OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

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

Present:

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

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of addenda tabled at the meeting and agreed as set out below. Copies of the agenda, reports and additional documents are attached to the signed Minutes.

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

There were no apologies for absence.

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

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

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

(Agenda No. 2)

Dr Alan Cohen is a trustee of Oxfordshire Mind.

3/21 MINUTES

(Agenda No. 3)

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

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

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

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

4/21 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following requests to speak:

Councillor Jane Hanna on items 5, 6 and 9.

5/21 FORWARD PLAN

(Agenda No. 5)

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

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

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

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

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

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

6/21 SYSTEM-WIDE UPDATE ON COVID-19

(Agenda No. 6)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Latest statistics

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

Vaccination

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

Infection Control

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

Workload and Mental Health

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

Other services

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

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

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

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

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

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

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

7/21 HEALTHWATCH REPORT

(Agenda No. 8)

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

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

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

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

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

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

8/21 CHAIRMAN'S REPORT

(Agenda No. 9)

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

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

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

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

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

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

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

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

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

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

RESOLVED:

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

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

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

..... in the Chair

Date of signing .....