

## OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 10 March 2022 commencing at 10.00 am and finishing at 3.00 pm

**Present:**

**Voting Members:** Councillor Jane Hanna OBE – in the Chair

Councillor Nigel Champken-Woods  
Councillor Imade Edosomwan  
Councillor Damian Haywood  
Councillor Nick Leverton  
Councillor Dr Nathan Ley  
Councillor Freddie van Mierlo  
District Councillor Paul Barrow  
District Councillor Jill Bull  
District Councillor David Turner

**Co-opted Members:** Dr Alan Cohen  
Barbara Shaw (virtual)

**Other Members in Attendance:** Councillor Liz Brighthouse  
Councillor Jenny Hannaby

**Officers:**

Whole of meeting Ansaf Azhar, Corporate Director of Public Health; Helen Mitchell, Scrutiny Officer and 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.*

**1/22 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**  
(Agenda No. 1)

There were apologies received from City Councillor Jabu Nala-Hartley, District Councillor Sandy Dallimore and Jean Bradlow.

**2/22 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**  
(Agenda No. 2)

Dr Alan Cohen declared a non-pecuniary interest as a Trustee of Oxfordshire Mind.

### **3/22 MINUTES**

(Agenda No. 3)

The minutes of the meeting held on 25 November 2021 were approved and signed as an accurate record.

With regards to the Action List, the Chair noted two updates contained in the agenda published on the previous day for the meeting of Oxfordshire Health & Wellbeing Board on 17 March 2022:

- The Board will consider a Covid Recovery Plan to take effect from May 2022 onwards.
- The Pharmacy Needs Assessment has identified a need for improvement in provision in Oxford City and that a new pharmacy could satisfy that need.

### **4/22 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 4)

The Chair had agreed to the following request to speak:

Item 8 Community Services Strategy:

Julie Mabberley

### **5/22 EMOTIONAL WELLBEING OF CHILDREN & CAMHS**

(Agenda No. 5)

The Committee received

- a report, as requested, summarising the work completed to date on the development of a shared strategic approach to children and young people's emotional wellbeing and mental health in Oxfordshire;
- a presentation on the Emotional Wellbeing of Children and CAMHS (Child and Adolescent Mental Health Service)
- a briefing paper providing the background information and data.

The presentation was given by Tehmeena Ajmal, Interim Executive Managing Director for Mental Health, Learning Disability and Autism, Oxford Health and Caroline Kelly, Lead Commissioner, OCC / OCCG.

Councillor Liz Brighouse, Cabinet Member for Children, Education and Young People's Services added that the Children's Trust Board was also discussing these issues. She believed that the safest place for a child was in school. However, the education system was fragmented now with only one maintained secondary school in the county. Many neuro-diverse young people were not achieving their entitlement of hours in school due to reduced timetables, exclusions, isolation and other reasons.

Tehmeena Ajmal noted that staff were tired after a couple of very difficult years and more staff were needed. She outlined a number of areas being looked at:

- the Neuro-developmental conditions pathway where assessment, treatment and support are all offered.

- the provision of more services online – some young people prefer it and it offers an opportunity to spread the staff base.
- working with the voluntary sector on in-reach into schools.
- examining if the outcomes-based contracts for services to 18-65 year olds could be expanded to 16-25 years olds where the offer is not quite right yet.

The Chair noted the tight timeline for engagement and asked if they were satisfied that the stakeholder group included the best possible representation. Caroline Kelly responded that there had already been engagement on the needs. They were working with the Council's engagement team and the list of possible initiatives will go to a stakeholder group to make recommendations.

Caroline Kelly added that the timescales were indicative and they can delay if they feel they need to in order to get sufficient engagement. The Health & Wellbeing Board had prioritised this strategy to be implemented this year. She noted that the voluntary and community sector was developing some really innovative services and Oxfordshire was also able to learn through the Integrated Care System what was working in Buckinghamshire and Berkshire.

Asked about additional funding for mental health teams in schools, Caroline Kelly confirmed that additional transformation funding from NHS England was available and that work was in-train on expanding the offer.

Dan Knowles, CEO, Oxfordshire Mind, highlighted some areas in need of focus and investment:

- the length of wait for an autism assessment
- the comorbidity of mental health and autism
- the way in which the pandemic had emphasised inequalities.

He noted that funding for mental health services in Oxfordshire has historically been below average and this was an issue in need of scrutiny. The voluntary sector shared the same workforce issues as the statutory services. What the sector does well was in providing non-clinical, person-centred, strengths-based, community-focussed recovery programmes.

Dan Knowles added that Oxfordshire Mind had communications with 13,000 people per year – about 20% of whom were young people or parents. They were interested to talk about how that resource could be used to benefit young people. There were also active discussions in train around cooperation between third sector organisations to break down silos.

Councillor David Turner asked if support was still being provided to young carers as Cabinet agreed some years ago. Caroline Kelly responded that support was provided through social work teams but they had identified a gap in relation to the provision of respite which they were looking to remedy.

Barbara Shaw asked what was being done to reduce waiting times for children with autism and ADHD which were having an enormous impact on schools. She noted that the proportion of children accepted with neuro-developmental conditions was less than half the number in 2019/20 and asked why.

Tehmeena Ajmal responded that she was concerned that many people were under the impression that they had to get a diagnosis to access support but this was not the case. However, it was correct to say that the current system was not working. There had been three workshops under the Integrated Care Board to discuss what could be done better.

Vicky Norman, Service Manager, Oxford Health, added that they had a very good relationship with an online provider Healios and were agreeing another contract with them. Digital services had allowed them to provide 10,000 more appointments in the first year of the pandemic. There was more group work and one of the most popular groups was advising parents on how to help their children. There was a focus on how to provide support for people on the waiting list.

Jules Francis-Sinclair, Oxfordshire Parent Carers Forum, emphasised that they were very supportive of the good work by CAMHS when children get access the service. She believed that there were problems around communications and managing expectations that can be improved. There was often a lack of continuity with the loss of long-standing clinicians.

OPCF had a new survey which had just closed. They had some feedback that some links sent to parents when they accessed the service were not relevant, particularly for children with SEND. One had to be mindful too of the capacity of parents to deal with so many links. There was a need for more specialised support around self-injurious behaviour and school avoidance and refusal which can lead to more demands later if not dealt with.

The Committee heard an audio recording of the experiences of an 18-year-old woman who had attended sessions at the Mental Wealth Academy which she found very useful in developing strategies to cope better. She had found the CAMHS service frustrating because she had three different clinicians due to illness or leaving the service.

Councillor Damian Haywood asked for more detail on prevention – if Public Health or GP services were involved. Caroline Kelly responded that the strategy was being co-written between Children's Services and Public Health. The aim was that all professionals, in schools, nurseries etc would be trained in mental health to support children with emotional difficulties. NHS England were supporting a range of initiatives.

Ansaf Azhar, Director of Public Health, added that the needs assessment being carried out was also looking to understand the causes. Some conditions cannot be prevented but some can and in some cases conditions can be managed in existing settings such as schools. It was important not just to consider the situation for children but also for the families.

Ansaf Azhar also stressed the importance of having evaluation and lesson-learning built into the strategy to show the impact of the collaborative approach.

Councillor Nathan Ley noted that the figure of a 77% increase in mental health treatment was a national figure and asked if the statistic for Oxfordshire was available. He also asked what the target was for reducing CAMHS waiting times.

Officers responded that the figures for Oxfordshire would come out with the strategy. The target was four weeks and that is being achieved for urgent cases but the service was well outside that for non-urgent.

Dr Alan Cohen noted that mental health services were doing very good work but had been historically under-funded in this county and asked what was being done to identify new funding.

Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group, stated that the BOB-ICB (Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board) was examining what was being done in each area. Bucks and Berkshire West had already decided on greater investment in mental health services. The situation for Oxfordshire was that there was no doubt investment was needed but currently, to do that, funds would have to be diverted from some other service.

The Chair stated that the Committee would clearly support prioritising resources for mental health and that there should be parity of esteem between mental and physical health services.

Councillor Freddie van Mierlo asked officers what they would do if they had double the budget, if the extra money allocated in the Council's budget for 2022/23 would allow them expand services and for more information on geographic inequalities in the county.

Tehmeena Ajmal responded that, regardless of the money available, there were staffing issues that could not be easily overcome. The best way forward was to build on the partnerships between social care, health and the voluntary sector as well as learning from what works in other parts of the country.

Caroline Kelly added that the feedback from focus groups was that young people want more digital services, to be anonymous and more support in schools. Regarding geographic inequalities, services across the county were being mapped out to identify any gaps.

Councillor Brighthouse noted that this all sat within the SEND review and its whole-system approach and was being worked into an overall strategy. She said that there was a real need for more trauma support. The positive was that we had great people working throughout the system and she welcomed the appointments of Matthew Taylor to lead the NHS and Javed Khan as Chair Designate of BOB-ICB.

The Chair thanked all the contributors to the reports and discussion. It was clear that the committee was very concerned at the sheer level of need facing services. They would be more reassured if the funding could be identified to provide the expanded services. She asked all the partners to reflect on the timescales involved in collaboration plans.

**6/22 ACCESS AND WAITING TIMES**

(Agenda No. 6)

The Committee had received updates on

- Elective Recovery Plans,
- Midwifery Led Units,
- BOB-ICS Workforce and People Strategy and
- Re-opening of Temporarily Closed Specialties.

Sara Randall, Chief Operating Officer at Oxford University Hospitals, confirmed that the remaining specialties had reopened and they continued to work within BOB-ICS to manage the very long waiting lists.

Dr Alan Cohen asked for details of the waiting times for reopened specialties – in particular ENT and Ophthalmology – and how they were handling what must be an enormous surge of referrals.

Sara Randall responded that the overall waiting times were in the information pack but she could supply the specific information on those two. She confirmed that there would not be any patients waiting more than two years by the end of March and the numbers waiting more than a year had been steadily reducing. They had task and finish groups working on solutions across the BOB-ICS to ensure patients were seen in a timely way. Advice and guidance was being provided to GPs.

Councillor Freddie van Mierlo asked if there was now a two tier system with those who can afford it going to the private sector and others having to wait. He asked how many patients were leaving the waiting lists to be seen by the private sector.

Sara Randall responded that she could only speak for the NHS but referrals were being prioritised by urgency. She would know how many people left waiting lists but would not necessarily know where they went. She offered to get whatever information was available on that.

Councillor Nick Leverton gave an example where he had received a prompt service from an independent provider paid for by the NHS. Sara Randall agreed it was an example of effective cooperation with the independent sector.

The Chair asked when the Committee could see the recovery plan currently being developed. Sara Randall replied that there was an elective care board working on the issues on behalf of the ICS. She would ask them to advise on when that would be ready to be seen by the Committee.

The Chair asked for more information on the reasoning for the temporary closures of some local maternity units and the levels of absences through sickness. Sara Randall reported that the closures were being reviewed on a weekly basis. It was due to safety concerns around staffing levels during the latest Covid surge. It was a problem across the region and the country. Overall the numbers out with Covid had reduced from a high of 600 to around 200. She did not have figures for maternity but would get them for the Committee.

Councillor Damian Haywood asked about nursing recruitment rates. Sara Randall stated that international recruitment was going well but there were some particular areas of shortage. She agreed to get data on that.

James Scott, People Strategy Programme Director, BOB-ICS, summarised the ICS People Plan that includes five programmes and multiple projects such as recruitment, retention, apprenticeships and evaluation.

Councillor Damian Haywood asked what the local authority could do to help. James Scott responded that it would be good to have some follow-up meetings on it. There were gaps in the plan with regard to some social care and third-party services and the strategy was rather 'trust-heavy'. He offered to come back to the Committee when he had identified the gaps more clearly.

Barbara Shaw noted that there were a lot of abbreviations in the paper that many people would not understand. She asked if it was possible to see the impact on Oxfordshire – not just across the BOB region. James Scott agreed to provide that information and apologised that the paper had initially been intended for internal use.

Councillor Nick Leverton suggested that the council could help staff by ensuring they could have free parking on site at the various facilities.

James Scott also identified the cost of living in the BOB region as a difficulty and stated that a case was being put together to argue for a supplement similar to that operating in London.

**Actions:**

**Sara Randall to provide information on**

- **the waiting times for ENT and Ophthalmology;**
- **the number of patients who have removed themselves from elective treatment waiting lists;**
- **the new elective care access offer across the BOB footprint (the provider collaborative);**
- **vacancy and sickness rates across midwifery;**
- **nursing recruitment.**

**James Scott to**

- **meet Members separately to explore workforce challenges across Oxfordshire/the NHS**
- **provide information on impact in Oxfordshire**

**7/22 INTEGRATED CARE SYSTEM / INTEGRATED CARE BOARD**

(Agenda No. 7)

The Committee received an update on development of the Integrated Care System and Integrated Care Board. Catherine Mountford, Director of Governance, Oxfordshire Clinical Commissioning Group, summarised the report emphasising that many aspects were still subject to change as the legislation was still going through parliament. The final guidance was expected early April with the system aimed to function from 1 July.

Members noted the new positions to be appointed and national reports of management consultants being engaged to work on elements of ICS's and asked if this was introducing another layer of administration and costs.

Catherine Mountford responded that it was not expected that the running costs of the ICB (the new NHS statutory body) would be larger than the combined costs currently for the three separate organisations. A number of the positions were required under the legislation. Consultants were providing advice on governance which was helpful. Any such contracts were subject to NHS approval and had to be within the budget envelope.

Dr Alan Cohen noted that there was to be engagement around local determination and asked who made the final decisions on that. He also asked why there was no mention of scrutiny in the draft constitution.

Catherine Mountford responded that there were currently a Chief Executive designate and Chair designate who would make those decisions subject to approval by NHS England. They would expect to have a review of Board membership within the first year. The draft constitution used the NHSE template and there was a reference in that to compliance with local authority scrutiny arrangements but without any detail on that.

The Chair noted that there was some anxiety around the situation where the ICB was going to be an NHS body dealing with social care. Questions remained about how the local authorities were to be involved and how the cultural differences would be addressed. There was also a lot of concern that many of the meetings were not to be held in public. She asked if there was still scope to deal with these issues.

Catherine Mountford welcomed the points being raised. She said that it was clear that care will remain managed at Place with local input.

Stephen Chandler, Chief Executive, Oxfordshire County Council, responded that he recognised and understood the concerns being expressed. He believed that the Committee should look, not just at how the Board would work, but also how the local structures will operate. He was aware of a recent report that was critical of the NHS culture but he had seen no evidence of it in the people he had dealt with on the ICS.

Councillor Freddie van Mierlo asked to focus on how services were going to change for the people of Oxfordshire. He gave the example of differing policies on In Vitro Fertilization across the three counties and asked how that would be resolved.

Diane Hedges responded that work would have to be done to identify the differences in services across the region. The priorities committee would be involved in advising on solutions.

Councillor Nick Leverton asked if this Committee was safe under the new structures. Catherine Mountford responded that the local authorities decided on scrutiny and it was their decision to set up a HOSC at BOB level in addition to the local HOSCs.



**Actions:**

**Members will engage with Catherine Mountford and OCC about the evolution of the ICS/ICB from a governance perspective and how/where democratic references can influence how the ICB/ICS operates in practice.**

**The convergence of service offer across BOB is to be placed on the Committee's work programme.**

**8/22 COMMUNITY SERVICES STRATEGY**

(Agenda No. 8)

The Committee had before it a paper providing a brief update on the Oxfordshire Community Services Strategy which proposed a way of working with members of JHOSC, the public and other key stakeholders to ensure engagement was as effective as possible.

Before considering the report, the Chair had agreed to a request to speak on this item:

Julie Maberley welcomed the appointment of Helen Shute as Programme Director and hoped that this will enable a detailed timeline to be produced for the Strategy. She asked for more information about the way that this project will be scrutinised by HOSC and repeated a number of questions that she said had not yet been answered:

- More clarity was needed on what the Strategy was intended to do.
- While it was anticipated new services for mental health in Wantage could see a potential 300 people a month being assessed, it wasn't clear if this will be 300 in Wantage or across Oxfordshire.
- If birthing does not reopen in March when does this become a "substantial change" subject to public consultation?
- How will the changes taking place in the direction and content of the strategy affect the future of in-patient beds at Wantage?
- Was a minor injuries unit in the hospital being considered?

Helen Shute, newly appointed Programme Director, Community Services Strategy, Oxford Health, summarised the Strategy as providing the people of Oxfordshire with the right care at the right time in the right places supported by the right resources. She planned to put in a programme structure to make it clearer what they intend to do and the progress they are making along the way. She would provide timescales once she had scoped what was required.

On an issue such as a minor injuries unit, they will look at the county as a whole, the needs and what is currently available and other issues such as transport, parking etc. They will also consider what care can be delivered at home given new technologies available.

Dr Ben Riley, Executive Director, Primary, Community and Dental Care, Oxford Health, added that the principles of the strategy, which were updated following the public engagement work last year, had been adopted by the Health and Wellbeing Board in December. There were a large number of proposals being considered.

The pilots at Wantage were going well – notably Ophthalmic and Audiology Services and a wide range of mental health services. Most people using those services were from the south west of the county. Oxford University Hospitals, the provider of the Birthing Unit at the Hospital, had indicated that they hoped to reopen this service within a few weeks. 219 responses have been received on the new out-patient services and they will have been evaluated by the time HOSC Members visit the hospital in May.

The Chair reported that she had already arranged to meet with Helen Shute to discuss the lessons to be learned from the previous experience of the OX12 Task and Finish Group.

District Councillor Paul Barrow stated that one of the difficulties for the OX12 group had been understanding the rationale and evidence base for decisions being made. He hoped that this aspect could be addressed in updates on the programme.

Dr Alan Cohen expressed concern that Community Services might mean different things to different people and there needed to be a discussion around that – possibly a joint meeting with this Committee and the Health & Wellbeing Board as had been previously suggested.

Helen Shute responded that they would be clearer on that and have discussion on it when the Committee visits Wantage on 4 May.

Barbara Shaw noted the reference in the report to 40 possible projects and asked if they could see that list to help them visualise what was intended. Helen Shute responded that some of the 40 were not really projects but were enablers or continuous improvements. She will come back to the Committee with a clearer list of projects.

The Chair emphasised that the in-patient beds issue was also of great concern to people and that work had still to be done to estimate the number of in-patient beds needed across the county given the experience of the pandemic. She asked for a further update on progress on the Strategy for the June meeting.

## **9/22 COVID UPDATE**

(Agenda No. 9)

The Committee received a presentation on the cumulative impact of Covid-19 through 2020 and 2021 and an update on the vaccination programme.

Ansaf Azhar, Director of Public Health, summarised the current position which was that we were now moving into the recovery phase in which we needed to learn to live with Covid. There was still a need to move cautiously and consider how to protect the vulnerable against current and future threats.

The presentation looked at the direct impact and, at future meetings, the Committee would be welcome to consider the indirect impacts on health and care services and then the wider impacts on employment, education and mental wellbeing, once further

work had been completed to more fully understand these. David Munday, Consultant on Public Health, gave the presentation.

The Chair asked officers to address the concerns raised in emails from members of the public who were vulnerable and not feeling safe since the main Covid restrictions had been lifted.

Ansaf Azhar emphasised that the priority was still to protect the vulnerable and he had reiterated this in statements. Since the vaccine roll-out there has been no evidence that Covid is any worse than other respiratory illnesses. In January there had been no excess deaths despite the surge in Covid infections.

However, he urged everyone to continue the good practices developed during the pandemic – wearing face masks in crowded settings, keeping distance etc. A lot had been learnt about dealing with infectious disease that needed to be embedded in the culture in order to protect the vulnerable. New national policies were coming to address this.

Ansaf Azhar assured the committee that acute services and care services were still observing all the Covid precautions such as face masks.

Councillor Imade Edosomwan asked if vaccine certificates were required for health staff as he had heard reports of staff being asked to produce them.

Ansaf Azhar responded that it was not mandatory for health and care staff to be vaccinated. The position was that they were all strongly encouraged to get vaccinated.

Karen Fuller, Interim Corporate Director for Adult Services, confirmed that vaccination had been a condition of employment for social care staff and they had worked with staff to achieve near 100% compliance. The government had changed policy on that so it was no longer mandatory.

Councillor Damian Haywood asked about staff who had been removed from post due to this requirement and if they had been re-employed since the requirement had been dropped.

Karen Fuller responded that this was down to the individual employer. At the County Council the small number of staff involved had been re-deployed to other posts that did not require vaccination.

Barbara Shaw asked if there was information on the impact of long-Covid on health services. David Munday responded that research was still in progress on diagnosing long-Covid and the needs of patients as a result. The NHS was providing support and perhaps they could be asked to present at a future meeting on this.

Councillor Damian Haywood referred to reports that had concluded that the national response to the pandemic had been poor. He asked if we were well placed to handle any future pandemic.

Ansaf Azhar agreed that there were a lot of lessons to be learned from how the first wave was handled although the health service itself should certainly be thanked for how it responded and minimised deaths. He believed that the subsequent waves were dealt with well.

The surveillance group was still meeting once a week and while measures were being wound down there was a clear checklist available of what needed to be done to ramp up quickly again if needed.

**Actions:**

**Karen Fuller to meet with the Chair, Councillor Barrow, Barbara Shaw and Dr Alan Cohen on infection control in care homes.**

**The Covid-Recovery Plan to be on the agenda for the May HOSC meeting.**

**10/22 CHAIR'S REPORT**

(Agenda No. 10)

Members accepted the Chair's Report and agreed the actions within it.

**11/22 HEALTHWATCH REPORT**

(Agenda No. 11)

The Committee received a report from Healthwatch on views from the public on health and care issues. This included a report on a survey of GP practices. The Chair invited Glyn Alcock, Healthwatch Researcher, to summarise the report.

Glyn Alcock stated that the report was based on over 700 responses to the survey. They found that most people were contacting their GP practice by telephone. There was a lot of frustration at long waits. Some people found the call back facility useful but it was not suitable for people who were at work for example and unable to take a call back at an unspecified time.

Online facilities like eConsult and the NHS App were useful alternatives to phoning for some basic functions such as repeat prescriptions but could be cumbersome to use. The feedback indicated that people were very happy with the service received once they got through – the problem for many was long waits and in some cases people gave up.

The report was sent to GP practice managers after publication and much of the response from them was about the limits on their clinical capacity.

The Chair added that practices had also made the point to her that they had no choice in eConsult and there was a lesson there in the importance of codesign.

Councillor Damian Haywood asked if the Committee should invite NHS England to come to a meeting as they were responsible for issues such as eConsult, not the Clinical Commissioning Group.

Helen Mitchell, Scrutiny Officer, reported that she had been in touch with NHS E/I in relation to the vaccination programme and they had indicated that they would be happy to attend as long as there was clarity around what they were expected to address. They had a clear role in relation to Primary Care and it would be reasonable to invite them to the Committee on that issue.

Councillor Nick Leverton stressed the importance of discussing dentistry which was becoming more urgent. The Chair noted that it was among the items for consideration for the Committee's Work Programme for the next Council Year 2022/23.

Rosalind Pearce, Executive Director, Healthwatch, asked that the BOB-ICS report be rewritten to explain the acronyms as it would be mostly unintelligible to members of the public.

**Action:**

**To support the discussion on 10 May, an appropriate officer from NHS E/I will be invited to attend to discuss primary care challenges and opportunities.**

..... in the Chair

Date of signing .....