinical Commissioning Group (OCCG), presented the slide summarising the uptake of vaccine in the various age groups. It was now being offered to everybody over 18. They were looking at how to make vaccination more accessible for young people and setting up centres in places with greater concentrations of young people.

Jo Cogswell encouraged Members to be part of the communications push by encouraging everyone to get the vaccine. Thousands of volunteers had been an essential part of the programme and a thank-you event had been organised for them.

Tehmeena Ajmal, Operations Director Covid, Oxford Health, outlined measures to improve the uptake of the vaccine in areas where it had been low to date, including the use of sprinter vans. She thanked the universities for their cooperation. The target was to have the second dose delivered to two-thirds of adults by 19 July when the Government planned to ease restrictions.

Councillor Charlie Hicks asked for more comparative information on hospitalisation rates and on hesitancy to take up the vaccine. He believed that the messaging around the importance of fresh air to minimize airborne transmission was not really getting across. He had not seen much messaging on vaccination in social media and asked what was being done there.

City Councillor Jabu Nala-Hartley asked if partners were aware of the work being done to encourage vaccine take-up in BAME (Black, Asian, Minority Ethnic) communities. She asked for more information on staffing levels, if there were any compliance problems with national and privately run track and trace companies and if employers were doing enough to support their employees.

Ansaf Azhar responded that the take-up had been low nationally among young women due to inaccurate information about fertility concerns but they had overcome that with targeted communications.

Jo Cogswell noted that they had updated the information campaign to include the importance of fresh air. They had also improved the messaging to BAME communities following feedback that previous campaigns had been received negatively. It was now focussed more on the positive messages around the vaccine and used trusted advisors

District Councillor Andy Foulsham referred to anecdotal evidence of serious disruption in schools with so many year groups having to isolate. He asked if local partners were prepared to divert from national guidelines to introduce stronger guidance as otherwise he believed that schools may move to take their own measures. The Chair asked if the threshold for intervening with schools had changed.

Ansaf Azhar responded that the infection rate in school-going ages was much lower than that of the 20-29 age groups. They were in constant contact with Headteachers and had clear risk assessment processes.

Barbara Shaw stressed the importance of data on long-Covid and the impact of that on the health system. She also asked about communications on the recommended twice-weekly Lateral Flow Tests (LFT) as she believed that the message was not really getting across to the public.

Ansaf Azhar agreed that long-Covid was having an impact on primary care but that it was not very well understood yet so it was difficult to devise measures. He acknowledged that messaging on LFT was difficult due to the perception that it was not very accurate. He stated that the accuracy was improving and that it remained an important element in limiting transmission.

Councillor Freddie van Mierlo noted that a lot of the effort seemed to be focussed on the city, whereas some of the highest rates were in the south of the county where residents looked to Reading as their main centre.

Officers responded that the latest data was discussed on a daily basis. The current priority was towards 18-29 year-olds and those groups were most concentrated in the city. However, there were mobile units that could be deployed anywhere that hotspots were identified.

With regard to the test and trace systems, Ansaf Azhar reported that around 90% of cases were handled by the national system and the local system picked up the rest. There was soon to be an integrated system so that the local system could access the national data directly.

Lisa Glynn, Director of Clinical Services, Oxford University Hospitals, presented slides on elective care. For most of the period, the numbers waiting more than 52 weeks were reducing ahead of the plan. However, this changed through December and January as that peak took hold and elective care ceased. Since April the numbers had started coming down again – the latest count being 3,300.

The waiting lists were being managed through clinical prioritization, extending working days, collaborating with independent partners and more treatment in the community. Lisa Glynn then gave an overview of the NHS Operating and Planning Guidelines that were introduced in March 2021 and included targets for activity that were mostly being met or exceeded.

Members noted that Ophthalmic and ENT (Ear, Nose, Throat) services were still closed in Oxfordshire while they were operating, and taking Oxfordshire referrals, in neighbouring counties. At the Committee's last meeting there had been a request for information on the plan to reopen these services but this had not been included in the presentation.

Lisa Glynn responded that the services were reviewed every two weeks. As part of that they were able to recommend re-opening of Ophthalmic services except for the cataract pathway. The review groups included colleagues from OCCG and clinicians from neighbouring trusts who looked at what was working well elsewhere.

It was agreed that further questions should be sent to the Committee Secretary for response after the meeting.

32/21 GP WORKLOADS
(Agenda No. 10)

The Committee considered a paper on General Practitioner workloads and delivery of services through the pandemic and vaccination programme.

Jo Cogswell, Director of Transformation, Oxfordshire Clinical Commissioning Group (OCCG), introduced the item. In response to questions submitted in advance, she clarified that the appointments information in her report related to appointments offered in general practice, not just appointments offered by doctors of general practice, and that appointments for vaccinations were not included.

Dr Rahman Nijjar, Chair of the Local Medical Committee (LMC), emphasised that GP practices were open and trying to manage demand. Their role in the biggest vaccination programme ever had taken them away from routine GP practice. Everyone wanted to have face-to-face appointments where one could build relationships but for now access depended on clinical demand.

Dr Nijjar stated that recent government guidance had been quite hurtful and damaging. He emphasised that GPs were putting patients' health above their own.

The Chair asked about the situation with regard to health problems for which one would expect a physical examination and how that was being handled in the triage system.

Councillor Charlie Hicks asked if there was any data on staff and patient satisfaction with the digital platforms and if there were plans to roll them out further.

Dr Alan Cohen asked what had been put in place to support the welfare of GPs and staff coping with enormous workloads and if there were implications in relation to long-term planning.

Barbara Shaw noted that experience of the ease in getting face-to-face appointments and the ease of use of GP websites appeared to vary greatly from practice to practice. She asked if that had been seen to be the case in their feedback.

District Councillor Andy Foulsham noted the number of programmes that required additional work by GPs and asked if the capacity was there to meet these.

Dr Rahman Nijjar responded that the triage service collected a lot of information before making a judgment on whether a face-to-face appointment was required. Triage also gave advice on what to do should the patient's condition deteriorate.

Feedback on services varied across the county – the majority were pleased but a minority had access problems and their feedback was regularly reviewed to improve the systems.

Jo Cogswell recalled that the Committee received a report on feedback from the public in September 2020. She offered to provide an update when the data was refreshed.

Dr Sam Hart, North Network Clinical Director at OCCG and a practicing GP in Islip, noted that we had seen the same changes in health services as in all other walks of life during the pandemic – a shift from face-to-face to virtual. This had shown that there were potential efficiencies in the new systems. Generally, ninety percent plus of the information required to make a diagnosis was in the patient's history. There would be a low threshold for judging if there was a clinical need for a face-to-face appointment.

GPs had done their best to look after staff with additional leave and acknowledged the important support from volunteers.

Councillor Arash Fatemian asked if there was more that Public Health could do in communicating the best pathways for the public to use to ease the pressure on GPs.

Dr James McNally, GP in South East Oxford and Medical Director of the LMC, recalled that there had been public messaging even before the pandemic encouraging people to self-treat, check trusted websites and consider their local pharmacy before contacting their GP. He was aware that messaging was being prepared to encourage more use of the 111 service.

The Chairman thanked the GPs for their participation and added that the Committee would support efforts to ensure that the right people get to the right places for treatment.

Action: Jo Cogswell to provide an update on feedback from the public when the data was refreshed.

33/21 FUTURE OF ADULT PALLIATIVE CARE IN OXFORDSHIRE

(Agenda No. 11)

The Committee had before it a presentation on the new partnership between Katharine House Hospice and Sobell House.

Chris Cunningham, Divisional Director, Surgery, Women's & Oncology Clinical Division, Oxford University Hospitals (OUH), introduced the item. He stated that the partnership had the full support of OUH and will deliver greater resilience for patients, families and staff.

Professor Bee Wee, Clinical Lead and Consultant in Palliative Medicine, OUH and National Clinical Director for Palliative and End-of-Life Care, NHS England, gave the presentation and illustrated the new arrangements with an example case. She also described how the local arrangements fitted in with the national system.

The increase in demand for palliative care had already reached the level of need that had been projected for 2040. It was now expected that there will be a 42% growth in numbers due to people living longer with cancer and dementia.

Partnership working during the pandemic demonstrated the value in working together to improve access, quality and sustainability.

Lydia Brook, described the Living Well and Supportive Care Service for which she was the Lead at OUH. The aim was to meet the wellbeing, rehabilitation and holistic support needs of their case load. She also outlined a project to develop a strategy on Equality, Diversity and Inclusion.

Councillor Charlie Hicks spoke about feedback he had received from front line care staff who felt a lack of empowerment and that they could do more to assist patients if given the appropriate training. He believed that palliative care could play a greater role in the health system. He asked what was being done to address these concerns.

Professor Bee Wee responded that the integrated approach being taken in Oxfordshire enabled them to do more in terms of education and training. For example, training to allow front line staff to have conversations about long-term planning to help avoid having to make on-the-spot decisions.

Councillor Hicks added that he would like to see data on the number of people who died who had care plans written more than one month before they died and the number who die in their normal place of residence, as well as feedback from next of kin on their experience.

Councillor Nathan Ley asked officers, if they could have what they wished for going forward, what it would be. Professor Wee responded that they needed to see how much care could be delivered at home before increasing the number of palliative care beds available. She believed that the balance between the two would be dynamic rather than following any trajectory.

Jean Bradlow asked how the funding implications were going to be met. Professor Wee replied that there would be a combination of NHS funding and charitable fundraising. The community aspects of the integrated system would be key in ensuring community awareness of the services and therefore maintaining the income from charitable fundraising.

The Chair thanked the contributors for their presentation and responses to questions from Members of the Committee.

34/21 COMMUNITY SERVICES STRATEGY
(Agenda No. 12)

The Committee had received a presentation and supporting document updating the Committee on work towards a Community Services Strategy.

The following speakers had been agreed:

Julie Mabberley stated that most of the proposals for Wantage Community Hospital in the update related to out-patient appointments but the hospital had very little parking.

Out-patient appointments would be much better placed at the Health Centre but all promises by the NHS to extend the building (first given in 2012) had, so far, come to nothing.

They had yet to see the metrics which showed that care at home (with current staffing levels) provided better patient outcomes for reablement than the community hospital used to. It also used to provide palliative care and there was no mention of where or how this service was currently provided.

Based on current NHS plans, the in-patient facility was likely to remain temporarily closed for about 7 years. She asked that it be reopened without further delay regardless of any strategies for future services in the community.

Councillor Jenny Hannaby recounted the history of the closure of in-patient beds at Wantage Hospital for new members of the Committee. She blamed the closure in 2016 on a lack of maintenance by Oxford Health. She praised the hard work of the local community in campaigning for the hospital and participating in the work of the stakeholder group.

Councillor Hannaby, as new Cabinet Member for Adult Social Care, stated that she was well aware of the excellent work supporting people in their homes but she believed that there was still a place for Community Hospitals and she asked that a strategy be implemented and not just talked about.

The Chair noted that the Committee had been unable to progress discussions on how the community services strategy would be scrutinised as it had been without a Chair since the election until this meeting. She therefore proposed that the Committee should just note the reports and have an extra meeting to give the subject the detailed examination that she believed it deserved.

Dr James Kent, Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG), introduced the item. He stated that the proposals built on the spirit of partnership across the system that had worked well in dealing with the pandemic. It was anticipated that legislation would require more partnership working. Both he and Dr Broughton had only taken up their positions last year. They were well aware of the history but were keen to look forward to what could be achieved.

It had been agreed to look at community services in the round and comprehensively. Work had started in collecting information on what was currently available. They were not proposing a strategy at this stage but a path towards a strategy. It was expected to be an 18-month process but they had taken on board the need for more and earlier engagement. The presentation outlined the fail-safes and checkpoints that the Committee had asked for.

Dr Nick Broughton, Chief Executive, Oxford Health NHS Foundation Trust (OHFT), stated that they had spent a lot of time looking at community services in the round but also at Wantage Community Hospital in isolation as they wanted it to thrive and continue to be an important component of community services.

The context had changed not least with the development of an Urgent Community Response Service and the procurement process for Home First Reablement. Pilots of this had been successful. OCCG continued to work closely with GPs and Primary Care Networks (PCNs) to help them recruit clinical pharmacists, paramedics and OHFT was supporting recruitment of mental health staff. All partners need to work together to ensure integrated delivery. There had also been a huge expansion of digital capacity as a result of the pandemic.

The Chair asked the Chief Executives to respond to the point made at the April meeting that keeping the in-patient beds closed for so long was essentially pre-determining a decision to close them permanently.

Dr Broughton accepted there it had been a long and painful journey but he assured the Committee that the future of the beds had not been pre-determined. Dr Kent expressed the hope that the early engagement in the proposed process would help rebuild trust.

City Councillor Jabu Nala-Hartley asked if it was true that hospitals were having to buy beds from the private sector and if so, what the cost was and if it would not be better if that money was spent within the NHS. She also asked if the Chief Executives were aware of private sector companies selling buildings to US companies in order to lease them back.

Dr Kent responded that he was not aware of any sale and lease back arrangements. During the height of the pandemic it was necessary to purchase beds from the private sector in order to manage both Covid and non-Covid patients. That was a national system in place and he was happy to provide the data on that. They were not now purchasing a large number of additional beds.

Dr Broughton added that they did not purchase private beds for the community system. There were a small number of places (15 to 20) purchased out-of-county for mental health patients. The shortage of places in Oxfordshire had been compounded by the infection control procedures necessary due to the pandemic.

Dr Alan Cohen welcomed the provision of out-patient services at Wantage Community Hospital and the accompanying evaluation plan. He noted that Stephen Chandler, OCC Corporate Director for Adult and Housing Services, at the previous week's Health and Wellbeing Board meeting, suggested holding a seminar or workshop on community services. Dr Cohen welcomed that and suggested that it should be a joint workshop between this Committee and the Board. This was also welcomed by Dr Broughton.

The Chair also noted that she had received a response the previous day in relation to the proposal for an extension to the health centre at Mably Way, Wantage, that issues around the district valuer had been progressed and that a timescale of two years was likely.

Councillor Charlie Hicks asked how the system was being reorganised to lock in the learning from the pandemic experience of the importance of voluntary groups and social media for example. He wanted to know what was being done to promote

preventative services and tackle issues such as inactivity and if a population health management approach was being taken. He also asked what accountability meant in the new context of the Integrated Care System (ICS).

Dr Broughton agreed that he wanted to see more upstream, preventive services. He reiterated that they were working with Primary Care Networks to recruit a wider range of professionals including social prescribers. The population health approach was what the ICS was all about.

Councillor Arash Fatemian referred to the feeling expressed by a number of Committee members at the April meeting that they were being asked to do the same thing as they had been asked to do 18 months earlier. He welcomed the inclusion of fail-safes but believed that they needed to be more specific and detailed to ensure that we do not end up with the same situation in another 18 months.

Dr Broughton responded that nobody could change the past but he was happy to be held to account on the proposals for community services which were an absolute priority for Oxford Health.

The Chair asked for a more comprehensive response to the report from the OX12 Task and Finish Group than had been given for the April meeting. Dr Kent agreed to review the previous response and respond again.

The Chair thanked the Chief Executives for coming to the meeting to take questions on the plan for developing a strategy.

Action: Dr Kent to respond again to the OX12 Task and Finish Group report.

35/21 OXFORD UNIVERSITY HOSPITALS QUALITY REPORT
(Agenda No. 13)

The Committee received a report from Oxford University Hospitals NHS Foundation Trust (OUH) to demonstrate how they performed against their own objectives for 2020-21. The Committee's response to the report will be communicated to the Trust in writing.

Professor Meghana Pandit, Chief Medical Officer, OUH, introduced the report and outlined the values and priorities as defined in their Strategic Framework 2020-25 which was adopted last year. The fact that many of their priorities had been achieved despite all of the extra work through the pandemic was testament to the hard work of their staff.

While planning for the recovery after Covid, they were mindful that the workforce was very tired and rest for them will be part of the recovery programme. Professor Pandit said that she was happy to take comments at the meeting or in writing afterwards.

Councillor Freddie van Mierlo asked for more detail on the partial achievement of Action 1 under Psychological Medicine (Agenda Page 72) improving access to psychiatry for in-patients at Horton Hospital.

Professor Pandit responded that OUH was unique in delivering holistic physical and mental health care, working in collaboration with Oxford Health. They had enhanced the tele-psychiatry service for all in-patients including the Horton. Any actions that had only been partially achieved in the last year will continue to be tracked and reported to the Board.

Councillor Charlie Hicks asked about OUH's contribution to more preventative, upstream approaches to mental health. Professor Pandit responded that OUH was working with all the partners across the system on a population health approach which included issues like education and housing. Their researchers were also examining the impact of multimorbidity on secondary care and surveying long Covid.

The Chair expressed the gratitude of the Committee to all staff at OUH for their work, in particular through the pandemic, and thanked Professor Pandit for coming to the Committee at such a busy time.

Action: The Chair to write to the Trust with the Committee's response to the reports.

36/21 OXFORD HEALTH QUALITY REPORT
(Agenda No. 14)

The Committee had before it a report from Oxford Health NHS Foundation Trust to demonstrate how they performed against their own objectives for 2020-21. The Committee's response to the report will be communicated to the Trust in writing.

Britta Klinck, Deputy Director of Nursing, Oxford Health, introduced the report. Due to the exceptional year it had not been possible to achieve many of the quality priorities however progress had been made in a number of domains and work continued.

Staff wellbeing was a priority and it was fair to say that staff had been somewhat traumatised and needed time for recovery and reflection. In response to the need to work differently, a number of new services had been introduced including a direct help telephone number for mental health crises and delivering over 170,000 digital appointments.

Another lesson learnt through the pandemic was the importance of empowering staff, and staff and patient feedback will be an important element in the priority to implement quality improvement. It had only been possible to close one objective as being achieved. The others will be rolled over into the following year.

Councillor Charlie Hicks asked about measures to tackle sleep loss as a therapeutic goal for mental health patients. Britta Klinck responded that a pilot project to gather information from patients at night without disturbing their sleep had been shortlisted for an award as outlined on Agenda Page 95.

Councillor Hicks also asked about research suggesting that the adolescent brain should be redefined as 10-24 years of age and if she agreed that this reinforced the importance of new services for 18-25 year olds. Britta Klinck replied that she concurred with this.

The Chair thanked all the staff at Oxford Health for their hard work, particularly amidst an escalating demand for mental health services.

Action: The Chair to write to the Trust with the Committee's response to the reports.

37/21 OXFORDSHIRE CLINICAL COMMISSIONING GROUP UPDATE
(Agenda No. 9)

The Committee had received an update report from the Oxfordshire Clinical Commissioning Group.

The following speaker had been agreed:

Maggie Winters on behalf of Keep Our NHS Public Oxfordshire referred Members to their report entitled "Preventable Hearing Loss in Oxfordshire", which described the lack of a properly resourced service for ear wax removal. Most Oxfordshire GPs had withdrawn the service. Patients were now having to pay to have wax removed privately at a cost of anything between £55 and £100.

OCCG were procuring a new ear wax removal service but this will apply only to over 55 year olds whose hearing loss is not due simply to the blockage of the ear canal caused by wax build up. KONHSP believed ear wax removal was best done at the GP surgery. They asked the Committee to hold OCCG to account for the shortcomings in provision, the potentially discriminatory impact of its procurement policy, its failure to consult with patients and the loss of service for large numbers of people.

Diane Hedges, Deputy Chief Executive, OCCG, introducing the report, emphasised that she wished to make a decision on item 1 in the report on palliative care before the next meeting of the Committee, subject to the outcome of the public meeting to be held on the issue and the substantial change toolkit being completed.

Councillor Charlie Hicks asked, with regard to item 2 in the report on the Integrated Care System (ICS), about the role of Primary Care in population health management given that it held the only registered lists of population. Diane Hedges responded that the latest guidance was quite clear on the importance of Primary Care and she recognised its pivotal role.

It was agreed that, due to pressure of time, questions could be sent to the Secretary for answer later.

Councillor Freddie van Mierlo asked for more information on ICS as he believed that what was in the report was quite light. Diane Hedges responded that the guidance had not been received when the report was written. They now had guidance on what has to be done and what can be decided locally. An engagement plan was being developed.

The Chair asked if there was a distance that would be regarded as too far for somebody to travel, for example for palliative care. Diane Hedges replied that there was no specific distance for any service but they had to balance the need for local against the need for quality.

District Councillor David Turner added that distance to care was a significant issue in rural areas. Where there was no public transport, voluntary groups were often organised to provide help. He asked if any grants were available for such services.

Diane Hedges responded that there was a patient transport service for those with a medical need but that they would look to neighbourhood support, voluntary sector and work with local authority partners in regard to public transport for anything beyond that.

Councillor Charlie Hicks asked about OCCG's approach to deprivation, giving the example that there were three GP practices in Summertown but none in Littlemore.

Diane Hedges replied that they were starting to invest differently on the basis of the Annual Report of the Director for Public Health's focus on health inequalities. This could be seen in the approach to the vaccination programme where drop-in clinics were organised where needed.

The Chair noted that for a number of issues the discussion had shown the need for further attention from the Committee such as rural inequalities and more detailed information on ICS. She also looked forward to receiving the completed toolkit for the proposal on palliative care.

Action: OCCG to complete the substantial change toolkit for the proposals on palliative care.

38/21 OXFORDSHIRE ADULT EATING DISORDER SERVICE
(Agenda No. 16)

Members considered a briefing from Oxford Health NHS Foundation Trust. Dr Rob Bale, Clinical Director, invited questions on the report.

Dr Alan Cohen noted that there were 47 high risk patients waiting over 18 months for treatment. He asked if a harm reduction assessment had been carried out. He also asked about the appointment of a psychiatrist to the service and if it was fair to expect already overworked GPs to contribute to the service.

Dr Bale agreed that patients were waiting longer that he would want but that £480,000 was being invested in the current year to address the problem as soon as possible. The previous psychiatrist had been a part-time appointment whereas the incoming psychiatrist will be full-time. A start date had yet to be agreed.

With regard to the involvement of GPs, guidance was provided on how to identify when urgent action was required and on how to act in those circumstances.

Councillor Charlie Hicks asked about services for 18 to 25-year-olds and the IAPT psychotherapy service. Dr Bale responded that prevention work was a priority. They were working on identifying pathways and staffing for services for children and adolescents. It was recognised that the needs of young people were different and the aim was to provide more help at home and avoid hospital admissions.

Barbara Shaw recalled that services to those with lower acuity were closed in 2019 due to high caseloads for staff. She asked when they would be reopened following the increase in staff numbers.

Dr Bale responded that the staff needed to be upskilled and he could not give a timeline. A digital support service was also being developed to provide advice on self-help but this was still in its early days of development. He was happy to update the Committee at a later date.

District Councillor Andy Foulsham noted that up to 35% of those with eating disorders were on the Autism spectrum. He asked if their pathways were under Dr Bale or CAMHS (Child and Adolescent Mental Health Services). Dr Bale replied that he was responsible for all the teams but worked closely with CAMHS to develop the different skills required.

The Chair asked about support for schools as those in her area had told her that they do not feel that they get enough. Dr Bale responded that they had mental health support teams in schools as part of the CAMHS transformation and that these teams also feedback their learning to him.

The Chair thanked Dr Bale for the report and taking questions and reiterated the request for an update in the future.

Action: Officers to arrange a future update on the digital support service.

39/21 HEALTHWATCH REPORT
(Agenda No. 15)

The Committee received an update from Healthwatch Oxfordshire on its findings. Rosalind Pearce, Chief Executive, took the report as read and, given the new membership of the Committee, offered to give a briefing on Healthwatch's role at a training session or in writing or in meeting individual Members.

Rosalind Pearce offered some comments on issues that arose throughout the meeting:

- More messaging was needed on what people who are unregistered with a GP need to do to get the Covid vaccine. She thanked the Luther Street Medical Centre for their assistance with this.
- Messaging also needed to be clearer on the triaging of calls to GPs and the criteria for deciding if face-to-face consultations were needed.
- What impact have the Primary Care Networks had on GP practices and have the new staff helped to reduce GP workload as anticipated?
- Research had shown that 30% of people would not have considered going to the pharmacy first so more communication was needed on that but also consideration of the impact on community pharmacies if this messaging was successful.
- It needed to be clarified if the statement that there were enough palliative care beds in those being provided by Katharine House and Sobell House applied to the county as a whole or just to the North and City.

- Healthwatch had received the Quality Report from the South Central Ambulance Service but noted that it was not on the agenda for this Committee meeting.

District Councillor David Turner asked about ear wax removal which was no longer available free but cost anything from £50 to £150 from the private sector. Rosalind Pearce responded that Healthwatch and the Oxfordshire Clinical Commissioning Group were aware of the problem which was another health inequalities issue. Healthwatch currently had a survey on their website on this issue and would use that information in discussions with OCCG.

Councillor Charlie Hicks and Barbara Shaw asked about Healthwatch research on digital services as these had all taken a huge step forward under the pandemic. Rosalind Pearce replied that digital exclusion was a priority for them and agreed that quality of design was an important factor. She noted that as a rural county not everyone in Oxfordshire had good access to the internet. She hoped that Primary Care Networks could help GP practices to standardise websites.

The Chair asked about general awareness of the new data sharing proposals and the ability to opt out. Rosalind Pearce agreed that information on this had a low profile and was not easy to follow. The opt-out form was available on the Healthwatch website.

District Councillor Jill Bull asked if the satisfaction data on dentistry was broken down by district. She was aware of people in West Oxfordshire being sent to Swindon for the nearest NHS service. Rosalind Pearce agreed to provide a response after the meeting.

.... in the Chair

Date of signing ....

This page is intentionally left blank

HOSC Actions from 24 June 2021

Item	Action	Lead	Progress update
Draft minutes of April HOSC meeting	On Community Services Strategy the Chair noted that an offline discussion had been proposed regarding the difficulty of items going to the Health and Wellbeing Board before HOSC has had chance to discuss them. … This was something the Committee still needed to discuss. Action: The Chair to discuss with senior officers the concerns of OX12 Task and Finish Group and sequencing of this Committee's meetings and the Health and Wellbeing Board meetings.	Cllr Jane Hanna	Co-ordinated planning for HOSC and H&WB has been discussed with officers; further discussions and action are needed.
Forward Plan	Chair, Deputy Chair, Director for Public Health and other officers to meet to discuss and prioritise items for the Forward Plan.	OCC Democratic Services and Cllr Jane Hanna	A comprehensive cross-council scrutiny forward planning exercise has been undertaken during September. A resulting paper is on the 23 Sept agenda.
GP workloads	Action: Jo Cogswell to provide an update on feedback from the public when the data was refreshed.	Jo Cogswell	To share when data has been refreshed.

Item	Action	Lead	Progress update
Community Services Strategy	The Chair asked for a more comprehensive response to the report from the OX12 Task and Finish Group than had been given for the April HOSC meeting. Dr Kent agreed to review the previous response and respond again. Action: Dr Kent to respond again to the OX12 Task and Finish Group report.	Dr James Kent	In progress
Oxford University Hospitals Quality Report 2019-20	The Chair to write to the Trust with the Committee's response to their report.	Cllr Jane Hanna	Letter sent to Prof Meghana Pandit on 29 June 2021
Oxford Health Quality Report 2019-20	The Chair to write to the Trust with the Committee's response to their report.	Cllr Jane Hanna	Letter sent to Britta Klinck on 8 July 2021
OCCG Update	Action: OCCG to complete the substantial change toolkit for the proposals on palliative care.	OCCG	Toolkit completed and returned to OCC 28 July 2021
Eating disorder services	Dr Bale noted that a digital support service was also being developed to provide advice on self-help but this was still in its early days of development. He was happy to update the Committee at a later date. Action: Officers to arrange a future update on the digital support service.	OCC officers	An update will be requested following the Forward Plan discussion

Oxfordshire
Clinical Commissioning Group

Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 23 September 2021

Title of Paper: Oxfordshire Clinical Commissioning Group: Key & Current Issues

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

1. ICS development
2. Changes to the OCCG Governing Body during transition
3. OCCG Annual Public Meeting and Annual Reports
4. Improving Community Health and Care Services
5. Wantage Community Hospital
6. Wantage Health Centre extension funding approval
7. Palliative Care changes in the south
8. Partnership initiative to reduce waiting times for children with spinal scoliosis

Oxfordshire Clinical Commissioning Group: Key & Current Issues

1. ICS development

In July the NHS Health and Care Bill had its first two readings in the House of Commons and has now reached the committee stage. The Public Bill Committee is inviting those with relevant expertise or interest to submit written evidence which will be considered when the committee begins to review the Bill on September 7.

The Bill will allow for the establishment of Integrated Care Boards and Integrated Care Partnerships across England. This will be done at the same time as abolishing Clinical Commissioning Groups (CCGs). Guidance to support implementation of these changes has been published by NHS England and is available here

This guidance does confirm some terminology changes which are useful to highlight:

- The statutory organisation will be the Integrated Care Board (ICB) this was previously referred to as the ICS NHS body
- The Integrated Care Partnership (ICP) which is the partnership committee across the ICS and was previously referred to as the Health and Care Partnership
- Place based partnerships which have locally been referred to as integrated care partnership
- Provider Collaboratives which are partnership arrangements involving at least two trusts working at scale across multiple places

The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions. It will also be accountable for NHS spend and performance within the system. Staff currently employed by CCGs will transfer to ICBs, and NHS England has made an employment commitment to staff to provide stability and minimise uncertainty.

The Board of the ICB will, as a minimum, include a chair, the Chief Executive Officer and representatives from NHS providers, general practice, and local authorities. NHS England will agree ICBs' constitutions and will hold them to account for delivery.

The Bill also enables the transition of commissioning responsibilities for primary care services and some specialised services to ICBs. Currently, this sits with NHS England, but primary medical care services have been successfully delegated to CCGs for some time.

Each ICS will also have an Integrated Care Partnership (ICP), a joint committee which brings together the ICB and their partner local authorities, and other locally determined representatives. The ICP will be tasked with developing a strategy to address the health, social care, and public health needs of their system, and being a

forum to support partnership working. The ICB and local authorities will need to pay regard to ICP strategies when making decisions. For more information see here:

The integrated care system will only succeed if we develop both a strong system and strong places and the BOB ICB will need to outline how places are central to the operating model to support integration and improved outcomes. Good progress has been made on different elements of place working and integration over the last few years and any models developed by the ICB will need to recognise and reflect these.

2. Changes to the OCCG Governing Body during transition

As previously reported, some members of Oxfordshire CCG Governing Body have changed. Following Dr Kiren Collison's departure, Dr David Chapman has now been confirmed as the new Clinical Chair of OCCG.

In addition to the appointment of Wendy Bower as the Lay Member lead and Governing Body member for patient and public involvement for all three CCGs in BOB, Robert Parkes, Lay Member lead for Governance, Buckinghamshire CCG has agreed to cover this role for Oxfordshire. Robert has therefore been appointed as a member of the Oxfordshire CCG Governing Body and Audit, Remuneration and Finance Committees.

Other appointments include Dr Meenu Paul will provide additional clinical leadership to mental health, learning disability and autism portfolio. In this role she will also be a member of the OCCG Governing Body.

3. Annual Public Meeting and Annual Reports

The three CCG Governing Body meetings and Annual Public Meetings took place at the same time as 'meetings in common' on Thursday 9 September. This meeting was open to the public but took place virtually with a link to attend being available on the OCCG website, along with all relevant papers.

The Annual Report and Annual Accounts for OCCG were presented at the meeting and are available on the OCCG website. A summary Annual Report and an Annual Report on Patient and Public Involvement will also be published and paper copies are available from OCCG.

4. Improving Community Health and Care Services

This project is progressing; Oxford Health has been working closely with patients, carers and local organisations to seek their views and inform the development of the strategy for community services.

In July the Trust ran a workshop with those who have experience of using their community services to explore the areas which need to be considered within the strategy. This was followed up with a questionnaire and 1:1 discussions with those who couldn't attend the workshop. Key themes raised included the importance of accessibility when developing services and ensuring that where changes are proposed consideration is given to how this may impact differently on individuals based on their needs.

More workshops have been arranged for September to look at the services delivered through community hospitals and how to make best use of these to provide the greatest benefit for residents. These workshops are being promoted through posters in Oxford Health buildings, on social media and directly to public and patient members of the Trust in Oxfordshire.

Oxford Health has also completed workshops with Trust Governors (elected representatives of service users and staff) and service teams to understand the areas which need to be included within the strategy and to explore any questions they may have around the approach and how to develop the strategy. Feedback from these sessions highlighted the importance of considering the impact any proposals within the strategy will have on staff, and ensuring appropriate support is put in place to manage any changes.

To make sure the strategy reflects the engagement completed to date, the feedback received so far has been built into draft principles which have been developed to shape the community services strategy. This next phase of the engagement with the general public was launched earlier in September with a focus on engaging people in agreeing the principles that will guide this work.

A section on the OCCG website will hold all relevant information for the project and will help direct people to how to get involved. A document setting out the approach to the project and inviting people to get involved has been published. This includes reference to what has been heard from previous projects and poses some questions for people to respond to.

A summary of this document has also been published with the key information that people will want to know. For this piece of work, responses are invited by 10 October 2021. More information is available here.

5. Wantage Community Hospital
A range of new health services for adults and children will be piloted at Wantage Community Hospital from this October, bringing more localised care and greater clinical expertise to the community.

Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust (OUH) are both piloting new services.

At Oxford Health it is anticipated new services for child, adult and older adult mental health services could see a potential 300 people a month receive assessments, follow up appointments and therapies. This is in addition to existing OHFT services.

New pilot services include an early intervention service, an eating disorders clinic, perinatal mental health, and a neuro-development clinic that will provide assessments of young people to diagnose ADHD and autism and develop appropriate support. Also included in this mental health care provision is the award-winning Talking Space Plus therapies service.

It will provide a cognitive behavioural therapy and counselling service at Wantage to people with moderate anxiety and depression. This is also an important step in the

service being enabled to see people in person, having switched to online during the pandemic

These new Oxford Health pilot services complement existing services which consist of speech and language therapy for children and adults, podiatry and school health nurses. These additional outpatient services build on the work being done to improve services within the Wantage area including the two-hour crisis community response initiative to reduce the time which individuals have to wait to be seen within the community.

This pioneering initiative, piloted in the OX12 areas, has increased the capacity to treat more people in their own homes and in the community, contributing to a reduction in the need for bed-based hospital care. It is now being expanded to the whole county.

OUH will be providing ophthalmology and ear, nose and throat (ENT) clinics as well as continuing existing maternity services and a birthing unit. Musculoskeletal services are provided by Healthshare.

Ten rooms at the hospital have been renovated and are dedicated to new pilot services ensuring greater use is made of the available accommodation.

It is important to note that these new pilot services do not represent a long-term decision on the future operation of the inpatient beds at the hospital, which will be determined through the public engagement and consultation processes previously discussed at HOSC. Estate changes made to accommodate these additional services are reversible.

6. Wantage Health Centre extension funding approved

Staff and patients at Wantage Health Centre have welcomed OCCG's approval for funding of an extension and partial refurbishment of the building.

The health centre, in Mably Way, Wantage, is shared by the Newbury Street and Church Street GP practices and accommodates an optician and pharmacy. OCCG has approved funding for an extra nine consulting and treatment rooms for each practice, a larger shared waiting and reception area and new patient facilities. New units for the optician and pharmacy will also be provided, with their own entrances.

The project, expected to cost c. £5.5m, is subject to planning permission from Vale District Council, but work could begin in early 2022.

It is important to note that plans for services at the health centre and Wantage Community Hospital will be strategically aligned and coordinated, to get the most benefit for local residents and services.

7. Palliative care beds changes in the south

An item was included in the CCG's update to HOSC at the last meeting describing the plans to strengthen palliative care inpatient support in the south of the County. OCCG proposed to transfer funds tied up in beds which are not being used by the Rapid Access Care Unit (RACU) at Townlands Memorial Hospital in Henley to

commission two supported palliative care beds at Wallingford Community Hospital from Oxford Health. These would be delivered in close collaboration with the expertise of the Sue Ryder Hospice at Home service, whose Oxfordshire hub is located at nearby Preston Crowmarsh.

Since the meeting the CCG and Oxford Health NHS Foundation Trust have met with the local community and have completed the HOSC toolkit. The outcomes of the meeting and the toolkit were sent for information to the HOSC administration. Our work concluded this was not a substantial change The CCG and Oxford Health have commenced work on implementing the changes, we expect to be offering enhanced end of life care in Wallingford Hospital inpatient beds within this calendar year.

8. Partnership initiative to reduce waiting times for children with spinal scoliosis

To deliver additional capacity and reduce waiting times for children with spinal scoliosis, OUH have entered into partnership with the Portland Hospital in London to provide treatment for nine children. This arrangement will be in place between 23 September and 21 December 2021 and may be extended through until March 2022. Surgeons from OUH will undertake the surgery at the Portland Hospital to ensure continuity of care for our young patients. The parents of the children will be provided with accommodation for the duration of their child’s stay in hospital in London.

Joint Health Overview and Scrutiny Committee

23 September 2021

Report of the Chair

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

Developing the Joint Health Overview & Scrutiny Committee

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

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

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

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

Recommendation 1: The training workshop is built on through the development of a Health Scrutiny Handbook that sets out roles, responsibilities and best practice approaches to being a Health scrutineer, as well as a glossary of terminology and acronyms.

Recommendation 2: That members of the committee provide photos and a short biography that includes any experience they have related to health and care including professional and lived experience.

Recommendation 3: Further training needs of the Committee be identified by Members

Recommendation 4: A new Protocol be developed between health partners and the Committee that builds upon best practice and the advice from Centre for Governance and Scrutiny, and that enables the Committee to actively fulfil its roles.

Recommendation 5: That dedicated officer scrutiny time is requested to support the development of the committee as part of the developing Work Programme.

Work Programme

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

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

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

Work Programme Suggestion:

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

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

My suggestions are as follows:

1. BOB ICS

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

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

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

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

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

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

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

2. Hearing Loss Service

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

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

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

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

3. Temporary Closure of some Oxfordshire Maternity Units

A notice on OUH website published that Wantage maternity unit and Cotswold Birth Centre closed last week Places to give birth - Maternity (ouh.nhs.uk)

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

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

JHOSC Support Requests

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

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

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

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
23 September 2021

AN ANNUAL REPORT ON THE WORK OF THE OXFORDSHIRE HEALTH AND WELLBEING BOARD

Report of the Chairman of the Health & Wellbeing Board

Introduction

1. Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1st April 2013 in all 152 local authorities with adult social care and public health responsibilities.

2. The Oxfordshire Health and Wellbeing Board was established in shadow form in November 2011, building on strong existing partnership work. It was constituted as a sub-committee of the County Council when it became a statutory board in April 2013.

3. This report gives information on the activity and development of the Oxfordshire Health and Wellbeing Board in 2019-20. During this year board met on the following dates;
    - 18 June 2020
    - 1 October 2020
    - 17 December 2020
    - 18 March 2021

4. In addition, members of the Board met for a workshop with members of the Growth Board to identify areas of common interest and future joint working.

5. All papers for public meeting are published a week in advance and can be found by searching for the appropriate date through this link https://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CId=897&Year=0

6. The structure of the HWB in Oxfordshire shows how the strategic priorities are delivered across the system and summarised below.

7. The membership of HWB in 2020 was as shown below:

Member	Role
Cllr Ian Hudspeth (Chair)	Leader, Oxfordshire County Council
Dr Kiren Collinson (Vice Chair)	Clinical Chair, Oxfordshire CCG
Ansaf Azhar	Director of Public Health
Dr Nick Broughton	Chief Executive Oxford Health NHS Foundation NHS Trust
Stephen Chandler	Director of Adult Social Care
Cllr Steve Harrod	Cabinet Member for Children, OCC
Dr Bruno Holtof	Chief Executive Oxford University Hospitals Foundation NHS Trust
Cllr Andrew McHugh	Chair of Health Improvement Board. Cherwell DC
Kevin Gordon	Director of Children's Services
David Radbourne	NHS England Director of Commissioning South Central
Tracey Rees	
Yvonne Rees	Chief Executive, County Council and District Council representative
Cllr Lawrie Stratford	Cabinet Member for Adult Social Care and Public Health
Cllr Louise Upton	Vice Chair of Health Improvement Board, Oxford City Council

	Chief Executive OCCG
James Kent	

8. Specific pieces of work that were carried out during the year are described more fully below:

Covid-19 Update: restart, recover, renew

9. This year has been an extremely challenging and an unprecedented year dominated by response to the COVID-19 pandemic. Looking forward, recovery from COVID-19 will be a very important agenda that will intertwined with the strategies for tackling some of our key local health and wellbeing challenges. Therefore COVID-19 Recovery will be a key priority for the board.

- The Council's COVID-19 Recovery Strategy: *Re-start, Re-cover, Re-new* was published in June 2020. It set out the approach the Council was taking to recovery planning whilst simultaneously preparing for the potential for further increases in infection rates and the subsequent implementation of lock-down measures. The strategy set out a three-phase approach for:

    i. The immediate horizon – the route out of lockdown measures;

    ii. The transitional horizon – the ongoing work on business continuity planning, risk management and mitigation to prepare for future peaks; and

    iii. The post-COVID horizon – planning for the long-term future in a post COVID society and economy.

- This three-phase approach remains in place. Having returned to lock-down restrictions, we are now exiting the "immediate horizon" phase with the completion of the national roadmap steps and the delivery of council and system-wide roadmap planning. As we enter the transitional phase, we can be more optimistic that further peaks of infection will have a less significant impact on public health and day-to-day life, allowing us to look again at long term recovery implications.

- For the transitional horizon, significant dedicated COVID-19 infrastructure will remain in place to both reduce the risks associated with future waves and ensure the capacity is in place to adapt and respond, should they occur. This transitional capacity will include:

    - Surveillance, outbreak management and infection control;
    - Targeted local testing and outreach for at-risk groups;
    - Revised local contact tracing and the self-isolation programme;

- Support for the vaccination programme including targeted outreach to hard to reach groups and the most vulnerable;
- Support for community settings including schools, early years, care homes and supported housing;
- Communications and community engagement.

Health and Care System Development

10. The Health and Wellbeing Board is the key body for developing arrangements for integrated care in the county. The board has overseen the development and delivery of new systems of health and care in Oxfordshire.
The board will consider health and care transformation as outlined by the national white paper and the BOB ICS development. The board will consider the implication of this at the Oxfordshire place level.

Health Inequalities

11. Reduction of health inequalities is a key priority for the Board. In 2020 it highlighted the importance of this priority and its focus on addressing health inequalities associated with cardiovascular disease.

- The Director for Public Health's Annual Report was presented to the Board at the June meeting. Although it traditionally contains an overview of public health in the county, in 2020 the spotlight was put on one area – inequality in health. The health statistics for Oxfordshire as a whole are good but they hide pockets of inequality. The county has 10 wards which are among the 20% most deprived in the country; the gap in life expectancy can be up to 15 years. Demand for health services is not universal across the county. This report was designed to start a conversation on how to focus on disadvantaged communities in the County. Covid-19 has highlighted the disparities and prevention will be massively important in the aftermath of Covid. Healthy behaviour needs to become the norm and it needs to be everyone's business.

- The vice chair of the Board Dr Kiren Collison presented a report at the October meeting, describing the proposed targeted approach to inequality, given the finite resources across the health and care system. The Board had looked at the top 10 causes of premature death and illness in Oxfordshire and cardiovascular disease (CVD) was one of the main causes, with a higher incidence in areas of deprivation. It was not just a medical issue – a whole system approach was needed. It could be tackled 'upstream' through healthy place shaping, diet, exercising and reducing smoking. It was agreed that this was a shared goal for all Board members and different services could input their own expertise. It presented another opportunity for partnership working across the system from healthy place shaping right through to managing blood pressure which could give some

quick wins. The strength of this new approach was in aligning the various organisations and services towards one goal. The Chairman noted that Public Health funding had been cut by £700m since 2013 and if that funding could be restored, it would make such a big difference.

Prevention

12. The upstream opportunities to improve health and wellbeing and prevent disease were highlighted in a report to the December meeting which presented the Strategic Vision for Sustainable Growth, developed by Oxfordshire's Growth Board. The Director for the Growth Board emphasised that the Strategic Vision was central the development of the Oxford Cambridge Arc and the Oxfordshire Plan for 2050 and aimed to set out the shared ambitions of local councils and key organisations including those in the health and care system. The Vision focusses on social, economic and environmental well-being and prioritises climate change. It is centred on people's well-being, with Oxfordshire a place where current and future generations thrive. It was noted that members of Oxfordshire's health and care system are central to delivering this Vision as these objectives will only be achieved by working together based on shared strategic priorities and by embracing innovation to develop solutions. Members of the Health & Wellbeing Board were invited to consider and provide feedback on the objectives, principles and outcomes of the Strategic Vision.

Safeguarding

13. Two reports were presented to the Board which provided an update on safeguarding activity in Oxfordshire:

- The Oxfordshire Safeguarding Adults Board drew on data for the period 2019-20, highlighting the cases raised to the Board during the year and the perceived challenges for the year 2020-21. The report outlines how the Safeguarding Adults Board works, the outcomes of the Annual Safeguarding Self-assessment, the deaths of adults with learning disabilities, the safeguarding training offered by the Board, and the statistics around the abuse and neglect reported within Oxfordshire. Partners identified three key concerns that impact on safeguarding: the support for people who do not meet the nationally defined threshold for social care support; the information sharing, working agreements & communication between organisations; and the increased complexity and demand on services. Partners identified housing and homelessness as an issue across both Adult and Children's Safeguarding and agreed to make this a joint priority in 2020-21

- The Oxfordshire Safeguarding Children Board Annual Report set out the challenges of the ongoing demand on the system with neglect being a key

feature; the need to keep children safe in full-time education and the contextual safeguarding risks that exist for children outside of their home environment. The report acknowledged that, as 'system issues', they will need 'system leaders' e.g. political leaders, headteachers, senior managers to bring a collective focus on them to deliver change. The report also highlighted a number of examples of good practice including the increase in support to families at an early stage; the multi-agency practice guides following case review and audits; the escalation of safeguarding issues to board level and the safeguarding training of approximately 10,000 local practitioners.

Monitoring Progress

14. The agenda for each HWB meeting in public includes several elements by which progress on delivering the strategic priorities is reported. These are

- The performance framework which includes outcome measures delivered by the sub-groups. These are set out in sections which reflect the Life Course approach. The performance report published for the last meeting in March 2021 is included in Annex 1. This report is set out to show delivery by the HWB sub-groups.

- Reports from each sub-group at each HWB meeting. The reports detail links to priority work and it is expected that the sub-groups steer this work and therefore their reports enable the HWB to keep up to date on progress. The sub-groups give written reports on any performance indicators that are rated amber or red. This enable the HWB to receive more detail on areas of concern.

- Reports from Healthwatch are presented at each HWB meeting. This provides updates on the activity of Healthwatch Oxfordshire to the Board, providing valuable insight into the patient experience of services in Oxfordshire.

Recommendations to HOSC

15. Members of the Health Overview and Scrutiny Committee are asked to note the content of this report and the systems in place to monitor progress in delivering the Joint Health and Wellbeing Strategy and improving health outcomes for our population.

Health & Wellbeing Performance Framework: 2020/21
June 2021 Performance report

A good start in life

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
1.1 Reduce the number of looked after children to 750 by March 2021	750	Q4 2020/21	762	A	788	A	771	A	776	A	The number is higher than last year (767) & tgt (750) as fewer people left the cared for system with backlogs in family courts.
1.2 Maintain the number of children who are the subject of a child protection plan	550	Q4 2020/21	504	G	539	G	525	G	475	G	
1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	75%	Feb-20	35%	R	35%	R	35%	R	35%	R	Local and national reporting suspended in March 2020 to allow greater focus on managing Covid.
1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	260	Q4 2020/21	35	G	89	G	160	G	242	G	
1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	73%	19/20 ac yr	n/a		n/a		n/a		n/a		Test results not available for 19/20
1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	43%	19/20 ac yr	n/a		n/a		n/a		n/a		Test results not available for 19/20
1.8 Reduce the persistent absence rate from secondary schools	12.2%	Term 2: 20/21	15.9 %		15.9 %		17.4 %		n/a		With schools not open for parts of the year persistent absence is not a relevent measure
1.9 Reduce the number of permanent exclusions	66	Term 2: 20/21	66		66		7		7		Data affected by pandemic & lockdown. Significant drop in permanent exclusions following work between the Exclusion & Reintegration team and schools to prevent exclusions.

1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	tbc	19/20 ac yr	n/a		n/a		n/a		n/a		Test results not available for 19/20
1.11 Reduce the persistent absence of children subject to a Child Protection plan	tbc	Q3 2018/19	n/a		n/a		n/a		n/a		Data available annually only. This is for 2018/19 accademic year. Figure not expected for 19/20 due to lockdown
1.12 Reduce the level of smoking in pregnancy	7%	Q3 2020/21	7.1%	A	7.5%	R	6.9%	A	6.7%	G	Oxfordshire CCG level, Year to date
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q3 2020/21	93.1 %	A	95%	G	94.0 %	A	93.5 %	A	
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q3 2020/21	92.5 %	A	92.5 %	R	91.5 %	A	92.9 %	A	
1.15 Reduce the levels of children obese in reception class	7%	2019/20	7.6%	G	6.7%	A	6.7%	A	6.7%	A	Measuring stopped in March 2020 by NHS/PHE - interpret with caution Cherwell 7.1%; Oxford 6.5%; South Oxon 7.9%; Vale 5.5% West Oxon 7.4%
1.16 Reduce the levels of children obese in year 6	16%	2019/20	15.7 %	G	16.2 %	A	16.2 %	A	16.2 %	A	Measuring stopped in March 2020 by NHS/PHE - interpret with caution Cherwell 19.9%; Oxford 16.4%; South Oxon 14.7%; Vale 15.6%; West Oxon 3.6%
1.4 The number of early help assessments to 1,500 during 2019/2020	Monitor only	Q4 2020/21	222		569		1177		1794		Target removed because of the impact of lockdown. Last six months 1138 EHA 11% higher than the last six months of 19/20 (1023). Aim once schools are fully functioning would be 2000 a year
1.17 Monitor the number of child victims of crime	Monitor only	Q4 2020/21	651		1503		2278		2692		11% reduction compared with last year
1.18 Monitor the number of children missing from home	Monitor only	Q4 2020/21	292		639		966		1261		38% reduction compared with last year
1.19 Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q4 2020/21	1669		3409		5002		6619		4% increase compared with last year

Living well

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	86%	Q4 2020/21	92%	G	96%	G	95%	G	93%	G	Routine inspection on hold, inspecting only where a concern Is raised
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	22%	Feb-21	12%	R	21.7 %	A	21.7 %	A	19%	R	This is a nationally set target. 22% for Feb (latest figure). 19% for year to date. Figures affected by Covid; national figure is reported on last quarter
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	75%	Q1 2020/21	98%	G	98%	G	98%	G	98%	G	
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	95%	Jul-20	98% (JR) 100 % (OR H)	G	85% (JR) 88% (OR H)	R	85% (JR) 88% (OR H)	R	85% (JR) 88% (OR H)	R	Figure for July
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	95%	Dec-19	96%	G	96%	G	96%	G	96%	G	Reporting currently on hold due to Covid
2.10 The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.	56%	Dec-19	83%	G	83%	G	83%	G	83%	G	Reporting currently on hold due to Covid
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	75%	Q4 2020/21	17%		13%		13%		57%	R	Figure not rated till the end of the year

2.12 The number of people with severe mental illness in employment	18%	Nov-20	22%	G	18%	G	19%	G	19%	G	Reporting currently on hold due to Covid
2.13 Number of new permanent care home admissions for people aged 18-64	< 39	Q4 2020/21			12	G	13	G	17	G	
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	10	Dec-20	0	G	8	A	5	G	5	G	
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	< 175	Q4 2020/21	165	G	164	G	161	G	158	G	
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	18.6%	Nov-20	17.8 %	A	17.7 %	A	17.7 %	A	21.3 %	R	Cherwell 24.7%; Oxford 13.4%; South Oxfordshire 15.0%; Vale of White Horse 16.5%; West Oxfordshire 19.5%
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	> 2,337 per 100,000*	Q4 2020/21	3,562	G	1839	R	2423	R	2774	R	
2.18 Increase the level of flu immunisation for at risk groups under 65 years	75%	Sep 20 to Feb 21	53.2 %	A	53.2 %	A	57.2 %	R	58.9 %	R	
2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	97%	Q3 2020/21	no data		72.8 %		80.2 %		81.4 %		No targets set for 2020/21 as Programme primarily paused due to COVID-19
2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49%	Q3 2020/21	no data		35.9 %		39.5 %		40.0 %		No targets set for 2020/21 as Programme primarily paused due to COVID-19
2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	80%	Q2 2020/21	68.6 %	R	66.9 %	R	66.9 %	R	65.9 %	R	

2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years	80%	Q2 2020/21	76.6 %	R	76.1 %	R	76.1 %	A	75.7 %	R	

Aging Well

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
3.1 Increase the number of people supported to leave hospital via reablement in the year	Monitor only	Q4 2020/21	139		145		148		156		Figures are the average number per month
3.2 Increase the number of hours from the hospital discharge and reablement services per month	Monitor only	Q4 2020/21	7297		7405		7277		7208		Figures are the average number per month
3.3 Increase the number of hours of reablement provided per month	Monitor only	Q4 2020/21	5090		5316		5417		5502		Figures are the average number per month
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8 %	Q4 2020/21	20%	G	21%	G	21%	G	19%	G	
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-21	74%	G	74%	G	74%	G	72%	G	National social care user survey February 2020.3%pts increase in year
3.6 Maintain the number of home care hours purchased per week	21,779	Q4 2020/21	22,480	G	24,153	G	24,642	G	25,282	G	
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	24,550 or fewer	Q4 2020/21	23,640	G	23,640	G	23,915	G	24,154	G	23,915 for March; 18,482 year to date

3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Q4 2020/21	11	G	13	G	14	G	13	G	13 days for March and year to date
3.9 Reduce the average number of people who are delayed in hospital	< 38	Q4 2020/21	20	G	32	G	30	G	30	G	National publication suspended in March 2020. Local figure for end of March 21 reported here
3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average	14	Q4 2020/21	5	G	9.4	G	10	G	10	G	397 admissions to the end of December
3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85% or more	Oct - Dec 2019	67.2	R	67.2	R	67.2	R	67.2	R	Figure fell in year, possibly as people with higher needs were supported
3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or more	Oct - Dec 2019	1.75 %	A	1.75 %	A	1.75 %	A	1.75 %	A	Figure increased in the year from 1.7 to 1.75 but remains below the national average of 2.8%
3.15 Increase the estimated diagnosis rate for people with dementia	67.8%	Jul-20	61.3 %	R	61.2 %	R	61.2 %	R	61.2 %	R	
3.16 Maintain the level of flu immunisations for the over 65s	75%	Sep 20 to Feb 21	76.3 %	G	76.3 %	G	83.8 %	G	84.4 %	G	
3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	60% (Acceptable 52%)	Q2 2020/21	67.4 %	G	54.8 %	A	54.8 %	A	71.4 %	G	
3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	80% (Acceptable 70%)	Q4 2019/20	69.2 %	R	55.4 %	R	55.4 %	R	55.4 %	R	

Tackling Wider Issues that determine health

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208	Q2 2020/21	198	G	198	G	-		-		Cherwell 28; Oxford 86; S. Oxon 25; Vale 55; W. Oxon: not available at time of publication
4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	75%	Q2 2020/20	87.9 %	G	87.9 %	G	87.9 %	G	87.9 %	G	
4.3 Maintain numbers of rough sleepers in line with the baseline “estimate” targets of 90	90	Q3 2019/20	80	G	80	G	80	G	80	G	
4.4. Monitor the numbers where a “prevention duty is owed” (threatened with homelessness)	Monitor only	Q2 2020/21	377		377		247		247		Cherwell 31; Oxford 60; S. Oxon 66; VoWH 77; W. Oxon 13
4.5 Monitor the number where a “relief duty is owed” (already homeless)	Monitor only	Q2 2020/21	159		159		201		201		Cherwell 33; Oxford 75; S. Oxon 14; VoWH 25; W. Oxon 54
4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Monitor only	Q2 2020/21	5		5		7		7		

This page is intentionally left blank

Divisions Affected - All

OXFORDSHIRE JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE
23 SEPTEMBER 2021

WORK PROGRAMME 2021

Report by Director of Law and Governance

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

(a) Consider the approach to Overview and Scrutiny outlined in Paragraph 8 and provide comments;
(b) Consider the results of the limited work programme engagement exercise as detailed in Appendix 1;
(c) Consider suggestions made by Partners, the Cabinet and Senior Officers;
(d) Consider the methods by which the Committee would like to undertake its Overview and Scrutiny activity;
(e) Consider and agree the work programme for the Committee for the 2021/22 municipal year;
(f) Agree on whether to create any task group reviews and appoint membership of that review;
(g) Identify any specific training and support needs required to deliver the 2021/22 work programme

Executive Summary

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

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 findings of the consultation exercise undertaken with councillors and Council senior management;
    - Support available to the Joint Health Overview and Scrutiny Committee to determine, develop and deliver its 2021/22 work programme

New approach to Overview & Scrutiny

4. The Council agreed in July 2021 that three new overview and scrutiny committees would replace the two existing council scrutiny committees. The aim was to afford greater opportunity to review services on a thematic basis with regards to cross-cutting but defined areas of Place, People and Performance and Corporate Services. Increasing the scrutiny arrangements by one committee aimed to enable a wider range and depth of scrutiny activity than was previously possible.

5. Although this did not alter arrangements for the JHOSC it did signal a change in approach to delivering Overview and Scrutiny in Oxfordshire. The new approach is based around adding value and ensuring that the Overview and Scrutiny function has the support required to fulfil its role.

6. It will take time to embed and develop the new approach to Overview and Scrutiny. If the Overview and Scrutiny function is going to truly add value then it will need to be supported by Members, both Scrutiny and Cabinet, and by Officers and Partners.

7. Creating a strong organisational culture that supports scrutiny work can add real value by, for example, improving policy-making and the efficient delivery of public services. In contrast, low levels of support for and engagement with the scrutiny function often leads to poor quality and ill-focused work that serves to reinforce the perception that it is of little worth or relevance.

8. There are a number of developing proposals for JHOSC to consider that could allow the Committee to add value through the Overview and Scrutiny process, they are as follows:
   i. An Overview and Scrutiny Development Plan would set out how the Council, its Members, Officers and Partners intend to improve and develop the function.
   ii. Each Overview and Scrutiny Committee should produce an annual report that sets out the activity it has undertaken and how it has added value, to gauge where the function is, it is proposed that each annual report contain an assessment or health check of how the function is performing and developing.
   iii. To make sure Overview and Scrutiny can fulfil its role in having adequate opportunity to hold decision-makers to account and contribute to policy development. It is proposed to operate Overview and Scrutiny as follows:
      - **Be Member-led**: that Members own the work programme and decide what evidence to seek. That we ask all Members to take an active role in the scrutiny process, for example by going on visits, taking part in consultation activities with service users, residents and discussions with local organisations as required.
      - **Take a consensual approach**: Effective scrutiny works towards developing a consensus-based view of the service or issue under consideration, focused on the needs of service users and residents and not on party politics.

- **Be evidence-based:** Scrutiny should take evidence from a wide and balanced range of sources in order to develop a rounded view of the issues under consideration. Recommendations made by scrutiny should be firmly supported by the evidence gathered.
- **Dive deeper:** Alongside taking a wider and more balanced range of sources, Scrutiny should take 'deeper dives' into the areas of greatest challenge for Partners and the Council and those of greatest concern to the public. That is likely to mean focusing on a limited number of items in detail at each meeting.
- **Provide constructive challenge:** Good scrutiny should foster a style of constructive challenge to Health Providers, the Cabinet and decision-makers, with the support of officers, patients and other witnesses, enabling sharing of views in an open and positive manner.
- **Seek to amplify the voice and concerns of the public**: Making sure we are looking at topics that can genuinely make a difference to the public and looking to engage the public in the function wherever possible. Reporting the concerns of patients and providing Partners with patient experiences is key.

iv. Develop a Cabinet/ Scrutiny protocol - such a protocol would further develop and facilitate the working relationship between Scrutiny and Cabinet. Good relationships and clear lines of communication between Scrutiny and Cabinet are important to facilitate effective scrutiny that adds value to the work of the council. It is important to set out agreed ways of working, especially at a time when the scrutiny function is developing. It is important to have clarity and clear expectations about communication, attendance at meetings, response times, etc.

v. Develop an enhanced Health Scrutiny Protocol – such a protocol would build on existing arrangements with health partners and seek to deliver benefits as outlined above, as well as confirming commitment and ensuring understanding regarding the health scrutiny function.

vi. Effective Scrutiny tends to focus on ensuring it can add value to a selected number of topics in order to maximise its outputs against available resources of Member and Officer time and support. To do this effectively the function needs to innovate in how it deals with items such as annual reports, information items and updates.

vii. Effective work programming is the bedrock of an effective scrutiny function. Done well it can help lay the foundations for targeted, incisive, and timely work on issues of local importance, where scrutiny can add value. An effective and tailored annual work programme exercise needs to be developed to support JHOSC moving forward.

viii. The approach described in this paper will require that both Councillors (chairs and committee members), partners and officers are provided with support to understand their roles, obligations and responsibilities. Training and development is an important part of the improvement process – it will help councillors and officers to enhance their roles under the new arrangements and ensure that they have additional skills and expertise to further develop the scrutiny function in the future. Ongoing training and development will be key, not just through dedicated training but also through information sharing, examination of best practice and developing briefings on emerging issues and council

services. It is proposed that the Council considers how best to support ongoing training and development.

ix. There is a range of written materials in existence on effective scrutiny, any approach to ongoing development should consider how best to make this information available to Members. Consideration should also be given to developing an Oxfordshire Health Scrutiny Handbook to support those members tasked with delivering this important function.

x. Officer support for the function is vital, officers support the function through interaction and engagement with Committees, providing information and answering questions. The Council should also consider through the budget cycle how it can provide further dedicated specialist officer support to directly develop and support the Overview and Scrutiny function.

9. The Committee is asked to consider the approach to Overview and Scrutiny outlined above and make comments to the Director of Law and Governance.

Principles of the Work Programme

10. 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.

11. Effective Overview and Scrutiny should provide extensive opportunities for community involvement and democratic accountability. Engagement with service users and with the general public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Committee.

12. 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.

13. The Committee is asked to consider these points when developing its work programme.

Models for carrying out scrutiny activity

14. 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

15. 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.

Limited Work Programme Engagement Exercise

16. To assist the Committee in developing a work programme a limited engagement exercise has taken place to seek the views of County Councillors and Senior Officers, the results of which are attached at **Appendix 1.**

17. As the aim of the work programme is to ensure that scrutiny makes the biggest impact possible the exercise advised that suggestions for inclusion consider the following criteria:
    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?

18. 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?

19. The Centre for Governance and Scrutiny (CfGS) also has a prioritisation tool to assist with the selection of topics for the work programme. Members are asked to provide their view on the current PICK process and for the CfGS tool to be considered in the development of the new approach to work programme development.

Agreeing a work programme

20. Committee Members are asked to consider the results of the engagement exercise and the contents of this report in agreeing a work programme for the remainder of the 2021-22 municipal year.

21. Committee is also asked to consider suggestions made by Partners, the Cabinet and Senior Officers which will be reported at the Committee meeting on the 23 September.

22. The Committee is also asked to agree whether to create any task group reviews and appoint membership of that review and to identify any specific training and support needs required to deliver the 2021/22 work programme.

Financial Implications

23. The report does not raise any financial implications

Comments checked by:

Rob Finlayson, Finance Business Partner (Environment & Place), rob.finlayson@oxfordshire.gov.uk (Finance)

Legal Implications

24. 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

Comments checked by:

Anita Bradley, Director Law and Governance, anita.bradley@oxfordshire.gov.uk

Anita Bradley
Director of Law and Governance

Annex:	Appendix 1 – Response to limited work programme engagement exercise
Background papers:	Report to Council 13 July 2021 – Review of Scrutiny Arrangements HOSC Forward Plan – June 2021
Contact Officer:	Steven Fairhurst-Jones Senior Policy Officer E: steven.fairhurstjones@oxfordshire.gov.uk

September 2021

Appendix 1: Consultation Exercise Responses

JHOSC Work Programme Suggestions received during limited consultation exercise:

Topic Suggestion	Access to health care that has been closed or reduced during the pandemic
How does the topic suggestion comply with the PICK methodology:	
Public Interest	The topic is concern to the public
Impact	Scrutiny should lead to improvements through opening closed services
Council Performance	Yes
Context	Impact of BOB ICS on delivery of services

Topic Suggestion	Involvement of the Voluntary Sector/Third sector in BOB ICS
How does the topic suggestion comply with the PICK methodology:	
Public Interest	Managing the opacity of BOB would be of public interest
Impact	The voluntary sector can deliver usually quicker and more cost effectively as well as having a closer involvement with the local community
Council Performance	The Council is committed to working with the Voluntary Sector
Context	BOB ICS is supposed to include the voluntary sector but doesn't in any meaningful way – the way that it has interpreted the current legislation

Topic Suggestion	Focus on the Health and Wellbeing Board, and how it provides oversight of the Oxfordshire ICP part of BOB

How does the topic suggestion comply with the PICK methodology:	
Public Interest	Lack of democracy in HWB is a significant barrier to full involvement and understanding of the public
Impact	Increased scrutiny will allow improved services overseen by the HWB – taking a broader health perspective rather than an illness perspective
Council Performance	Council Statutory Body
Context	Role remains unclear with the emerging practice of ICS

Topic Suggestion	NHS Dental services
How does the topic suggestion comply with the PICK methodology:	
Public Interest	No NHS services available locally
Impact	Lack of local service availability (some practices no longer taking NHS turning private) Poor dental health leading to poor general health.
Council Performance	
Context	

Topic Suggestion	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?
How does the topic suggestion comply with the PICK methodology: Changes would be relatively easy in theory to implement with big payoff but over the long term.	
Public Interest	Doesn't immediately grab the public's attention. Crops up occasionally on the news and medical/scientific news but is a major global issue described by Jim O'Neill as potentially one of the biggest existential crises for the 21sy century.
Impact	Potentially big impact and if our performance can be improved we may take the lead nationally (atm not sure how we far in Oxon)
Council Performance	No idea
Context	We really need an update on where we are viz a viz the rest of England particularly for the Critically Important Antibiotics

Topic Suggestion	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.
How does the topic suggestion comply with the PICK methodology: Pay off could be big but may be slow depending on money available to CCG for new practises and availability of GPs (as opposed to GP surgeries)	
Public Interest	Considerable
Impact	Important for the ongoing housing developments in the county
Council Performance	Not good so far (Rejections in North Abingdon and Lioncourt (Kingston Bagpuize) as far as Im aware of the latter.
Context	Movement of CCG decisions to BOB

Topic Suggestion	Community Health Strategy

How does the topic suggestion comply with the PICK methodology: It has been difficult to provide guidance to OH/CCG regarding outlining sensible and comprehensive plans for community health provision. The role of scrutiny is general reactive and retrospective. A more interactive role would be good. So, pay off would be high but implementation is likely to be difficult.	
Public Interest	Considerable, already in OX12
Impact	High both in short term (in terms of provision of services) and longer term (in terms of resulting health improvement)
Council Performance	
Context	I know that this is currently under review but it is being done badly and the OX12 review does not give confidence that it will be done well. Recommend a Task & Finish group for scrutiny and report to JHOSC.

Also received:

Mental Health Provision

Maternity Provision and quality of service

A deep dive into SEND provision in the county.

Specifically looking at:

- Educational healthcare plans (EHCPs)
- NHS waiting lists for SEND diagnosis
- SENDIASS 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

This page is intentionally left blank

healthwatch Oxfordshire
Your voice on health and care services

Healthwatch Oxfordshire

Report to the Oxfordshire Joint Overview Scrutiny Committee

September 2021

Contents

1 Healthwatch Reports 3
2 Healthwatch Oxfordshire Annual Impact Report 3
3 Healthwatch Oxfordshire Progress 2021-22.......................... 4
4 Outcomes and impact 4
5 Wider Healthwatch Oxfordshire Activity.............................. 6
6 Ongoing work and future planning 6

Update on Healthwatch Oxfordshire

1 Healthwatch Reports

Full and summary sheets of all reports, plus responses from commissioners and providers available on: https://healthwatchoxfordshire.co.uk/reports
We have recently published:

1.1 Earwax removal services in Oxfordshire

A briefing of the summary of findings from this research was included in our report to HOSC in June 2021. We will give verbal feedback to HOSC as the publish date is 22nd September.

1.2 GP website check-up follow-up report September 2021

Following up on our review of GP surgery websites in April we have reviewed all sites to see whether our recommendations have been implemented. The report will be available in mid to late September.

1.3 Report to Oxfordshire Safeguarding Adults Board regarding ease of raising a concern by a member of the public June 2021

This follow-up work to the secret shopper exercise we conducted in June 2019 found that some recommendations from the first exercise in June 2019 had been implemented but the following needed to be addressed:

1. The eight-page raising a safeguarding public form must be simplified – recommendations included.
2. A freephone telephone number is provided on both the OCC and the OSAB website especially as there are those who may not have access to digital means.
3. The OSAB page on how to report a concern is changed and directs people to the page on the OCC website which explains what safeguarding is and not directly to the raising a safeguarding public form. https://www.oxfordshire.gov.uk/residents/social-and-health-care/keeping-safe/having-concern-about-someone
4. The OSAB website moves the link for the public towards the top of the page as the bright orange box is very formal and off putting. https://www.osab.co.uk/how-to-report-concerns/

The report was presented to the OSAB Engagement Group and the OSAB Board in June. Recommendation 2 was rectified at the meeting! The Oxfordshire County Council and Adult Safeguarding Board Manager have committed to looking at how recommendations 1, 3, & 4 can be addressed and will report back to the Board in September 2021.

2 Healthwatch Oxfordshire Annual Impact Report

Our Annual Outcomes and Impact report 2020-21 was published on 30th June 2021. This was circulated to all members of the committee. The full report and film

shown at the presentation in July can be found on our website https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-report-2020-21/.

3 Healthwatch Oxfordshire Progress 2021-22

Our report on activity during April – June 2021 is available on our website and shows:

We reached 2,912 people of which:

- 345 were face-to-face – including visits to Cowley Road, Refugee Week event at Flo's, and meeting people at the Diversity League football tournament.
- 74 through our signposting service – the top three themes were GP, dentistry, and mental health
- 685 via people responding to our surveys that we closed during this time
  - Main Covid-19 survey (n=512)
  - Earwax survey (n=173)
- 124 people posted comments on our Feedback Centre, and we published 23 responses from the service providers
- 1,479 people engaged with our Facebook page

Since June to end of August we have received a further 54 reviews on our Feedback Centre of which 48% have been about GP surgeries and nearly half of these have been negative, focused on administration and access to the service. Once people got through to speak to or see a medical professional generally, they praised treatment and care received. A further 18.5% reviews referred to hospital services.

4 Outcomes and impact

The report includes an update on outcomes from previous research reports. We are proud to inform the people of Oxfordshire that their voice had an influence on Oxford University Hospitals NHS Foundation Trust who have announced changes to parking at their hospital sites.

4.1 The long and winding road

In 2017 Healthwatch Oxfordshire published a report on people's experiences of travelling to and parking at Hospitals in Oxford and Banbury. We heard from 295 people at all four hospital sites and made the following recommendations to the Oxford University Hospitals NHS Foundation Trust regarding the Headington hospital sites:

1. OUHFT should further explore 'spreading' out-patient appointments across the day / week. This will relieve the pressure on the access routes and parking facilities, thus improving the patient experience of attending a hospital appointment.

OUHT response to this recommendation: The Trust is actively looking into developing care pathways to make changes in how we maximise the estate and smooth access. This work will take time to implement across each service.
The Trust now runs a seven-day clinic across many of its departments.

2. OUHFT should undertake a review of the number of Blue Badge spaces available at all sites, and their use

OUHT response to this recommendation: Thank you for the suggestion and this is an excellent idea, which the Trust will pursue.

3. OUHFT should explore a simple solution, adopted by other hospitals in the country, of a dedicated Blue Badge only parking area with separate access.

OUHT response to this recommendation:
Again, as above, this is an excellent suggestion, and the Trust will pursue this recommendation in line with the last recommendation.

In August 2021 the Trust announced that:

'Automatic Number Plate Recognition (ANPR) is now in place at the John Radcliffe and Churchill hospitals.

The ANPR system means a camera photographs all vehicles entering and leaving the car park. The camera is linked to the on-site pay machines and a payment website.

Some of the main benefits of ANPR include:

- card payment for parking
- better vehicle movement across our sites
- quicker entrance and exit to our car parks
- better management of how people use our car parks.

The installation of ANPR is part of over £1m of improvement works on the Trust's visitor car parks, including:

- creating a dedicated cark park with blue badge spaces at the Churchill
- making separate access to the disabled car parking spaces at the John Radcliffe
- new card payment machines at the Horton General Hospital
- re-surfacing and lining in most car parks.

ANPR will not impact current exceptions or concessions for visitors and Blue Badge users, and the price of parking for other users remains the same.
Sam Foster, Chief Nursing Officer at Oxford University Hospitals, said: "We recognise that car parking and traffic flow are a major source of frustration for our patients, visitors, and staff, and that it can impact negatively on patients' experience of visiting our hospitals. Installing ANPR is an important step towards improving the experience of visiting our hospitals for both patients and their loved ones."

Reflection and success
Change can take a long time to come about – 4 years in this case. Without patients and families talking to Healthwatch Oxfordshire your experiences and voice would not have been heard!

The full report can be found here https://healthwatchoxfordshire.co.uk/wp-content/uploads/2018/01/20170718_travel_survey_report_final_cb.pdf

Hopefully these improvements will enhance people's experiences of accessing the hospital sites. No more tears, no more being left standing alone, no more being left at the door whilst the car is parked.

5 Wider Healthwatch Oxfordshire Activity

Continued events for Patient Participation Groups (PPG) https://healthwatchoxfordshire.co.uk/what-we-do/ppgs/ including:

In June and July, we held two webinars for PPG members focused on the NHS General Practice Data for Planning and Research data collection scheme (GPDPR). At the July event Emile Douilhet gave a short briefing and answered questions. His role as Senior Information Governance Consultant, NHS South, Central and West and Data Protection Officer GP Practices is to ensure that GDPR is followed.

We continue to work collaboratively with the other four Healthwatch within the Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Services (BOB ICS).

6 Ongoing work and future planning

Currently we are leading on an NHS England-funded Healthwatch England project to hear about people's experiences of using blood pressure monitors at home, specifically the BP@Home pilot that is being rolled out across England. People can complete an online survey and then volunteer to talk in more detail with a member of the team. The report is expected in November 2021.

We are exploring people's experiences of accessing and using interpreting services when using health and care services. This is a combination of online survey and face-to-face conversations.

Projects in development include:
Accessing GP surgeries – after hearing much from patients about the difficulties of getting through to GP surgeries by telephone we are seeking to know how widespread this is across the county and what impact it is having on people.

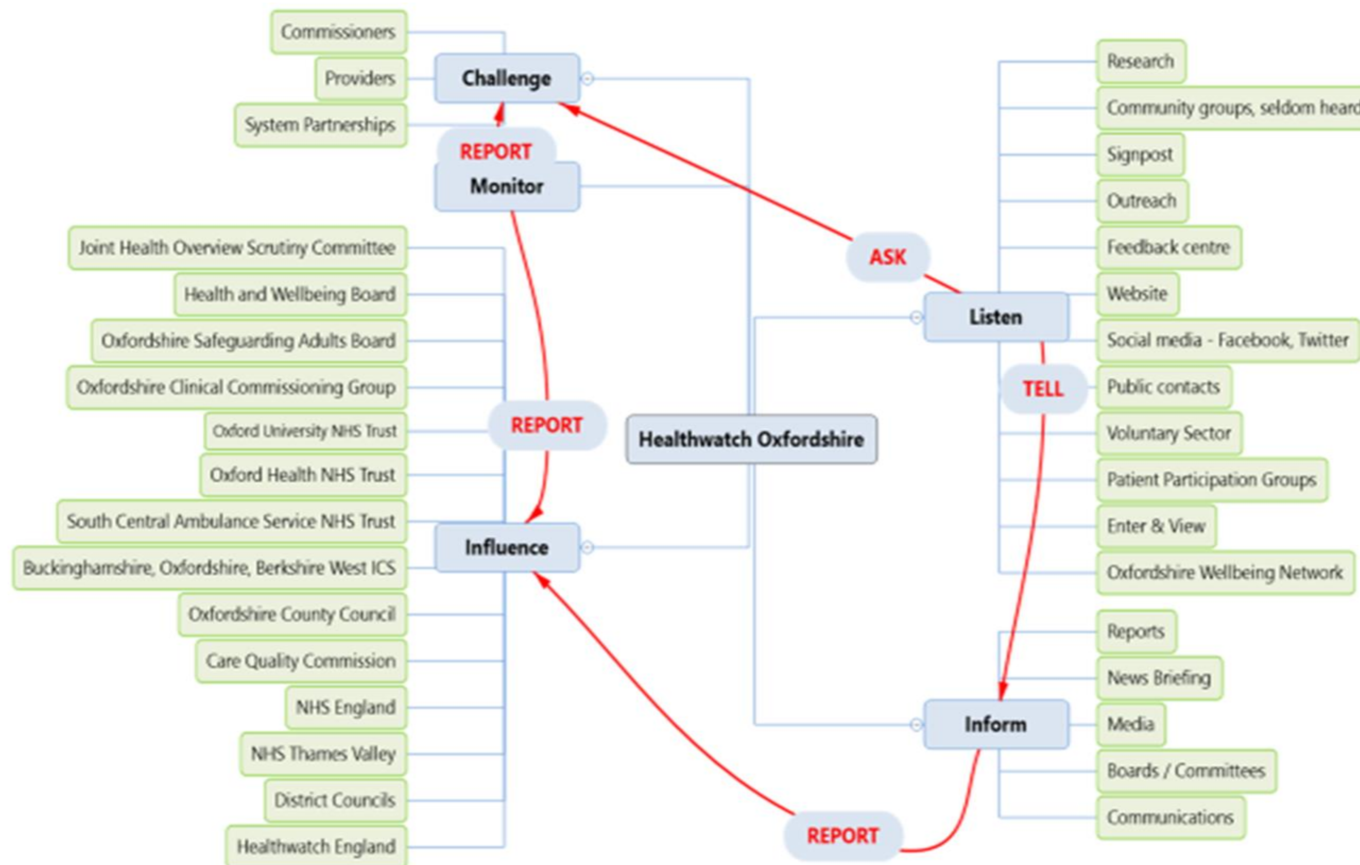
Understanding why patients are choosing not to be referred out of county for hospital appointments. This is being done with the involvement of both Oxford University Hospitals NHS Foundation Trust (OUH) and Oxfordshire Clinical Commissioning Group (OCCG).

Taking part in the Healthwatch England NHS waiting times project, together with the other four Healthwatch in BOB ICS.

6.1 Future planning

Healthwatch Oxfordshire staff team and trustees are reviewing our current strategy and planning for 2022 onwards. This process includes asking the public what they think our priorities should be. We will have our plans in public early next year. If anyone would like to contribute their thoughts, please do contact us at hello@healthwatchoxfordshire.co.uk or by telephone 01865 520 520.

Just a quick reminder of what we do:



This page is intentionally left blank

DIVISIONS AFFECTED – ALL

**OXFORDSHIRE JOINT HEALTH OVERVIEW
AND SCRUTINY COMMITTEE**

23 September 2021

ADMISSION TO CARE HOMES DURING THE COVID PANDEMIC - THE FIRST THIRTY DAYS AND BEYOND

Report by OCC Director of Public Health and Director of Adult Social Care

RECOMMENDATION

1. The Committee is RECOMMENDED to NOTE the information provided in the paper (Annex A) and response (Annex B).

EXECUTIVE SUMMARY

2. This paper presents information about the discharge of people from acute hospital to care homes in Oxfordshire during the early days of the COVID-19 pandemic, and a response to that information by the County Council's Director of Public Health and Director of Adult Social Care.

BACKGROUND

3. Prior to April 2020 members of the Committee had discussed the process and consequences of following the national requirements to rapidly discharge patients from acute settings to care homes.

4. The HOSC meeting on 24 April 2021 was presented (within the Chair's Report) with a paper on the subject produced by two co-opted HOSC members, Barbara Shaw and Alan Cohen.

5. The two co-opted members had met with the county council's Director of Public Health, Ansaf Azhar, and the Director of Adult Social Care, Stephen Chandler, in March 2021 to understand this process.

6. The paper concerned the period from late February 2020 to 16 April 2020, after which the Government's guidance required that all patients should be tested for COVID-19 prior to discharge.

7. Annex A provides the co-opted members' report, which has been updated since April in light of further discussions with Council officers.

8. Annex B provides a response by the County Council's Director of Public Health and Director of Adult Social Care to the points raised in Annex A.

Ansaf Azhar
Director of Public Health
Oxfordshire County Council

Stephen Chandler
Director of Adult Social Care
Oxfordshire County Council

September 2021

Contact Officers: Steven Fairhurst Jones, Policy & Partnerships Team, steven.fairhurstjones@oxfordshire.gov.uk

Annex A: Admission to Care Homes During the COVID Pandemic - The First Thirty Days and Beyond – paper produced by co-opted HOSC members Barbara Shaw and Alan Cohen.

Annex B: Response to the paper in Annex A by OCC's Director of Public Health and Director of Adult Social Care

Admission to Care Homes during the COVID Pandemic - The First Thirty Days and Beyond

Executive Summary:

Many patients were discharged from acute hospitals to care homes and patients' own homes in the early days of the pandemic. Members of the JHSOC had asked about the process and consequences of following the national requirements to rapidly discharge these patients. Senior Officers of Oxfordshire County Council met with co-opted members of the JHOSC to provide further detail and information about this process.

This report summarises the information obtained and provides data from ONS on mortality rates during this period. Based on the contents of this report, members of JHOSC may wish to consider the following issues for discussion:

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.**

Version History of this Document:

This paper was completed in Jan 2021 and forwarded to System Partners in February 2021. The information included in the paper was correct at that date, and to maintain clarity and focus, updated information on the change to regulations and practice that occurred from that date have not been made.

The paper was not included in the agenda of the April 2021 JHOSC meeting but did appear in the Chairman's report of the June 2021 JHOSC meeting. Meetings were held with Senior Officers of OCC to discuss the paper, and at the JHOSC meeting in June a further invitation to meet with the Senior Officers was made and accepted. The last meeting between the Officers and the authors was held in July 2021.

Background:

Members of the JHOSC had asked for information about the events concerning the discharge of people from acute hospital during the early days of the pandemic. The members had wished to understand the consequences of implementing the national guidance to free up hospital beds in the early stages of the emergency. This was the period from late February 2020 through until April 16th, when the guidance was changed so that all patients should be tested for SARS-CoV2 virus prior to discharge.

The difficulties encountered by the System Partners between February and April 16th should not be underestimated. There was widespread fear and anxiety at the emergence of a new virus, about which little was known. The Government was making rapid plans to manage the infection, which required health and local authority partners to respond rapidly to a national emergency. Guidance was being issued on virtually a daily basis, often overturning the previous day's advice. There were significant national supply chain difficulties with Personal Protective Equipment (PPE), and national difficulties implementing testing and tracing.

It should be emphasised that during this early stage, the opportunity for local interpretation of national guidance was extremely limited – system partners locally were required to implement national guidance.

This review therefore provides a summary of the consequences of the implementation of the national policy. In turn, this will allow lessons to be learnt, both nationally and locally, providing there is a forum in which further questions can be asked and answered in a "no blame" culture. From the information already provided to JHOSC at its meetings by the System Partners it is clear that there has been extensive learning, as well as some very positive messages about new ways of delivering care. So that these new positive outcomes are not lost, there needs to be a formal review process.

Methodology:

Senior OCC officers (Director of Public Health, and Corporate Director of Adult and Housing Services) met with the co-opted members of the JHOSC on two occasions to provide detailed information on the admission to care homes from acute hospitals, and the processes in place that evolved to protect residents and care workers.

Time Scale: This report addresses the period from the beginning of the pandemic in Oxfordshire (February 2020), through until April 16th, 2020 when national guidance was changed to require patients to be tested for the presence of the SARS-COV2 virus prior to discharge.

However, to understand the impact of this change in guidance, it was necessary to expand the time scale forward beyond April 16th. Information has been provided by the System Partners, that goes up to end of November 2020, and provides a picture of how the impact on care homes has changed over that period. This report does not cover the emergence of the new mutated version of the virus, nor the impact of Oxfordshire being placed in Tier 4 restrictions.

Data: The use of data can both be helpful and a distraction, especially when the data could be inaccurate, or misinterpreted. It is apposite to note that during the period Feb to April

- Testing only occurred for in-patients – the move away from containment testing occurred on March 12th, with only those considered at high risk (in-patients) being tested.
- Some causes of death were identified as being due to COVID, yet no test had been performed
- Systems were being developed to count and analyse positive tests

The consequence of these points is that the system lacked accurate data on positive COVID cases, and deaths caused by COVID infection. So, data on COVID infection rates, and deaths caused by COVID have been omitted from this report.

Only data that is publicly available, self-explanatory and from a reputable source (usually ONS) will be used in this report. The most accurate set of data is all-cause mortality data by local authority, reported weekly: (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard). This data set does not include cause of death but does report place of death. Place of death is categorised as: Home, Care Home, Hospital, Hospice, other communal health establishment, and “elsewhere”.

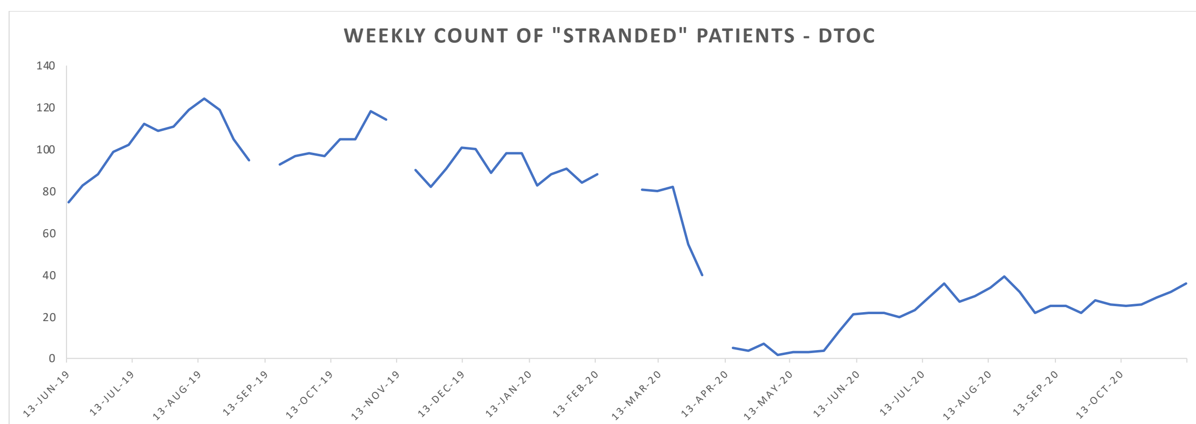
The methodology for reporting Delayed Transfers of Care (DTOC) – those patients who are considered fit for discharge but unable to be discharged – has not changed during the pandemic, although the completeness of the weekly reports is variable (see Fig 1). Recently the terminology has been changed to describe the patients as “stranded” in the health care system. These patients are the residents of Oxfordshire, and the hospitals in which they are stranded are those of Oxfordshire University Health Trust, Oxfordshire Health (including mental health services), and the adjoining acute hospitals in Berkshire, Buckinghamshire, and Gloucestershire. The OCC Officers have advised that national guidance has recently stopped the requirement to report on this weekly data, and that a new measure is being developed.

Results

Stranded Patients

In February it became clear that there would be a surge of admissions to hospital, and that space would be needed to be made to accommodate these new emergency admissions. Hospitals were required to discharge patients as soon as they were fit. This became a national requirement on March 19th.

The graph (Fig.1) below shows the change in the numbers of stranded patients:



It should be noted that the gaps in the graph (Fig 1) above were due to incomplete records

Up until January 2020, the numbers of stranded patients were between 80 and 120 each week, with some reduction in November and December to between 80 and 100 patients. In March this figure fell precipitously to less than 10 as the acute hospitals were prepared for the surge in admissions. From May, the figure has started to climb again, and the latest data is that in November there were 36 patients stranded in the health care system.

Information from the system partners reveal that from March 19th to April 16th 188 people were discharged to their own home, and a further 76 to care homes.

Whilst there is no specific information to the contrary, it is unlikely that any of these patients were tested for COVID prior to discharge – this only became a national requirement on April 16th. The emphasis was on the rapid discharge of people to a safe location.

There has been no reported follow up of these patients to understand:

1. their progress and outcomes either at home or in care homes.
2. the impact of these admissions on the way that those care homes worked, provided protection against infection, and the infection rate amongst other residents.

All-Cause Mortality Data in the First 30 Days

Using the ONS data referenced above, it is possible to examine the change in mortality rates in the early stages of the pandemic:

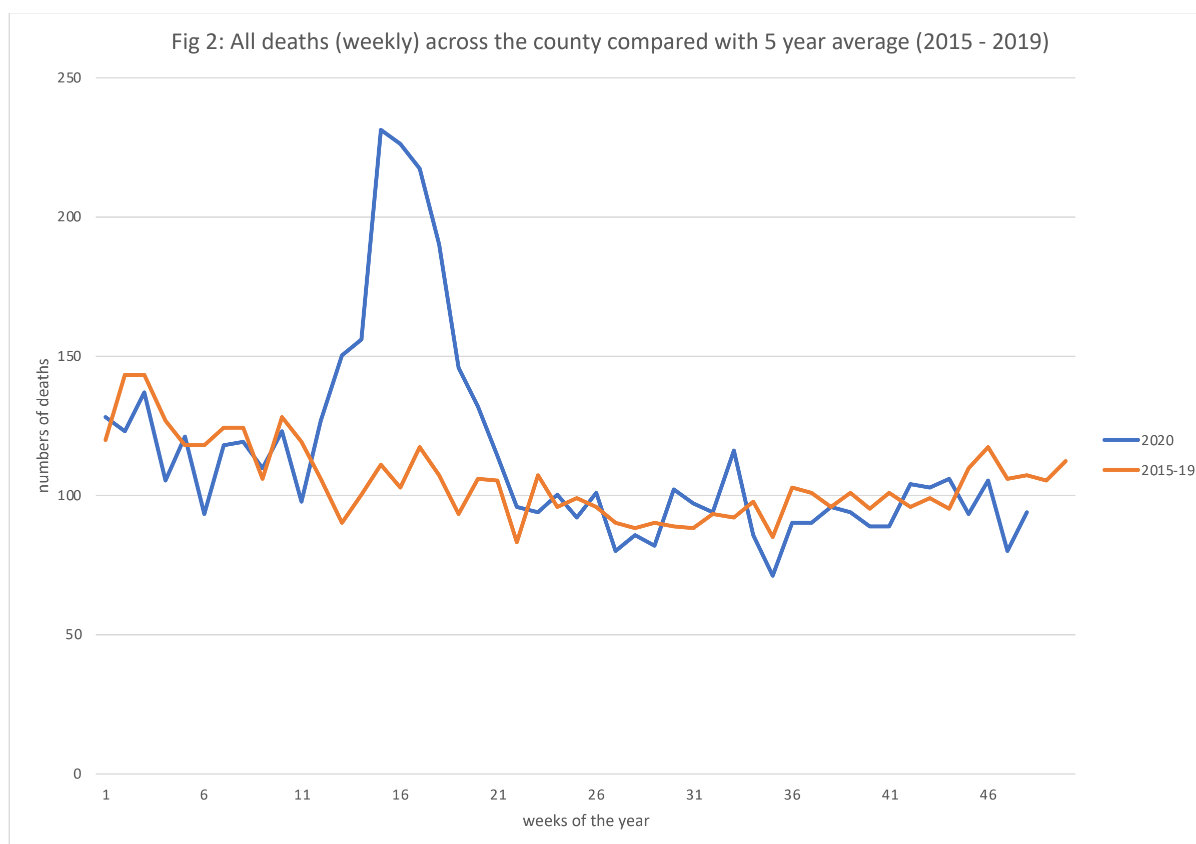


Fig 2 shows that in the early weeks of the year, mortality across the county in 2020 (blue line), was roughly in line with the five-year average (orange line). However, around week 11 (the beginning of March) patients were discharged to home and care homes, and the number of stranded patients fell to below 10. Following that time, the number of deaths increased significantly.

Caution must be exercised in linking cause and effect. It is not possible to draw conclusions based on this graph. Closer analysis of the data is required to ascertain if the changes in mortality occurred principally in care homes, hospitals or at a patient's home. Given the small numbers involved, there will be wide confidence intervals, that may significantly alter the interpretation of the data.

However, the available data from the ONS is also available by place of registered death.

Technical note: Place of death categories (defined by the ONS) are at the patient's home, at a care home, and in a hospital. It should be noted that the vertical axes on Figs 3 (Hospital), 4 (Care Homes) and 5 (residents own home) are all slightly different, so that comparisons should be made with care.
Three further categories are provided by ONS as a place of death – hospice, "elsewhere" and "other communal health establishment". In total these three categories account for less than 5% of the total and have therefore not been included in this summary.

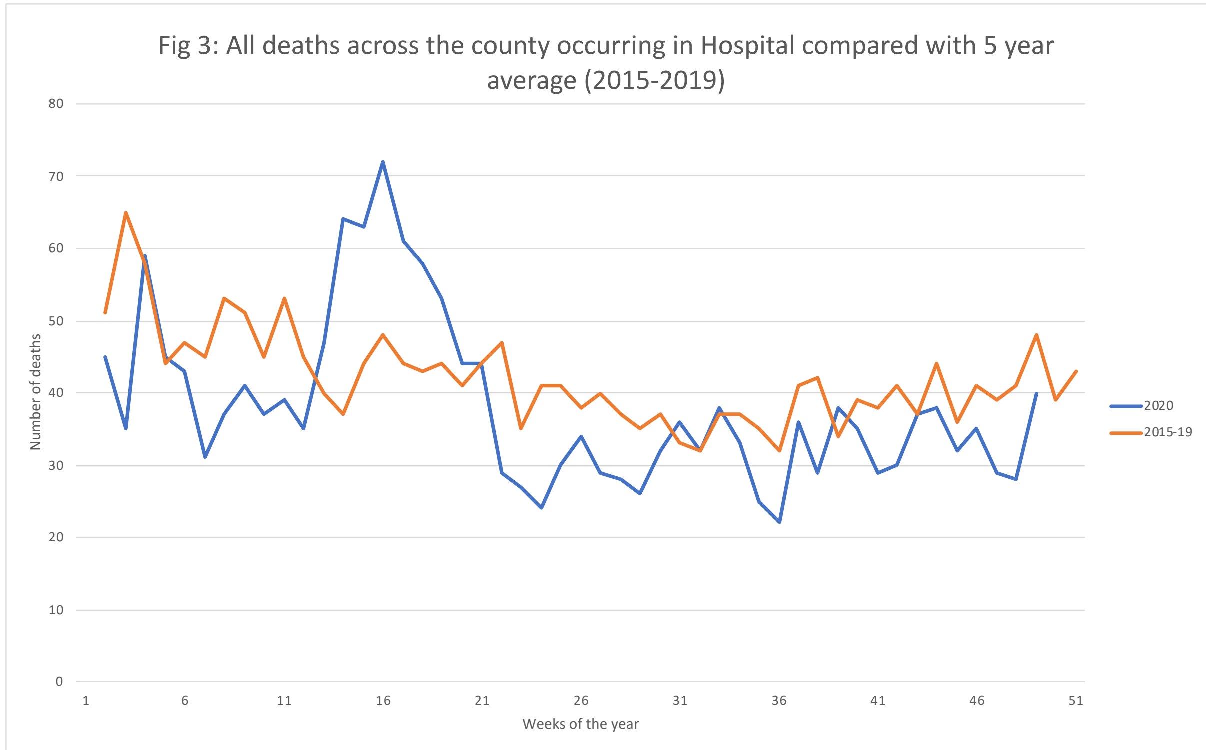


Fig 3: All deaths across the county occurring in Hospital compared with 5 year average (2015-2019)
80
70
60
50
40
30
20
10
0
Number of deaths
1
6
11
16
21
26
31
36
41
46
51
Weeks of the year
2020
2015-19

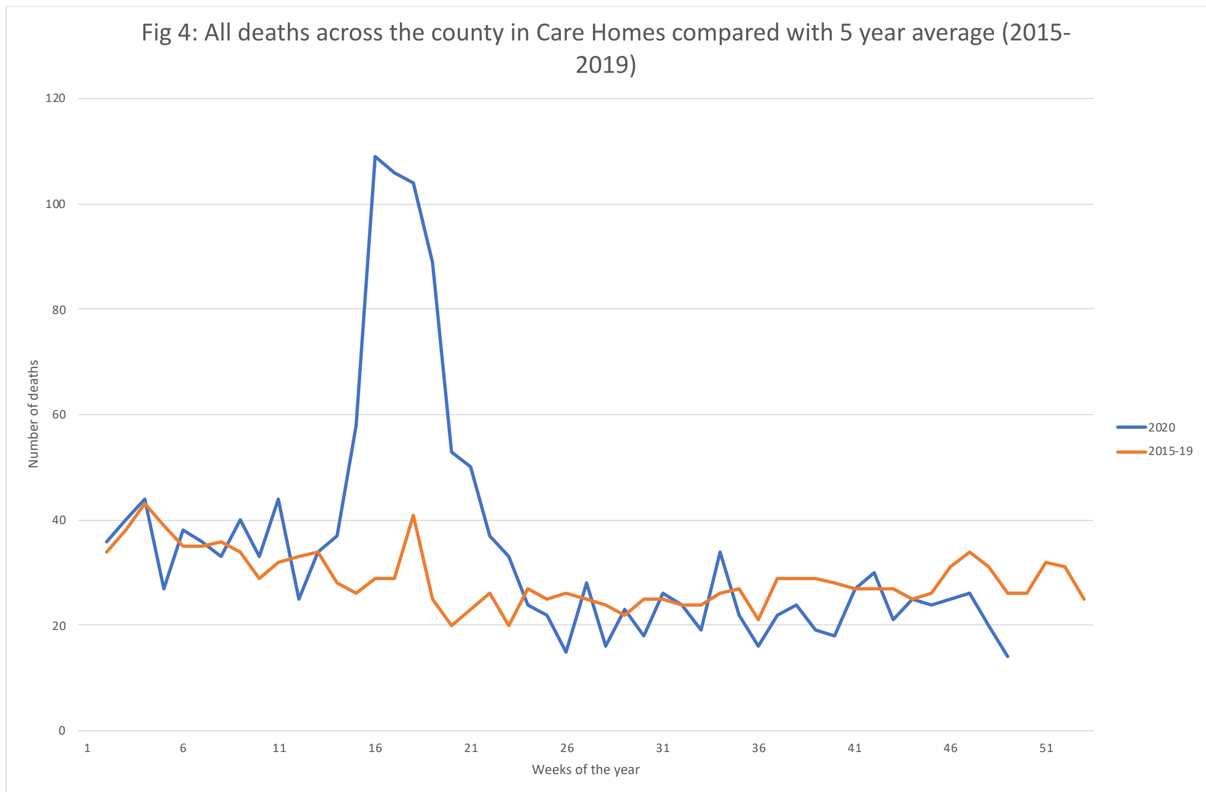
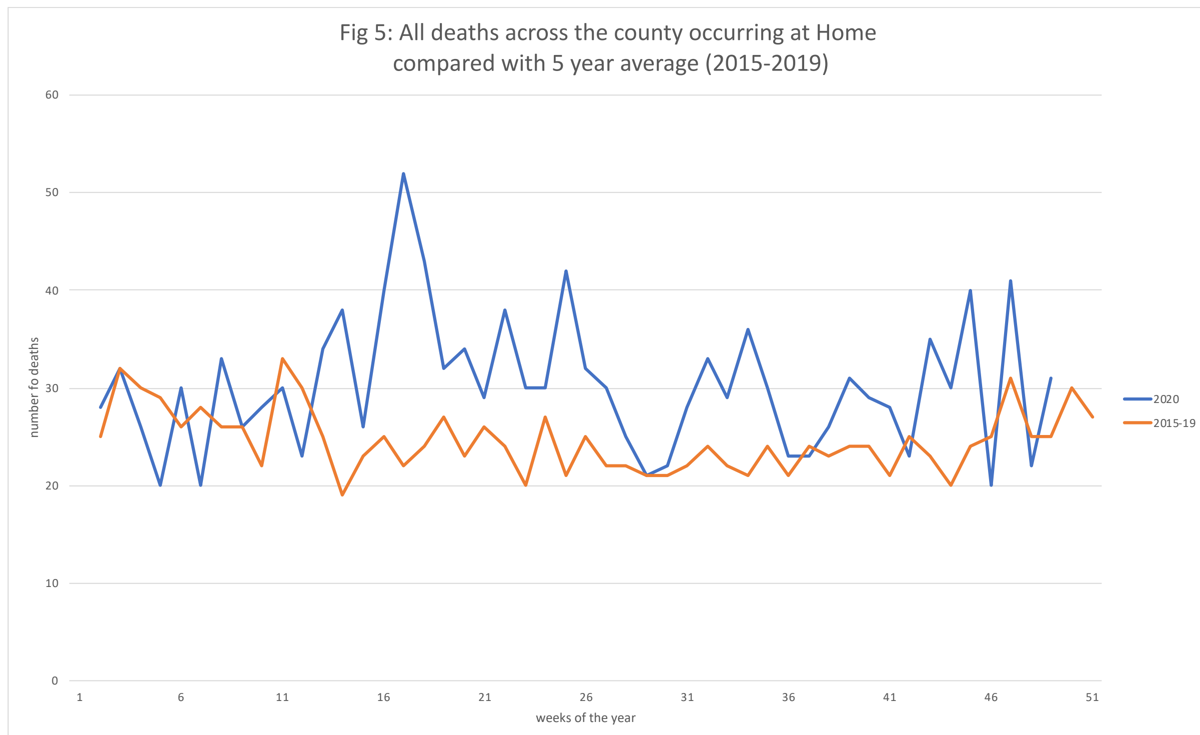


Fig 4: All deaths across the county in Care Homes compared with 5 year average (2015-2019)
120
100
80
60
40
20
0
Number of deaths
1
6
11
16
21
26
31
36
41
46
51
Weeks of the year
2020
2015-19



It would appear, without any statistical analysis, that end-of-life care has shifted from hospital or care home, to care in the person's own home. This fits with an expectation of what people at the end of their life want – to die in their own home[1]. It is nevertheless important to ensure that where this is what the person wants, or doesn't want, the correct support and facilities are available.

Further data on the number of deaths notified to CQC that occurred in care homes from April 10th to June 30th 2020 is provided in Appendix A.

...Beyond 30 days. Protecting Care Homes.

System Partners have provided up to date (Dec 2020) information about care homes, and the processes put in place to protect residents and care workers. This information precedes the county wide roll out of the vaccine programme, any changes that have been introduced to address the move to Tier 4, and the increased infectivity associated with the newly identified viral mutation.

SARS-CoV2 virus Testing in Care Homes:

- All care homes are receiving test kits and are testing residents and care workers
- Residents are tested every four weeks
- Care workers are tested every two weeks

Testing process: Initially either residents or care workers are tested using a lateral flow test strip. If the result is positive, then a PCR swab is taken, and sent to the lab. The lateral flow test returns a result within 30 minutes, whereas the PCR swab takes 2 – 3 days for a result to be returned. In the event of a positive lateral flow test, and whilst awaiting a PCR swab result

the individual is isolated. The County Council receives a summary of swab results from each care home on a daily basis – identifying potential outbreaks (defined as two or more individuals with a positive test result in one institution).

Test accuracy: National experts have commented on the accuracy and interpretation of results of lateral flow tests.

False Negatives: the test reports a negative result, but the virus is present. Depending on the operator, false negative results have been reported in up to 50% of tests performed.

False Positives: the test reports a positive result, but the virus is not present. Depending on the clinical context, false positives have been recorded at around 38%.

At the time of this report the BMJ has published a number of articles relating to the accuracy of the lateral flow tests. Interested readers may find those articles here:
https://www.bmj.com/content/371/bmj.m4469
https://www.bmj.com/content/371/bmj.m4744/rr
https://www.bmj.com/content/371/bmj.m4916
https://www.ox.ac.uk/news/2020-11-11-oxford-university-and-phe-confirm-lateral-flow-tests-show-high-specificity-and-are

This is an evolving picture of a complex scientific interpretation of experimental results. Local comment relating to implementation should be tempered appropriately.

Testing Visitors to Care Homes: The System Partners report that care homes are following the national advice on testing visitors to care homes. The original advice was that a single visitor for each resident would need two negative lateral flow tests 14 days apart prior to a visit, and that the potential visitor would have to self-isolate for the 14 days prior to the visit. This was considered onerous, and guidance has recently changed to allow for a single lateral flow test at the time of the visit.

Availability of Personal Protective Equipment (PPE)

The All-Party Parliamentary Group Interim Report on COVID 19 (https://appgcoronavirus.marchforchange.uk/interim_report) has recorded the issues nationally with the provision of PPE in the early weeks and months of the pandemic.

System Partners report that at the time of writing of this report, locally there are no reported issues related to the availability and quality of PPE to care homes. Care homes order PPE through a dedicated web portal, and that provision of this equipment is free to each care home.

National Review of Care Homes

The Care Quality Commission (CQC) suspended normal inspections early in the pandemic. The usual pattern was that around a third of the 130 care homes in Oxfordshire would be inspected on an annual basis. This has ceased.

However, investigations by the CQC are continuing if there have been complaints, or if there has been a whistle blowing incident recorded.

System partners report that OCC continue to exercise oversight of care homes using virtual techniques, and that they are not aware of any problems at present.

Transfers of Care

The process for admitting a resident from a care home to an acute hospital if clinically indicated has not changed. If there is a clinical concern about a resident, the care home will either contact the attending doctor, or call an ambulance. A clinical opinion will be provided, and if appropriate the resident transported to a local hospital for further assessment and treatment. System Partners report that every attendee at Accident and Emergency Departments are now tested for evidence of infection.

System Partners are not aware of situations where an infected patient has been refused/denied transfer because of their infectivity.

System Partners are not aware of any care home using Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders as a widespread order across an institution.

The process for discharge from an acute hospital has evolved since April 2020. A patient fit for discharge is tested twice for the presence of SARS-CoV2 virus. If the test is positive, and the patient is fit for discharge, they are transferred to a “designated unit”. Oxfordshire has one 18 bedded designated unit – a unit that has been approved by the CQC to manage patients who are SARS-CoV2 virus positive. System Partners report that occupancy of this unit has never exceeded 10 of the 18 available beds.

Stranded Patients

One of the most dramatic positive consequences of the pandemic was the rapid reduction in the number of stranded patients. As reported above 188 people were discharged to their own home, and 76 to care homes, leaving fewer than 10 stranded in-patients.

Although data is fragmented, (Fig 1) it appears that the number of people stranded has increased to around 30 - 40, but not increased further.

System Partners report that Oxfordshire has a “relative overdependence” on beds

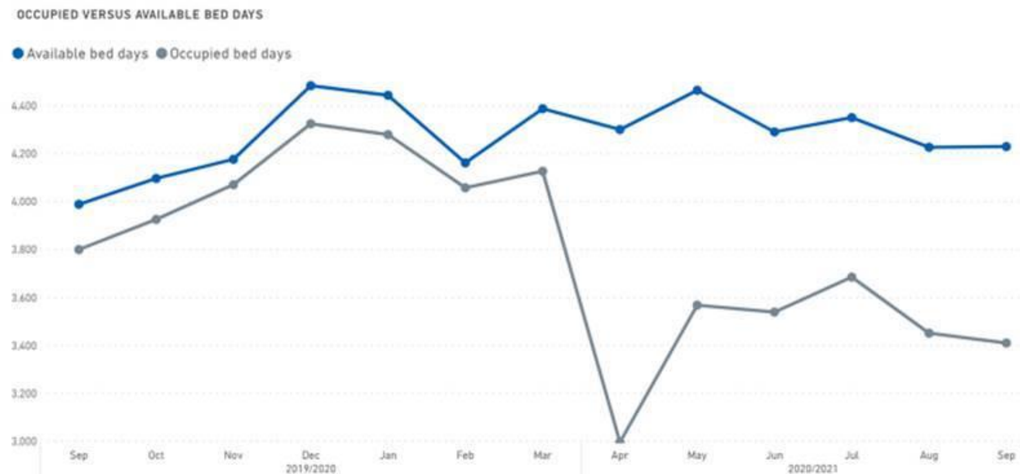
- 148 acute beds – reduced to 129 for social distancing
- 98 short term hub beds
- 18 designated unit beds for people who are SARs-CoV2 virus test positive (see above).

Oxfordshire also has 4200 care home beds per 100,000 population whereas the national average is 2,900 beds per 100,000.

The appointment of a co-ordinator of care to ensure that best use is made of capacity, has helped co-ordinate responses across the health and social care services.

Oxford Health has already separately reported to this Committee on bed occupancy in community hospitals:

Oxfordshire Community Hospitals – Bed Occupancy vs Availability



From the System Partners perspective, these facts taken together, the over-reliance on beds, the capacity in the system, and the ability to provide care in people's own homes indicate that community resources are being used inefficiently. This is an important and currently poorly communicated viewpoint. That a serendipitous consequence of the pandemic has been the identification of a more effective model of community care is welcome.

Authors:

Alan Cohen
Barbara Shaw

Appendix A. Number of COVID 19 related (suspected or confirmed) care home deaths in Oxfordshire notified to CQC between 10 April 2020 and 30th June 2020.

Oxfordshire Care Homes	No. of Deaths
St Luke's Hospital - Oxford	5
Banbury Heights Nursing Home	1
Heathfield House Nursing Home	5
The Close Care Home	2
Hempton Field Care Home	5
Beech Haven	2
Oxenford House	3
Cherwood House Care Centre	5
Sotwell Hill House	1
Fairfield Residential Home	4
The Grange Care Centre	9
The Homestead	1
The Cotswold	5
OSJCT Glebe House	7
OSJCT Longlands	1
OSJCT Madley Park House	13
OSJCT Meadowcroft	4
OSJCT Spencer Court	1
OSJCT Stirlings	5
OSJCT The Meadows	8
OSJCT Townsend House	1
OSJCT Westgate House	4
OSJCT Isis House Care & Retirement Centre	1
Middletown Grange	2
Oxford Beaumont	6
Southerndown	20
The Ridings	1
The Headington Care Home	1
Green Gates Care Home	1
Richmond Village Letcombe Regis	2
Wantage Nursing Home	8
Watlington and District Nursing Home	13
Coxwell Hall and Mews Nursing Home	3
Merryfield House Nursing Home	2
The Julie Richardson Nursing Home	5
Leafield Residential Care Home	1
Lashbrook House	2
Cleeve Lodge	1
Cedar Court Care Home	2

Wyndham Hall Care Home	6
Godswell Park	3
Mill House	1
Churchfields Care Home	5
OSJCT Larkrise Care Centre	4
Cumnor Hill House	1
Wytham House	1
Abingdon Court Care Home	9
Stowford House Care Home	6
OSJCT Chilterns Court Care Centre	13
Brookfield	14
Penhurst Gardens Care Home	4
OSJCT Henry Cornish Care Centre	5
Richmond Village Witney	2
Green Pastures Christian Nursing Home	6
Yarnton Residential and Nursing Home	3
OSJCT Langford View	1
Highmarket House	2
Freeland House Nursing Home	3
Lincroft Meadow Care Home	6
The Langston	1
Iffley Residential and Nursing Home	5
Bridge House	3
Millers Grange	4
Abbeycrest Nursing Home	10
Huntercombe Hall Care Home	5
Oaken Holt Nursing and Residential Home	2
Burford Nursing Home	2
Glebefields Care Home	5
Total Deaths	**295**

References:

1. **Age UK End of Life Review 2013 London** (https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_oct13_age_uk_end_of_life_evidence_review.pdf)

Dear Alan and Barbara,

Thank you for your report entitled 'Admission to Care Homes during the COVID Pandemic - The First Thirty Days and Beyond'. The report raises four key issues, each of which we would like to respond to in turn.

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.**

   As you mentioned, Delayed Transfers of Care (DToC) is no longer the metric that we report on at a national level. This is because there was strong evidence that the reporting of DToC was inconsistent across the country; at the same time as Oxfordshire was reporting higher than average against this metric, its hospitals had statistically significantly shorter hospital lengths of stay (See CQC local area profiles). That notwithstanding, we clearly had great success in reducing the DToC figure and ensuring that it has remained low since March 2020.

   Whilst we are awaiting new national measures, we are currently continuing to report locally on DToC. Delays currently stand on average at 29 people, compared to an average of 25 in 2020/21 and 93 in 2019/20 (a reduction of two thirds). These are discussed at a daily tactical meeting with senior managers across the Oxfordshire System. As we continue to strengthen our system partnerships with integrated working, the system wide gains secured in discharging patients during the height of the Covid pandemic have therefore been maintained through last year and into this year. This has speeded up an existing trend, e.g., in 2017/18 we had on average 138 delays, meaning that in the last 5 years delays have reduced by 80%.

   The Government hasn't announced yet what and how it wants to measure DToC in future. Their focus seems increasingly to be on patients with long length of stay i.e., over 14 days. The Government is also moving away from reporting who is responsible for DToC and focusing instead on the system wide performance.

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.**

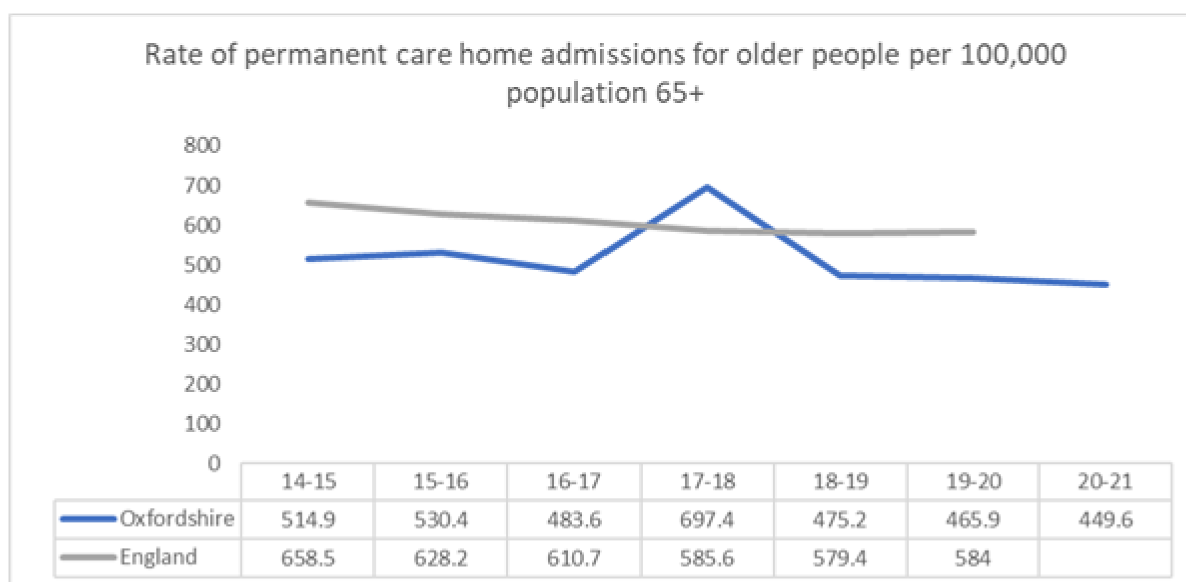
   As a system, we followed the Government guidance that was provided on 19th March and 9th April 2020. The initial guidance did not require routine testing upon admission to a residential or nursing care facility upon discharge from hospital. The subsequent guidance provided for testing upon admission and patient isolation where there was a positive test. It is important to recognise that there was not a robust process for testing within care homes for either staff or residents in the early stages of the pandemic. Routine testing of care home residents and staff was not introduced until the summer.

   On 11th May, the Government announced that they will be launching a full public enquiry into their handling of the virus. We fully expect that the guidance issued by the Government will come under scrutiny as part of this enquiry and as such. We will, of course, expect to feed our local experiences into this wider review.

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.**

Since the pandemic began, we have continued to work with the home care market to strengthen the reablement offer for people upon discharge from hospital and we have contributed to emerging work on new innovative community services. We know that people achieve better outcomes when they are able to live independent lives in their own homes compared to people going into another bedded facilities (see IPC paper ‘Commissioning out of hospital care services to reduce delays’. We remain committed to allowing people to live independently in their community for as long as possible.

Last year, the amount of home care we purchased grew by 5000 hours per week (an increase of 25%). The number of people offered reablement from hospital grew by 77%. This combined with fewer care home admissions meant that the number of older people supported by the council in their own home rose from 55% at the end of March 2020 to 59% by March 2021. The rate of permanent care home admissions in Oxfordshire continues to fall slightly and remains around 25% lower than the national rate.



	14-15	15-16	16-17	17-18	18-19	19-20	20-21
Oxfordshire	514.9	530.4	483.6	697.4	475.2	465.9	449.6
England	658.5	628.2	610.7	585.6	579.4	584	

We have also embarked on an ambitious programme of work to transform Oxfordshire Community Health Services, with full support of the Health and Well Being Board.
Our focus is on the life stage of Age Well looking to:

- Increase independence and health and wellbeing outcomes for our population
- Work with our population to make best use of our people, our systems, and our assets

This work is being scoped at pace and we would be reporting on current thinking and progress to the Health and Well Being Board in the autumn.

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.**

Recognising that we have all learned a lot since the COVID-19 response began, the Oxfordshire COVID-19 Health Protection Board which is a system-wide partnership board is currently reviewing the Local Outbreak Management Plan to ensure that the systemwide response to COVID is aligned with the new national Contain Framework and it reflects our learning. The revised plan is due to be published in October in preparation for winter.

In addition, we are committed to supporting care homes testing programme for both residents and staff. Testing is an important intervention for reducing risk and for breaking the cycle of transmission. This will ensure vulnerable people who receive care are protected and Oxfordshire care homes are resilient going forward.
Within adult social care, the government's asymptomatic testing regime covers care home staff, residents, visitors and visiting professionals. This is in addition to regular asymptomatic testing to day care centre staff and volunteers, homecare staff including personal assistants, high risk extra care and supported living staff and residents, and wider extra care and supported living staff. See information on how to access regular COVID-19 testing for staff, residents, and service users across these various adult social care settings

OCC is committed to reviewing our response to the COVID-19 pandemic. Our view is that a review undertaken jointly by the Council and system partners would be the most effective and valuable method of learning from the pandemic and helping us all to strengthen our preparedness for any similar events in future.

The scope and timetable of such a review would be for partners to agree as we emerge from the pandemic. We expect that any local review in Oxfordshire will be aligned with a national review of the UK-wide response, which we anticipate the Government will undertake in due course. Aligning with a national review would avoid duplication, place local observations and learning in the national context and ensure that the Oxfordshire review shares the rigour and confidence of the Government-led national review.

Stephen Chandler, Corporate Director of Adult and Housing, OCC
Ansaf Azhar, Director for Public Health, OCC

07 September 2021

This page is intentionally left blank