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 .....