OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 26 November 2020 commencing at 10.00 am and finishing at 3.00 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	City Councillor Nadine Bely-Summers (Deputy Chairman) Councillor Kevin Bulmer Councillor Mark Cherry Councillor Jeannette Matelot Councillor Susanna Pressel Councillor Alison Rooke District Councillor Paul Barrow District Councillor Jill Bull District Councillor David Bretherton District Councillor Kieron Mallon Councillor Nick Carter (Temporary Appointment)
Co-opted Members:	Jean Bradlow Dr Alan Cohen
Officers:	
Whole of meeting	Samantha Shepherd, Policy Team Leader; Martin Dyson, 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, 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.

40/20 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies were received from Barbara Shaw.

Councillor Nick Carter attended as a Temporary Appointment for the vacant position.

The Chairman also welcomed Councillor Kevin Bulmer as a permanent replacement for Councillor Mike Fox-Davies and Councillor Susanna Pressel as a permanent replacement for Councillor Laura Price.

The Chairman thanked Councillor Laura Price for all her work and effort on behalf of residents across the county and added that he had always valued her counsel.

The Chairman also thanked policy officer Martin Dyson who is leaving the Council shortly and thanked him for his work in support of the Committee and wished him well in his new job.

41/20 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Dr Alan Cohen is a trustee of Oxfordshire Mind.

Jean Bradlow is involved in a voluntary capacity with Oxford University Hospital's Early Alert Test System for COVID-19 and her husband is a consultant rheumatologist at the Royal Berkshire NHS Foundation Trust.

42/20 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 24 September 2020 were approved.

Dr Alan Cohen updated the meeting on the question of early discharges from hospital. He had a meeting arranged with the Director for Adult & Housing Services and will report back to the February meeting.

43/20 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

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

Item 5 – Forward Plan
Councillor Jane Hanna

Item 6 – Oxfordshire Health and Care System COVID-19 Update
Janet Phillips
Councillor Jane Hanna

Item 9 – Community Services Strategy
Julie Mabberley
Councillor Jane Hanna
Councillor Jenny Hannaby

Item 11 – Proposed changes for health scrutiny
Councillor Jane Hanna

Item 13 – Chairman's Report
Councillor Jenny Hannaby
Councillor Jane Hanna

44/20 OXFORDSHIRE HEALTH AND CARE SYSTEM COVID-19 UPDATE

(Agenda No. 6)

Janet Phillips spoke in favour of a local test and trace system. She noted that the Government had put £22 billion into the centralised organisation named NHS Test and Trace which was actually a string of private companies with no prior experience of testing and tracing. She believed that the model was fundamentally flawed and that the only way to fix testing and tracing was to hand the money and the work over to the experts in our local public health bodies. She called for support for a motion on local test and trace coming before Oxford City Council on 30 November and urged those from other parts of Oxfordshire to put similar motions to their own councils.

Councillor Jane Hanna supported the call for local test and trace system and said that she regretted the lack of a boost for local public health funding in the Government's recent financial settlement. She noted the high level of deaths among those with learning disabilities, especially in the 18 to 40 age bracket who were 30 times more at risk of death. She urged that they be prioritised when vaccines become available.

Nick Maynard, Surgeon and Oxford University Hospitals Cancer Lead, summarised the situation with cancer services which he said had performed better through the pandemic than in other areas of the country. The services that have had the greatest difficulties are the breast cancer and breast symptomatic services and the colorectal service and a lot of effort has gone into tackling those with robust action plans in place.

All cancer pathways have been reviewed. The risk/benefit balance may have changed for some given the risk of COVID infection. The harm reviews of changes to the pathways have not found that any obvious harm has resulted. There have been no reductions to services in the second COVID-19 wave.

Ruth Wilcockson, Managing Director, Thames Valley Cancer Alliance, added that OUH not only provided more capacity but also provided leadership through the crisis. The Alliance was supporting improved data including live dashboards to monitor where patients were on their pathways.

Nick Maynard and Ruth Wilcockson responded to questions from members of the committee as follows:

- At first there was no data on risks and then only anecdotal evidence. A national scoring system was introduced. For example, patients requiring major thoracic treatment were a particularly high risk should they get COVID. Only one cancer patient contracted COVID during the first wave and that was right at the beginning.
- Endoscopies had been maintained at a lower rate with a comprehensive triage system. There had been a review of those that had been postponed which had not shown any evidence of harm. The main concern was the drop off in referrals at the start of the pandemic which meant that more people would be coming in quite late.
- Staff who had to self-isolate could still work with remote outpatient clinics.

- Screening services developed a backlog which was being worked through, prioritising the most urgent. They were back to sending out new appointments and were working above normal capacity to clear the backlog.

The Chairman thanked staff who had worked heroically to deliver cancer services throughout the pandemic.

Ansaf Azhar, Director for Public Health, gave the latest statistics on new COVID-19 cases. The Oxfordshire figure for the previous week was down 40%. That was the week in which one would expect to see the first effects of the recent lockdown but it was too early to say if the reduction would continue.

The local contact tracing system had been running for one month and was led by the district and city councils. Almost 500 cases had been contacted – about 50% of those referred from the national system. More than half were students. The two universities had been exemplars in how they had dealt with it.

Ansaf Azhar responded to questions as follows:

- The COVID tiers were decided nationally but they did welcome local insight.
- He could always use more resources but was broadly satisfied with the current situation. More resources would be needed if mass testing was planned and when vaccinations start.
- Mass testing can add value in an area with a high rate of infections but there can be a significant number of false positives causing people to self-isolate when not necessary. It was more likely to be used in priority groups.
- It was difficult to measure how many people were isolating correctly. There were elements of fatigue and not taking it seriously. He hoped that news of vaccinations would help people to see that there is an end in sight.

Tehmeena Ajmal, Winter Director, Oxford Health, outlined the plans for vaccinations. They will be delivered in four different ways: large testing centres capable of administering 1,000 to 1,500 vaccinations a day; community centres in areas of around 30,000 people; hospital centres for their own staff and roving units for people who are housebound or for care homes etc.

It was being coordinated across the BOB area (Bucks, Oxon and Berks West) for logistical and staffing reasons with local multi-agency teams in place too. The priority groups were being worked out nationally and had not been finalised yet. It was expected that it would be: care home patients first, over 80s, then health and social care staff. There was currently no transportable vaccine and given that many of the vulnerable are house-bound that provided a problem.

It was important to remember that people need 2 vaccinations 28 days apart.
There will be local discretion on the choice of sites. There will be one large site in each of the three counties as well as around 20 other sites linked to Primary Care Networks.

Stephen Chandler, Corporate Director for Adult & Housing Services, responded to issues raised under the Winter Plan:

- He confirmed that the actions marked as due to be completed by the end of October have been completed and the winter plan is working well.
- It was hoped to have next year's plan ready and the resources committed by the end of June. This was necessary in order to recruit successfully for the larger aspects of the plan.
- The Mental Health helpline worked very well last year and he was confident it would continue through winter this year, although there were concerns about the staffing levels and a possibility that staff may need to be prioritised elsewhere. He **AGREED** to provide more information about that after the meeting.
- The A&E Delivery Board reviews the metrics on the winter plan at its monthly meeting. He **AGREED** to bring that data to the next Committee meeting.
- Staff across the sector were undoubtedly tired but were encouraged to take leave and limit meeting lengths. Absence levels were lower than previous years which illustrated just how committed staff were. The infection control grant included funds to ensure that staff can access sick pay.

Sara Randall, Chief Operating Officer, OUH, also responded on a number of issues:

- She **AGREED** to provide more information after the meeting on the respiratory mobile unit and the situation regarding funding.
- All out-patient clinics were all now open. There was a robust 52-week harm review. There were now 2,753 patients waiting over 52 weeks. Urgent cases were prioritised and they had not seen any evidence of harm. There were systems in place to triage new referrals. She **AGREED** to provide information on the harm reviews.
- A group had been set up with clinicians from the four specialties that have had the greatest difficulty in reopening to look at the baseline data and examine when pathways could be opened up. She **AGREED** to bring an update on this issue to the next Committee meeting.

The Chairman repeated his request from the last two years that a weekly report on metrics be sent to members of the Committee to monitor the Winter Plan. He noted that Members were receiving weekly updates on Delayed Transfers of Care and COVID-19 and he felt that the ability must be there to provide a dashboard on the Winter Plan.

Yvonne Rees, Chief Executive, **AGREED** to discuss this at the System Gold meeting. She was more concerned than ever about capacity this winter with talk of mass-testing and mass-vaccination. She also assured members of the Committee that the situation regarding Brexit is being closely monitored. There will be a lot of messaging on that in the coming weeks. Cabinet also gets regular reports on staffing vacancies.

The Chairman thanked officers for the report and updates and particularly commented that the presentation on the latest COVID-19 statistics was well judged and easy to understand.

It had been planned to show the video "Working Through a Pandemic" as part of this item but there was not sufficient time. It was **AGREED** to put a link to the video on the Council website alongside the agenda pack.

45/20 COVID-19 RESEARCH

(Agenda No. 8)

The report was introduced by Dr Bruno Holthof, Chief Executive Officer, Oxford University Hospitals. He highlighted the importance of the role of the Oxford Biomedical Research Centre and the benefit to UK taxpayers as a result of investing in the centre's work. They enrolled 3,000 patients in clinical studies which were a real benefit to those patients, accessing treatments they could not otherwise access. Its current contract runs to 2022 when it will have to compete for funding again.

With regard to COVID-19, he was hopeful that both the Oxford vaccine and the Pfizer vaccine could be given temporary approval before the end of the year. It was an example of collaboration between the trust, the university and spin-out private companies.

Hundreds of COVID-19 tests were researched at the JR Hospital. The lateral flow test was now being rolled out for NHS staff and Tier 3 areas. One floor at the hospital was being converted into a high volume testing area that will be able to handle 10,000 samples per day.

Dr Holthof responded to questions from members of the Committee as follows:

- Studies on long-COVID were monitoring many organs including lungs, heart and liver to determine the long-term effects as well as looking at the mental health impact.
- All staff – around 10,000 people – had been tested over the last six months, including asymptomatic staff. In the early stages this helped them identify that some outbreaks resulted from some staff not wearing protective equipment during breaks and appropriate reminders were issued.
- Risk assessments were carried out for all staff and they take into account the known higher risk for those from BAME communities.
- Studies have been able to show that anti-bodies give a level of protection against a second infection.
- Any side-effects from the vaccines were minor – similar to the flu vaccine – and far out-weigh the benefits. Safety data from the vaccine for MERS coronavirus identified in 2012 was also available.
- It was expected that the majority of people would be vaccinated in the first half of next year but people may need regular vaccination as with the flu.
- It was important that people could trust the vaccine and that was why a more cautious approach had been taken.

The Chairman thanked Dr Holthof for the report and offered to write on behalf of the Committee in support of the Centre's application for funding when the time came.

46/20 COMMUNITY SERVICES STRATEGY

(Agenda No. 9)

Julie Mabberley, Chairman of the OX12 Pilot Population Health Care Management Project Stakeholder Reference Group, welcomed the statement in the report that

Oxford Health had analysed the data and started an asset mapping and data collection exercise for all existing community services and facilities. She hoped that the work already done on this by the reference group would not be missed in this work.

She reminded the Committee that the Stakeholder Reference Group and several of the local Councils had asked for the OX12 final report to be withdrawn as it did not reflect the work done in the project. She welcomed the opportunity for the Stakeholder Group to engage with the Trust in the exercises being performed in the next few months to ensure that the detailed views of the residents of OX12 were taken into account.

Councillor Jenny Hannaby, Chairman of the League of Friends of Wantage Hospital, summarised the history of the hospital and described how services and bed numbers had been reduced since it had been taken over by Oxford Health, culminating in the hospital being closed for four years due to a serious maintenance problem. She contrasted the experience with that of Wallingford Hospital which was lauded in a recent report in the Oxford Mail. She said that as Chairman of Wantage Town Council Health Committee she looked forward to meeting with Oxford Health to discuss the Strategic Development and Quality Improvement Plan.

Councillor Jane Hanna noted the data in the report which showed a reduced need for hospital beds which had been accelerated by the pandemic and the increased emphasis on discharging to home. However, international data had shown that the countries with the highest number of hospital beds experienced lower mortality from COVID-19.

She asked if Adult Services had been included in the county review. She noted that there had been no engagement with the Task and Finish Group since the last Committee meeting when the decision to close the beds had come as a shock to the Group. She welcomed the invitation to the Town Council Committee but said that there had been a lack of timeliness and hoped that this had not reduced the possibility of influencing the outcome.

Dr Ben Riley, Managing Director Primary and Community Services, Oxford Health, summarised the report. The team had progressed matters despite the demands of time imposed by the pandemic. A new Strategy Development Officer had been recruited. The data from the OX12 project would certainly be included but there was not the same level of information available for other areas.

There will be a lot of alignment with the OUH Strategy which talked a lot about community and services closer to home. The main challenge will be to bring all the information together into a delivery plan. He noted that there was a lot of data at the county level and at the local level but something of a gap in the middle at the district level at which community hospitals operate. He reassured the Committee that they were working with Adult Services and will, for example, map on to the reablement zones. By the end of the year they will have an evidence pack which will lead to a strategic framework to set out the new models to move towards.

Councillor Paul Barrow presented the report from the OX12 Task and Finish Group. They believed that a new group would be needed to scrutinise the county-wide work that was going on now and hoped that at least some members of the current group would be involved in that. They were going to prepare a report on the OX12 process which could be of help to the new group.

The Task and Finish Group requested that the substantive change toolkit be used in relation to the proposal to close beds at Wantage, setting out the pros and cons and alternatives. This could be brought back to the next Committee meeting. They wanted the power to refer to remain with OJHOSC. They were unaware that a county council level group had been formed on health and wellbeing for OX12 and believed it also required scrutiny. They looked forward to meeting them and would also like to meet Dr Riley.

Dr Riley **AGREED** that they would use the toolkit and set out the pros and cons. He was also happy to meet the Task and Finish Group.

Councillor Alison Rooke welcomed the work on health and wellbeing in OX12 being progressed and asked that it be as open, transparent and inclusive as possible.

The Chairman stated that he was happy to support the Task and Finish Group's recommendations and asked that the meeting with the Group be prioritised.

RESOLVED to:

a) request that Oxford Health Trust completes the Substantial Change Toolkit, previously agreed between JHSOC and system partners, setting out the reasons for not opening the in-patient beds at Wantage Hospital. This completed toolkit to be presented to the next meeting of this committee in February 2021.

b) to ensure, through its decision making, that the power to refer to the Secretary of State a decision to close patient beds will be retained with the Oxfordshire Joint HOSC without involvement of a three county HOSC so that it can be exercised in as timely way as possible, taking account of the likely impact of new delays in the scrutiny process resulting from any decision of the County to approve terms of reference on the BOB ICS, and that the transfer of the power of first decision on referral from Oxfordshire Joint HOSC to a new three county scrutiny committee which is distant from local residents and that may only meet twice year is unfair in this context and that before any transfer of County scrutiny power is approved that the residents of OX12 and indeed all residents should be consulted.

47/20 PROPOSED CHANGES FOR HEALTH SCRUTINY

(Agenda No. 11)

The Chairman summarised the report. The process had taken much longer than expected but he felt that the concerns raised had now been allayed. The Centre for Public Scrutiny's advice was sought on best practice. The individual councils retained the right of referral on an issue even if BOB HOSC decided not to refer it.

It was proposed to develop a toolkit to decide what issues might go to BOB level. Meeting dates would be in set in diaries in advance but if no issues met the test then there would be no meeting.

The membership split was proposed to be 7 Oxfordshire and 6 for Bucks and 6 for the Berkshire authorities. The Terms of Reference were to go before Full Council on 8 December and to Bucks' full council on 9 December. The Berkshire authorities will also go through that process.

Councillor Jane Hanna stated that she was particularly concerned about the 80:20 expected division of issues. She felt that there was still a lot unknown as to how this was going to work. She believed that once you gave away power it was very difficult to get it back. She was opposed to passing this proposal while the toolkit was still unknown and when the voice of residents had still not been heard.

Councillor Alison Rooke thanked the Chairman and officers for their work on this. Some problems had been addressed in part but she noted that 22 questions asked by the Committee in the original engagement exercise had not been answered and there had been no feedback on the public consultation. She did not find it acceptable that the toolkit, which was key, would simply be presented to the Committee without any input from it.

Dr Alan Cohen expressed concern that a single Healthwatch representative was not sufficient and asked if there was some way of providing them with more influence.

The Chairman responded that he did not see this as giving power away but providing an opportunity for scrutiny of BOB-wide issues. Full Council could withdraw this delegation of powers to BOB HOSC at any time. He clarified that the toolkit needed to be approved by the local HOSCs but did not need to go before the Full Councils and that nothing could go to BOB HOSC until the toolkit had been approved.

The Chairman proposed an amendment to paragraph 17 on the question of a representative for Healthwatch. The first sentence would be amended to "The JHOSC shall appoint two co-opted members to the committee." A footnote would be added to explain how this will work:

"There is provision for two co-opted members on the BOB HOSC. One of these places will be offered to Healthwatch to represent patients and the public; it will be for Healthwatch across the BOB geography to discuss and determine whether this is the most effective way to have patient and public views feeding into the committee. If co-opted membership is deemed not
to be the most appropriate role for Healthwatch; a standing item on BOB HOSC agendas will be created to allow for Healthwatch to report patient and public views across the ICS. Vacant co-opted seats on the committee will be advertised and appointed to by the BOB HOSC committee as necessary."

Glenn Watson, Principal Governance Officer, clarified that the question of host authority would be a matter for negotiation. Some authorities may not want to host due to the resources that would need to be committed. This will be for an initial period of two years and the host role would then rotate to another authority.

It was **AGREED** to use the terms “Chair” and “Vice-Chair” throughout in place of “Chairman” and “Vice-Chairman”.

It was **AGREED** that the Committee would be happy for Oxfordshire to host the joint HOSC for the initial period.

The proposed amendment to the Terms of Reference was passed by 9 votes to 2 against.

The recommendations as amended were passed by 7 votes to 4 against.

RESOLVED: to

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

b) RECOMMEND that the Terms of Reference be discussed and ratified at Full Council.

48/20 HEALTHWATCH REPORT

(Agenda No. 12)

Rosalind Pearce, Chief Executive, Healthwatch Oxfordshire, welcomed the moves to set up scrutiny for BOB-ICS (Integrated Care System). She said that a decision had to be made whether it was better for Healthwatch to be part of the scrutiny body or separate from it. BOB had agreed to fund a lead officer for BOB business for the five Healthwatch organisations across its area.

Rosalind Pearce responded to questions as follows:

- While increased use of online and telephone contact works well for some, there is a danger that others may be excluded because they do not have access to the internet or find it difficult to use the phone – for example, people who are hard of hearing. The message needed to be clearer that GP surgeries are open.
- Healthwatch have been involved in partnership discussions on domestic abuse. A report went recently to the Health Improvement Board which she was happy to share.
- Dentists were supposed to be open for emergencies. Healthwatch could look into any reports of specific cases. It appeared that if you can pay, you can get any treatment. Healthwatch was concerned about the long-term impact of people not receiving regular check-ups.
- Claims of overcharging for PPE have been referred to the Clinical Commissioning Group and will be investigated by them.
- Healthwatch is not consulted on the design of care homes but is consulting with care homes on their COVID experience.
- They would check with the County Council if the fact that the PPE portal was open more widely now was being appropriately advertised.

49/20 FORWARD PLAN

(Agenda No. 5)

Councillor Jane Hanna asked if there could be another meeting of the Committee before the February meeting to update on the Winter Plan and discuss risks related to Brexit. The Committee last year agreed to receive regular updates on preparations for Brexit.

The Chairman responded that extra meetings can be organised if there is an urgent item, otherwise he was comfortable with the current schedule of meetings.

It was **AGREED** to add the following items to the February meeting and to request that the COVID-19 update include psychological therapies and perinatal services:

- Care Homes under COVID-19
- Annual Report of the Director for Public Health
- Update on Chipping Norton Hospital

The Chairman also **AGREED** to discuss with the OX12 Task and Finish Group how the review of community services should be scrutinised and to bring draft terms of reference to the February meeting.

It was **AGREED** to request a report on plans for the restoration of elective services and decide on the basis of that report if it needs to come on the agenda of a Committee meeting and perhaps requires a task and finish group.

50/20 CHAIRMAN'S REPORT

(Agenda No. 13)

Councillor Jane Hanna stated that in relation to the OX12 Task and Finish Group she had a permanent conflict of interest in representing the residents of OX12.

The Chairman welcomed the announcement that services at the Katharine House Hospice in Banbury were being contracted to Oxford University Hospitals in order to protect services into the future.

Dr Alan Cohen thanked the Clinical Commissioning Group for the report on OxFed in appendix 12 which had been very helpful. It was **AGREED** to request a further update when the services have been recommissioned.

..... in the Chair

Date of signing .....