

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 25 June 2020 commencing at 10.00 am and finishing at 4.05 pm

Present:

Voting Members: Councillor Arash Fatemian – in the Chair

Councillor Mark Cherry
Councillor Hilary Hibbert-Biles
Councillor Jeannette Matelot
Councillor Laura Price
Councillor Alison Rooke
District Councillor Paul Barrow
City Councillor Nadine Bely-Summers
Councillor Charles Mathew

Co-opted Members: Dr Alan Cohen
Barbara Shaw

Other Members in Attendance: Councillor Ian Hudspeth (for Agenda Item 10)

Officers:

Whole of meeting Ansaf Azhar, Corporate Director for Public Health; Sam Shepherd, Senior Policy Officer; Colm Ó Caomhánaigh, Committee Officer

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda, reports and presentations are attached to the signed Minutes.

13/20 ELECTION OF DEPUTY CHAIRMAN FOR 2020/21 (Agenda No. 1)

The Chairman welcomed participants to the virtual meeting. He explained that in the event of a vote being required it would be carried out by roll call.

The Chairman on behalf of the Committee thanked all of those who went to work or volunteered in order to keep everybody safe during the Covid-19 crisis.

On the election of a Deputy Chairman, City Councillor Nadine Bely-Summers was nominated by District Councillor Paul Barrow and seconded by Councillor Laura Price.

Councillor Bely-Summers was elected Deputy Chairman for 2020/21.

14/20 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 2)

Apologies were received from District Councillor Sean Gaul.

The Chairman noted that Councillor Mike Fox-Davies was stepping down from the Committee. Councillor Charles Mathew was a temporary appointment for this meeting.

15/20 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 3)

Dr Alan Cohen declared a personal interest as a Trustee of Oxfordshire Mind.

16/20 MINUTES

(Agenda No. 4)

The minutes of the meeting on 6 February 2020 were approved.

17/20 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 5)

The Chairman had agreed to the following requests to speak at this meeting:

Agenda Item 6 – Forward Plan

Councillor Jane Hanna

Agenda Item 7 – Covid-19 Response

Liz Peretz

Councillor Jane Hanna

Agenda Item 8 – Oxford Clinical Commissioning Group

Julie Maberley

Councillor Jenny Hannaby

Councillor Jane Hanna

Agenda Item 9 – Proposed changes for health scrutiny

Councillor Jane Hanna

18/20 FORWARD PLAN

(Agenda No. 6)

Councillor Jane Hanna asked the Committee to consider having more regular meetings given the increase in demands on the system in the wake of Covid-19. The long-term implications are not clear yet – at local, county, regional or national level. She said that, while the numbers of people involved are high, it was important to

remember the individuals and their families behind the statistics. She hoped that the Committee would look into variations in the statistics across the districts as well as the high rates in care homes.

The Chairman noted the very full agenda for this meeting following the postponement of the April meeting and that the volume of work is only going to increase. It was agreed to discuss the way forward outside the meeting (**ACTION**).

19/20 COVID-19 RESPONSE

(Agenda No. 7)

Liz Peretz, Oxon Keep Our NHS Public, advocated local testing as the best approach to tackling the spread of Covid-19. She said that such schemes had worked in Durham and Sheffield and were advocated by the World Health Organisation. She believed that local GPs, hospital trusts and the universities were ready to step up and provide such a service and she called on the local leadership to back this approach.

Councillor Jane Hanna stated that communities were anxious as the lockdown eases. The questions surround how hotspots will be identified, how the return to work and school will be handled and if hospitals will be using risk assessments for vulnerable workers. Test and trace will be crucial and she asked if all the necessary data was available in a timely way to make it work.

Yvonne Rees, Chief Executive, introduced the item. She stated that the update reflected the fact that the country was still in the response stage and was now slowly transitioning to the recovery stage – however it should be recognised this stage would be as, if not more, challenging than the preceding months. She emphasised that Oxfordshire has responded to the crisis as a system - with all partners working together putting our residents' and patients' wellbeing at the heart of our activity.

Sam Foster, Chief Nursing Officer at Oxford University Hospitals Trust, on behalf of Chief Executive Dr Bruno Holthof, started the presentation. She outlined a patient story and the impact on staff when the system had to double, and double again, its capacity. Patients were nervous about being in hospital, as were their relatives who sometimes came in to seek their discharge.

Supplying PPE was very challenging. The hospitals operated under the national response framework as is still the case.

Dr Ben Riley, Managing Director of Community Services at Oxford Health, described the two big challenges facing services: they had to establish new services to handle Covid-19 while at the same time reconfiguring all other services and premises. At the start there were no guidelines and the thinking evolved day by day.

Mark Stone, Chief Executive of South and Vale District Councils, added that it was important to recognise the amazing response from the community and voluntary sector. The councils on their own could not have responded to all of the needs.

Yvonne Rees emphasised that the system had been agile and recognised and implemented on-going learning during the crisis - this is normal practice but much can be taken forward and will inform the 'new normal'.

Stephen Chandler, Corporate Director for Adult Services, described how partnership working was structured. There was a care homes cell with a dedicated contact route. They captured the views of care providers and the Care Alliance. They were able to respond to the challenges of PPE and work on post-discharge services to avoid re-admission.

Ansaf Azhar, Corporate Director of Public Health, presenting data on the pandemic emphasised that this was a snapshot and the situation changed constantly. Oxfordshire had around the national average number of cases per head of population. Urban areas had a higher number of cases due to the denser population but had a lower death-rate because the average age was lower.

Councillor Alison Rooke asked if there was any data on the relationship between hospital discharges and care home cases. She would also like to see statistics comparing Oxfordshire with other similar counties in the south east region rather than the national averages.

Ansaf Azhar responded that there were massive variations in testing uptakes which made such comparisons difficult. The indications were that Oxfordshire had higher testing rates. The county also has a high proportion of older population.

Stephen Chandler emphasised that government guidelines on discharging were followed to the letter and updated when necessary. No care home had been forced to take anyone – they were either reassured on their concerns or an alternative was found. The majority of those discharged went home as shown by nearly 1500 additional home care hours in May compared to March.

Councillor Laura Price said that there was a lack of information on the timings of when measures were taken. It was also not possible to tell national from local decision making. She wanted to know if clinical leads were happy that they were able to make decisions on clinical information or did they feel constrained by national guidelines. She also thought that the voices of lower paid staff were missing.

Stephen Chandler responded that decisions were taken on the basis of information available at the time. The majority of patients were discharged to home and additional capacity became available as self-funders cancelled services and more family members were available at home.

Sam Foster added that NHSE guidelines came out at a fast rate – mostly about treatment, staff deployment, PPE and risk assessments. The Royal Colleges produced sometimes conflicting information – particularly on PPE. Oxfordshire had the advantage of having some people working on the national guidance. She was satisfied that they were able to make decisions on clinical information – autonomy remained with the clinicians.

City Councillor Nadine Bely-Summers stated that the lockdown exacerbated difficulties for people with mental health problems. They had difficulties accessing medication because mental health was not regarded as a reason to get delivery. Not allowing visitors to inpatient mental health facilities also added to anxiety.

Debbie Richards, Director for Mental Health and Learning Disabilities, Oxford Health, responded that they continued to deliver all mental health services though they had to revise how that was done. They worked with GPs and care teams to identify those with highest needs and advised local community groups on how to help.

They understood the impact of banning visitors but most of the buildings in question are 19th century buildings with little room to facilitate the necessary social distancing. There were no deaths in any patient units.

A 24 hour mental health helpline was established very quickly, aided by the South Central Ambulance Service. It was staffed by specialist workers so callers were not handed off from one person to another. The ambition is to have specialised staff available in the ambulance control room 24/7.

They are currently working with colleagues in education and social care to prepare for the return to school. None of the responses mentioned could have been delivered without the help of the voluntary sector and partners.

Barbara Shaw noted the reference in the presentation to dealing gradually with backlogs and expected surges and asked for more information on that. She also asked why the number of deaths in care homes in West Oxfordshire was higher and if there was any learning from that going forward.

Stephen Chandler cautioned against making comparisons without taking account of the local contexts such as age distribution. Approaches are being updated every week on the basis of the latest learning.

Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group, reported that, with all of the extra measures that needed to be put in place to protect patients, productivity with out-patients was down to about 30% while operations were running at 60-70% of normal.

There is now a huge backlog of non-Covid work to get through. Cancer care will be prioritised. Those who are shielding and waiting for procedures should talk to their GPs especially if there is any change in their condition. There is increasing collaboration with Bucks and Berks to support each other and efforts will be made to expedite those who have waited longest.

Dr Alan Cohen asked if the impact on those who cannot access online services such as older people and BAME communities has been assessed. He also asked if Primary Care Networks had delivered or were GP Federations better able to handle the needs. In addition, he asked what form a review was likely to take and who would be involved.

Diane Hedges responded that triage was in place to assess contacts which were mostly coming in by telephone. Language lines had already been in place before the pandemic. All practices had access to e-consult services. The crisis accelerated collaboration on all fronts including both PCNs and Federations. There was huge enthusiasm for staff to engage in problem solving.

Dr Ben Riley added that about 20 to 30% of patients need a face-to-face consultation. Some were provided with home visits. Practices set up safe zones for those who needed to visit with separate entrances and waiting room. They have also been pro-actively contacting vulnerable patients such as asthma sufferers.

Yvonne Rees assured the Committee that there would be a review of activity at some point but that they were still dealing with the crisis and only now moving into the recovery phase. The presentation included information on governance which includes the Health and Wellbeing Board as we move into test and trace phase. She suggested having a discussion about what the Committee needed going forward to enable it to scrutinise the issues at future meetings (**ACTION**).

District Councillor Paul Barrow asked about decision-making around discharges to care homes and why some refused patients. He added that there was a belief that community hospitals could have played a part in assisting in the crisis.

Stephen Chandler responded that decision-making happened the same way as it always does – it was centred on the needs of the individual patient. It was ultimately a decision for a care home whether to accept. They were concerned about suitability of individuals, levels of staffing, shielding, PPE access. The government promised supply of PPE but it didn't come when promised. The Council purchased £1m worth itself. There is now a care home tracker in place which will help to identify any outbreaks and other issues such as staff availability.

Councillor Mark Cherry noted how community pharmacies have been dependent on volunteers to deliver. He asked how they were going to be supported when people start returning to work and there is less availability of volunteers. He also asked if officers were satisfied that they have the capacity to test and trace when pubs and restaurants reopen on 4 July.

Ansaf Azhar responded that history has shown with such pandemics that there is always a second peak but they will do everything they can to prevent it. It will be different with different levels of transmission. Test and trace has been in place for centuries to deal with notifiable diseases. The scale however will be massive. Health Protection Boards have been set up and have drafted local outbreak plans. All stakeholders are represented.

Diane Hedges agreed that community pharmacies played a massive and largely unsung role. They are looking at different ways of prescribing to reduce the need for repeat visits or deliveries. It is one of the learning points that needs to be taken forward – how that system can be supported.

The Chairman reiterated the thanks to all organisations involved in the Covid-19 response – all those who worked and volunteered. He said that there will be a

discussion outside the meeting as to the next steps and how HOSC can be a part of the review when it takes place.

He asked if some examples of where new learning led to changes of practices could be provided after the meeting (**ACTION**).

20/20 OXFORDSHIRE CLINICAL COMMISSIONING GROUP: KEY & CURRENT ISSUES

(Agenda No. 8)

Julie Mabberley stated that residents of OX12 were disappointed that since the HOSC meeting in January nothing has been done to take account of their request that the report from the OX12 project be withdrawn or to progress the project to review the future of beds in Wantage Hospital. She recognised that the Covid-19 pandemic has meant that priorities have had to change but believed that if the in-patient facilities had been open it would have helped ease congestion at the acute hospitals.

The Committee needed to ensure that health and care needs in the area are provided locally and effectively using all local facilities including the Hospital, the Health Centre and the Day Care Centre going forward. The Horton has been given a local HOSC and she asked if OX12 could have the same.

The Chairman responded that the reason the Horton had its own HOSC was because the patient flow statistics showed that it serviced a significant number of residents from different local authority areas.

Councillor Jenny Hannaby stated that she didn't understand the conclusion of the consultation process that Wantage can access excellent care facilities. Wantage is expanding and the local plan will bring more development.

She suggested that it was time for a new strategy on community hospitals, looking at them in a different way – perhaps with a community board working alongside. She hoped that the new CEO of Oxford Health would take a new approach to Wantage Hospital.

She was disappointed that the suggestion of using the hospital for Covid testing was not taken up. The beds need to be opened first and then look at the services that can be delivered.

The Chairman responded that the decisions on the location of test centres were taken nationally.

Councillor Jane Hanna speaking as a local member and member of the Task & Finish Group stated that Covid-19 had highlighted the importance of local communities. It was very disappointing for the community to see in the report that the OX12 work had been effectively dropped.

The community accepted that Covid-19 has changed everything but they are ready to engage with proposals going forward. They have had no response to their position that the OX12 report was not fit for purpose. She supported the recommendations of the Task and Finish Group and would welcome engagement on the way forward.

Dr James Kent, the new Chief Executive of the OCCG, introduced himself to the Committee and outlined his background and experience. Being new in the role he had yet to meet all of

the stakeholders but he could see how Covid-19 had strengthened joint working across Oxfordshire.

Councillor Mark Cherry stated that he was taken aback at the suddenness of the announcement of the proposed closure of the Bradley Arcade branch surgery. He was well aware of the work being undertaken on the Ruscombe ward by the Director for Public Health and the provision of new facilities but to lose an asset like this surgery was an intolerable retrograde step. He noted that the premises was owned by Cherwell District Council and asked if they could not ensure that the facilities such as ICT be brought up to the required standard.

Diane Hedges agreed that the way in which the proposed closure was communicated was not helpful. There will be a consultation process. Advertisements have been placed in the Banbury Guardian asking for views. There are questions around sustainability given the personnel available. The consultation will look at the whole picture including other services that operate from that branch.

District Councillor Paul Barrow, speaking on behalf of the Task and Finish Group, stated that the OX12 project needs to be the top priority of the non-Covid work. The Task Force has submitted recommendations. Previously it was minuted that the hospital should reopen by September 2020. The group realises that that is not feasible now but would recommend January 2021. If there isn't further engagement then they will have to consider rejecting the report. They would like to see some early activity on the capital work, the return of maternity and physiotherapy by September and a response to their recommendations.

Diane Hedges emphasised that the work is paused not stopped. The Covid recovery period will mean a whole new range of work. There is no doubt that the local communities stepped up during the crisis. She noted though that the use of community hospital beds actually went down during that period as great efforts were made to get people home.

She agreed to come back with a revised timeline (**ACTION**). They will bring back maternity and physio services just as soon as the pipe work is done.

Councillor Alison Rooke asked when that work will be complete. She was concerned that the OX12 project might be taken up by BOB ICS and taken further from local people. The local expertise that worked hard on the project does not feel that their work has been appreciated.

Diane Hedges responded that the OX12 work was clearly place-based and will not be taken up at BOB level. She didn't have a date for the return of services – everything will have to be considered under the Covid recovery programme.

Dr Alan Cohen said that it appeared that a new approach to Delayed Transfers of Care had emerged during the crisis and it might be useful to reengage with the Task and Finish Group on that. Diane Hedges agreed (**ACTION**).

Councillor Barrow moved the recommendations from the Task and Finish Group.

Dr Kent reiterated that they were in a Level 4 incident with Covid so it was hard to commit to timelines. However, he understood the urgency being expressed by the Committee.

RESOLVED: to accept the recommendations of the OX12 Task and Finish Group as follows:

1. The OX12 project re-starts by the 15th September with engagement from System Partners. The group accepts that this is subject to the continuing downward trajectory in the county Covid-19 cases. Although the Task & Finish group

- accepts the continuing need to focus on the Covid-19 response, OX12 must be a top priority for non-Covid project work.
2. That the engagement is characterized by enthusiasm, active involvement and real partnership involving all stakeholders. Immediately identified areas of work include:
 - a. Continue capital works to address *Legionella* in Wantage Hospital.
 - b. A planned return of maternity and physiotherapy services to Wantage Hospital by Sept 15th.
 - c. Fully addressing the recommendations and comments of the T&F group.
 3. That the project should specifically address the following issues:
 - How the plans for OX12 fit into a county-wide policy including all community hospitals
 - How health care will dovetail with social care, which was advocated.
 - How Primary Care Networks will work and what they will do (in some detail), for example increasing home care, the role of medical support staff etc as a result of the projected increased staff as a result of the BOB ICS.
 - How the projected 35-36% population increase will affect health provision,
 - How staff changes (likely shortage of GPs, nurses and lower paid staff salaries) affect the plan
 - Whether funding issues exist in terms of any financial constraints on what is planned as the optimal situation for OX12.
 4. The Committee takes the view that the Covid pandemic has put an interval in the timeline for the project but has not changed the substance of what was discussed and agreed at the JHSOC meeting. However, we note that at the last JHOSC meeting it is recorded in the minutes that the community hospital should fully re-open by September 2020. We suggest this date be postponed to January 1st 2021. In meantime the Task and Finish Group believes the Wantage Community Hospital is valuable to the response to Covid 19, Covid recovery and post Covid phases and this should be kept under active consideration.
 5. That the JHOSC should consider that if the system partners are unable or unwilling to engage on this basis, it should consider:
 - a. That the interim report from the system partners is rejected.
 - b. Other recommendations which will be submitted by the T&F group to the October JHOSC meeting.

21/20 OXFORDSHIRE HEALTH AND WELLBEING BOARD ANNUAL REPORT (Agenda No. 10)

Councillor Ian Hudspeth, Chairman of the Board, introduced the report. He noted that the March meeting of the Board had to be cancelled to allow health staff to focus on the Covid-19 crisis.

Apart from the formal meetings, the Board had a number of workshops including one with the Growth Board – housing being a key area with relevance to wellbeing.

There were four main areas of work: the Integrated Care System, Primary Care Networks, the Care Quality Action Plan and the Prevention Framework.

Dr Alan Cohen and Barbara Shaw asked how the Board scrutinises red and amber ratings in the performance reports. They asked if trends were analysed and how did it feed into sharing improvement and their forward plan.

Councillor Hudspeth responded that their reviews took consideration of trends. How the Board can take things forward depends on the organisations with responsibility. He would take the challenge back to the Board and ensure that their scrutiny of performance reports is clear.

The Chairman undertook to write to the Board on this matter (**ACTION**).

Councillor Hilary Hibbert-Biles noted that performance reports are also scrutinised by the Performance Scrutiny Committee. She also expressed the view that there were too few elected councillors on the Board. She felt that it needed to be more balanced.

Councillor Hudspeth responded that the membership of the Board had been reviewed about 18 months ago. There were certain regulations in law about membership and voting rights. He added that the Cabinet Member for Public Health is also on the Board.

The Chairman thanked him and the Committee noted the report.

22/20 OXFORD UNIVERSITY HOSPITALS QUALITY REPORT
(Agenda No. 12)

Anny Sykes, Deputy Chief Medical Officer, presented the report on behalf of Meghan Pandit, CMO.

Councillor Laura Price asked for an explanation of the difference between extended LoS (Length of Stay) and Delayed Transfers of Care (DToC). She also asked if there were any learning points from the Covid-19 crisis that might help resolve the long-standing problems with reablement.

Anny Sykes responded that an extended LoS could be for a medical reason or it could be a DToC. The Covid-19 experience showed the value of a system-wide approach and they need to examine that and see how it can be applied in a non-pandemic situation.

City Councillor Nadine Bely-Summers asked what measures are in place to ensure the wellbeing and mental health of staff. Anny Sykes responded that this was already a priority before Covid. There is a wellbeing group and wellbeing leads in each department. Also through Project Wingman space can be provided to talk away from the pressures of the hospital.

Dr Alan Cohen noted that there was a lot of evidence that mental health patients received poorer physical health care than others. Anny Sykes responded that the way in which mental health services were being delivered had changed a lot in recent months and agreed that this is something that needed to be looked at.

23/20 OXFORD HEALTH QUALITY REPORT

(Agenda No. 13)

Jane Kershaw, Head of Quality Governance, introduced the report. Marie Crofts, Chief Nurse, described the focus for this year and shared progress against the quality objectives set out for 2019/20.

Councillor Laura Price noted that mental health patients frequently complain about the buildings and how they impact negatively on their health. She had also received a complaint about a patient being unable to choose the gender of a person assigned to a suicide watch. Finally, she expressed the view that it is not clear how people should complain or give feedback.

Marie Crofts agreed that the condition of buildings can be a problem. The Warneford Hospital is over 200 years old and probably the oldest inpatient mental health building in the country. It has been raised regionally and at national level. In the meantime they are trying to incrementally improve the existing buildings.

The Chairman asked that written replies be sent for the other two questions (**ACTION**).

24/20 COVID-19 VACCINE DEVELOPMENT

(Agenda No. 14)

Professor Andrew Pollard of the Oxford Vaccine Group gave a presentation on the development of Covid-19 vaccines both in Oxford and internationally. He stated that it is estimate that 5 to 7% of the population in the UK have been infected. It would take years of social distancing to manage the spread in the rest of the population. It is not viable to keep that up so it is essential that a vaccine be found.

There are 13 vaccines at the human-testing phase – taking a range of different approaches. Normally vaccine development takes 10 years but a number of the processes are being run in parallel to streamline the development. When a vaccine is available there will need to be decisions made on who to prioritize.

City Councillor Nadine Bely-Summers asked if the fact that Covid-19 has had a greater impact on BAME communities has informed any part of the vaccine strategy. Professor Pollard responded that it has been a major part of the thinking globally that the vaccine should be equally available to developing countries.

The Chairman asked if there were any problems recruiting for vaccine trials in the Oxford area. Professor Pollard stated that they recruited across the Thames Valley area and so have no difficulty given its large population.

Barbara Shaw asked if the vaccines being developed worked by boosting the immune system and where that leaves people who have a compromised immune system.

Professor Pollard agreed that vaccines work less well for people who have compromised immune systems but they are protected by ensuring that people around them are immunised.

Councillor Hilary Hibbert-Biles asked if the Covid-19 vaccine might be mixed in with the annual flu vaccine in the long term. Professor Pollard responded that it is not yet known if people will need repeat vaccinations for Covid. The flu virus changes all the time but the evidence so far suggested that Covid does not vary that much. He added that it was too early to say when vaccines might be available. Covid-19 had proven to be highly unpredictable so far.

25/20 HEALTHWATCH REPORT

(Agenda No. 15)

Rosalind Pearce, Executive Director, introduced the report and invited questions.

The Chairman asked her to outline Healthwatch's involvement in Covid-19 and in particular the survey of care homes.

Councillor Laura Price asked about unheard communities. A high proportion of care home workers would be from the BAME communities most heavily affected by the pandemic and home care workers are not well unionised.

Councillor Hilary Hibbert-Biles noted the suggested involvement of the Health Inequalities Commission and asked had that not concluded its work.

Councillor Nadine Bely-Summers stated that she had received representations from care workers who may be reluctant to come forward with criticism for fear of losing their jobs. She said that Public Health England and the Care Quality Commission must have had a role to play in the shortage of PPE and testing.

Councillor Jeanette Matelot expressed concern that it sometimes appeared that care homes were being targeted for criticism. As Covid-19 most heavily affected the elderly and people with underlying conditions it was not a surprise that it would be a big problem for care homes. She was satisfied that they did their best.

Rosaline Pearce responded that Healthwatch does not attempt to represent others as such but they feed back everything that they hear and try to get the voices that are normally unheard.

Examinations of the timelines show that efforts to support care homes were generally one month behind everything else. She asked where the Integrated Care System was at the start. It seemed that care homes were left to local health authorities to deal with.

Healthwatch had been focussing on social care this year before Covid-19 appeared. They are determined to get back out there as soon as they can and talk to paid carers in care homes and private homes. There is also a need to hear the voices of unpaid carers.

While the Health Inequalities Commission had completed its business there is a group that has the task of carrying out the recommendations and this crisis has shown the need to complete that work.

It is naturally a concern when a lot of people die but she felt that care homes did their best and they got huge support from local communities.

Ansaf Azhar added that the recommendations of the Health Inequalities Commission have gone to the Health Improvement Board. The emphasis on health inequality is being renewed through the Joint Strategic Needs Assessment report and the ward profiles focusing on the 10 most deprived areas of the county.

The Chairman thanked Rosalind Pearce for her report and asked that the care homes report be circulated to the Committee when it becomes available (**ACTION**).

26/20 PROPOSED CHANGES FOR HEALTH SCRUTINY

(Agenda No. 9)

Councillor Jane Hanna asked the Committee not to delegate scrutiny powers to the regional level at this time. She noted that this was the first HOSC meeting since Covid-19 had changed everything. The proposal was to delegate 20% of business to the BOB level (Buckinghamshire, Oxfordshire, Berkshire West) She added that the experience of the OX12 project had shown how critical local involvement was.

The Chairman responded that 20% was just an estimate of the amount of scrutiny business that might be carried out at the BOB level in response only to a statutory consultation. He reminded the Committee that the OCC's final decision on the BOB HOSC matter was for Full Council and this Committee was being asked to support the idea.

Councillor Laura Price proposed that the recommendation be amended to ensure that this Committee sees the Terms of Reference before they are finalised. She noted that it was possible for Oxfordshire members of a BOB scrutiny committee to be outvoted. She cited the example of a proposal on the PET CT scanners which benefitted Berks and Bucks but was a setback for Oxfordshire.

Councillor Alison Rooke noted that the BOB scrutiny committee would only meet when needed and asked who would decide that. Currently the City and Districts are represented on this Oxfordshire Joint HOSC but she wondered would they not be concerned about being left out of the BOB level decision-making.

Glenn Watson, Principal Governance Officer, responded that the proposed BOB HOSC had a limited role as a mandatory joint committee. It would only be needed when there was a consultation at the BOB level. The proposals being drawn up were to be a basis to negotiate with the other HOSCs who will have their own views. He was happy to draw up the Terms of Reference and bring them back to the Committee so that Members could see more detail before agreeing.

Dr Alan Cohen commented that there needed to be clear examples as to the kind of issues that would be dealt with at the BOB level. Paragraph 26 a) could be

interpreted as including all primary care but presumably it was mainly high-tech areas that would be envisaged.

Barbara Shaw asked if there should be lay representatives as there are on this Committee. She also suggested that perhaps it should only meet when all of the constituent HOSCs were agreed.

The Chairman responded that it should be clear that primary care remains with the local HOSCs. The only issue in recent years that covered the BOB area was the PET CT scanners. He agreed that greater clarity was needed on the mechanism for calling meetings – perhaps a toolkit for the Chairs to use.

The Chairman proposed to have separate votes on the proposals for Horton HOSC and BOB HOSC. Recommendations 3 a) and 4c) were agreed.

The following amended recommendations on BOB HOSC were adopted with one Member opposed:

3b) The introduction of a new Health Overview and Scrutiny Committee to scrutinise health issues which impact upon the entire Buckinghamshire, Oxfordshire and Berkshire West (BOB) area, **subject to the Terms of Reference being agreed by Oxfordshire Joint HOSC**. This new committee would not discharge the health scrutiny power of referral to the Secretary of State.

4d) Delegation to the Oxfordshire County Council Monitoring Officer and Director of Public Health, in consultation with the Chairman of Oxfordshire Joint HOSC, to formulate ~~and finalise~~ a Terms of Reference for a new BOB HOSC (in accordance with the principles outlined in this report) **and for these to return to Oxfordshire Joint HOSC for agreement before being forwarded to Full Council**.

The following amendment Recommendation 5e) was agreed:

The approval of the change to Horton HOSC ~~and the BOB HOSC Terms of Reference by to Oxfordshire County Council by Full Council~~.

RESOLVED: to support

- a) A change to the scope of the Horton Health Overview and Scrutiny Committee to allow scrutiny of the development of a masterplan for the Horton General Hospital and pursuit of associated capital investment.
- b) The introduction of a new Health Overview and Scrutiny Committee to scrutinise health issues which impact upon the entire Buckinghamshire, Oxfordshire and Berkshire West (BOB) area, subject to the Terms of Reference being agreed by Oxfordshire Joint HOSC. This new committee would not discharge the health scrutiny power of referral to the Secretary of State.
- c) Delegation to the Oxfordshire County Council Monitoring Officer and Director of Public Health, in consultation with the Chairman of Oxfordshire Joint HOSC, to finalise the Terms of Reference for the Horton HOSC.

- d) Delegation to the Oxfordshire County Council Monitoring Officer and Director of Public Health, in consultation with the Chairman of Oxfordshire Joint HOSC, to formulate a Terms of Reference for a new BOB HOSC (in accordance with the principles outlined in this report) and for these to return to Oxfordshire Joint HOSC for agreement before being forwarded to Full Council.
- e) The approval of the change to Horton HOSC by Oxfordshire County Council by Full Council.

27/20 CHAIRMAN'S REPORT
(Agenda No. 16)

The report was noted.

The Chairman stated that he will give serious consideration to the suggestion of separating out the Covid-19 issues from more general issues.

..... in the Chair

Date of signing