

Oxfordshire Joint Health Scrutiny Committee **(HOSC) Annual Report 2022/23**

Chair's Introduction

This annual report comes after a year where a number of critical themes for health services have converged – the creation of the local Integrated Care System (ICS), trying to return to 'business as usual' with pre-pandemic serious issues (flagged nationally by previous HOSC committees since 2016) and Covid's enduring effects across the country on waiting lists, staffing levels and wellbeing and the economy and labour market. These issues have posed unprecedented challenges for health services in maintaining service levels to local residents, and to those residents who have faced delays and disruption at times to their care, and also the voluntary sector organisations working alongside them. These challenges have required a commensurately greater level of involvement by the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) to fulfil its role to be a democratically-underpinned 'critical friend' to those providing health services to our residents.

The formal establishment of Integrated Care Systems (ICSs) on 1 July 2022 as a result of the Health and Social Care Act 2022, has made 2022/23 a challenging, but exciting year for the HOSC, as it looks to now scrutinise a wider, yet still evolving ICS and introduce itself to key system personnel and structures. Whilst, moving forward, the role of HOSCs remains very unclear in national guidance with regards to its role in relation to the Secretary of State's power to intervene, the Oxfordshire Joint HOSC has built up stronger relationships with different parts of the system to collaborate and produce a number of valuable, in-depth, scrutiny reviews.

As a product of this the Committee has made 11 formal recommendations to Health partners and cabinet; and provided critical feedback on proposals, most of which have been accepted, ranging from Primary Care, to Dentistry, Maternity Service, the Integrated Improvement Programme and Stop Smoking Services.

Reflecting this greater involvement and activity, I want to place on record my thanks to all the Committee Members, especially those who have volunteered on working groups in between full committee. I believe we are a great and maturing team; with an increasingly good overview as to the factors which affect the provision of healthcare across Oxfordshire. My thanks is extended also to those who were not reappointed to the Committee for the 2023/24 municipal year – Cherwell District Councillor Sandy Dallimore and South Oxfordshire District Councillor David Turner. It is standard procedure for the vice Chair of the Committee to rotate between District and City Council members. I would therefore like to put on record particular thanks to Cllr Paul Barrow as last year's vice-Chair for being such a strong source of support over the last year. With other departures, the committee also said goodbye to its longstanding and deeply appreciated co-opted member, Dr Alan Cohen. The people

of Oxford are fortunate to have had such a knowledgeable and hard-working champion working on their behalf.

Furthermore, I wish to name a few colleagues from across the healthcare system who have supported the Committee's business, though the Committee is acutely aware that there are many people who support them behind the scenes too.

- Ansaf Azhar (Oxfordshire County Council OCC)
- Karen Fuller (OCC)
- Dan Leveson, (Berkshire, Oxfordshire and Buckinghamshire Integrated Care Board (BOB ICB)
- Julie Dandridge (BOB ICB)
- Sam Foster (Oxford University Hospitals NHS FT (OUH NHS FT)
- Dr Ben Riley (Oxford Health NHS FT (OH NHS FT)
- Helen Shute (OH NHS FT)
- Will Hancock, South Central Ambulance Service
- Rosalind Pearce and Veronica Barry (Healthwatch)

Thanks go also to OCC Cabinet members who have participated regularly in meetings and liaison with the committee including Mark Lygo (Public Health); Tim Bearder (Adult Social Care) and also to Judy Roberts (OCC and Vale of White Horse District Cabinet member who took part in the primary care deep dive workshop which gave consideration to the particular case of GP estate provision in Didcot).

Particular thanks must go to Eddie Scott, the Committee's Scrutiny Officer, who, although he has left his post at Oxfordshire deserves special mention for his exceptional contribution to the work of HOSC and without whom many of the HOSC's successes would not have been possible.

The fundamental purpose of the HOSC is to provide democratic oversight into the provision of our health services and to provide an alternative door for residents to share their concerns. Consequently, I am also grateful to all the members of the public that have engaged with the HOSC either by speaking at or sent letters to the Committee, including engagement from local stakeholders, including from Wantage Town Council Health Sub-Committee, Keep our NHS Public Oxfordshire, Keep the Horton General, and Didcot Against Austerity.

Cllr Jane Hanna, Chair of the Oxfordshire Joint Health Overview and Scrutiny Committee 2022/23

About the Committee

The Joint Health Overview and Scrutiny Committee is a Joint Committee administered by Oxfordshire County Council and made up of 15 Members. It draws its membership from the County Council, the City and District Councils within Oxfordshire (Cherwell, Oxford City, South Oxfordshire, Vale of White Horse, West Oxfordshire), plus three non-councillor co-opted members.

The HOSC is fundamentally not a decision-making body. It does not have the power to change policy, at least not directly. Its remit is to scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authorities, which means it has the ability to bring those involved in those areas before it to discuss specific health services, using the knowledge and experience of its members, and their position as democratically elected members, to be a 'critical friend'. The most formal outcomes of the HOSC come in the form of written recommendations to specific service-providers, making suggestions as to ways in which those services might be improved. Scrutiny's power to influence policy, therefore, lies in identifying ideas for local improvement which are practicable within existing constraints and making a clear case for them. Those to whom recommendations are sent must respond to the HOSC in writing, usually within 28 days, the responses of which are published and form part of the public record.

The Committee's power is also to give improved clarity to where local improvements are constrained by national powers, resource and guidance; the committee has been able in these cases to make these local findings and correspond with government to seek support for local improvements. These have notably included consultation and improved clarity for democratic scrutiny; workforce planning; national contract arrangements for dentistry and devolution of capital funding for primary care estate.

Summary of Activity

HOSC Activity in Numbers

The Committee has met on X occasions, considered X substantive items over the course of the municipal year and made X recommendations

Key Achievements

The core measure of HOSC's success is not how much effort it has put in – the number of meetings it has held, the reports written and recommendations made. These are ancillary to its primary goal, which is, in doing its role, to effect positive change for residents.

i. **The Development of Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (BOB JHOSC)**

A major development this year has been the development and the formalisation of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (BOB JHOSC). The Committee is a joint Health and Overview and Scrutiny Committee made up of Councillors from Oxfordshire County Council and the unitary authorities of Buckinghamshire, West Berkshire, Wokingham and Reading and looks to scrutinise the Integrated Care System at a 'system' level, (rather than Place-based issues which are reserved to the OJHOSC).

Following two informal meetings of the BOB JHOSC in previous years, the Committee held its first formal meeting on 25 January 2023 in order to scrutinise the forthcoming BOB Integrated Care Partnership Strategy. At the meeting Cllr Jane MacBean, Buckinghamshire County Council, and Cllr Jane Hanna, Oxfordshire County Council, were elected as Chair and Vice-Chair of the Committee respectively.

Throughout the process there has been a collaborative tone to cross-council scrutiny by BOB OJHOSC members. However, during the first meeting of the Committee, it became apparent that there were a number of ways to develop the Committee and its working practices more effective. It was notable at the 25 January 2023 Committee Meeting, that only Cllrs Hanna, Champken-Woods and Levy were able to attend the meeting; and there is a need to make the meeting more accessible via making virtual attendance options available. In addition, there is a need to firm up, and develop a joint protocol in respect of the BOB JHOSC.

Many of the BOB JHOSC's comments on the Integrated Care Partnership (ICP) Strategy were taken into account on finalisation of the BOB ICP Strategy, as shown in the Report on the ICP Strategy Consultation.

ii. **Co-optee Recruitment: Extending Representation**

Within the membership of the HOSC there is space for three co-opted members. These members play two key roles on the committee – bringing in new knowledge and experience to the committee, and by virtue of being non-politically aligned giving deeper assurance to the public of the HOSC's independent and apolitical commitment to improving local resident health outcomes.

Over the last year, two co-opted members finished their terms: Alan Cohen and Barbara Shaw. With both having served two two-year terms it was necessary that the committee undertake an open recruitment exercise.

A key principle of the committee is the recognition that differential service levels in health services do not impact all residents in the same way. Typically, health inequalities weigh most heavily on those with the fewest spare resources. Consistently asking how existing health inequalities may be addressed is therefore an important part of the committee's mission, but this sort of challenge really relies on understanding the practical experiences of members in order to assess the robustness of any reply put forward. This being the case, the committee expressed a desire that in its recruitment exercise it should broaden its expertise and representation to groups whose voices may not necessarily be heard as loudly as their situation requires.

The result of the open recruitment exercise was that Barbara Shaw was reappointed as a co-opted member, and Siama Ahmed was invited to join the committee. Barbara Shaw has previously worked at a national level for the Citizens' Advice Bureau. She has shown tireless enthusiasm and great enthusiasm for the mission of HOSC and the committee is greatly strengthened for having her return. Siama Ahmed works professionally with asylum seekers, refugees and British survivors of exploitation, expressly putting forward on her application her wish to give voice to under-represented communities. She has experience as a non-executive director in a Primary Care Trust and the committee is really excited to have her on board. The HOSC is grateful that it has been able to appoint two co-optees with so much to offer.

iii. **The Reopening of the Midwifery-Led Units (MLUs) at Wantage Community Hospital and the Cotswold Birth Centre (Chipping Norton)**

The Committee were pleased to hear the news in early January of the reopening of the temporarily closed MLUs at the Cotswold Birth Centre and at Wantage Community Hospital, following the Committee's resolution to consider a report the temporarily-closed services within Oxfordshire and a completed substantial change toolkit form for the service. Maternity within

Oxfordshire and the temporarily closed MLUs had been a long-term area of work for the Committee, which included the Chair and a group of Committee members attending an OUH Stakeholder event during November 2022, which built upon the Committee's consideration of maternity during the 2021/22 municipal year. At the event HOSC Members provided a scrutiny perspective on discussions which would inform the trust's forthcoming clinical strategy for maternity and neonatal services. The post-Covid reopening of these local services is a significant improvement for those areas and the HOSC is glad to see its continued input has contributed towards their re-opening.

iv. Improving Future Resident Access to Primary Care

Following on from the Committee's consideration of Primary Care in May 2022, the Committee enjoyed a superb co-produced workshop session on Primary Care provision within Oxfordshire. The session explored the multi-faceted Primary Care workforce issues within Oxfordshire and BOB, the complexities in regards to providing Primary Care Estate and making use of developer contributions. The session also benefitted from invaluable input from a number of GPs and the Council's Property Services Team. Attendees would like to thank Dr Richard Wood, from the Local Medical Committees, for his engaging and provoking presentation on capacity within general practice and Dr Joe McManus and Dr Rachel Ward for their rich day to day insights from working in General Practice.

The findings of the workshop were provided to the Committee at its meeting in November where there were further discussions which resulted in a total of 3 recommendations to the ICB, a recommendation to Cabinet and a resolution to write a letter to the Secretary of State to highlight the need for Primary Care Estate to be a pre-requisite for major development, in relation to national planning policy, as well; as the requirement for devolved capital funding to ICB's for estates projects; and to highlight the national workforce issues relation to general practice. The submitted letter can be found as an appendix to this report. Moreover, following the Committee's recommendation for roles to be created within the ICB to work with District Councils at Place-Level to ensure timely requests are made and coordination of significant existing funds from Community Infrastructure Levy (CIL) and Section 106 Funds for Primary Care, it is intended that a new role will be in-cooperated into the new ICB structure, which will focus on liaison with local authority planning colleagues; and the more rapid utilisation of developer contributions for much-needed health facilities in areas of the county like the Vale of the White Horse, which have experienced some of the highest areas of population growth in the South-East region.

The Committee found the more informal workshop session, to be useful to better HOSC Members' understandings of the subject area, and to have greater detailed, open, discussions with health professionals and service users for the purposes of information gathering and reporting to the Committee at its next formal Committee Meeting. The Committee sees the Primary Care Workshop as blueprint to effective scrutiny work and look forward to a forthcoming workshop on Serious Adult Mental Health Services.

In addition, with the aim of encouraging better understanding in respect of the use of developer contributions for health facilities, and to promote greater partnership working, the HOSC looks forward to facilitating a workshop discussion between the ICB and District Council Development Management Officers and relevant Cabinet Members and Chairs.

v. Encouraging Co-working Over Wantage Hospital Bed Provision

Under legislation, one of the few legal powers available to the HOSC is to make a referral to the Secretary of State if a substantial change has been made to an element of healthcare provision without sufficient consultation by health care providers. The power to do this, however, is to be rescinded in July 2023. This being the case, after its April 2023 meeting, the final ordinary meeting of the municipal year, a sub-group of the committee held discussions with system partners to determine whether a substantial change had occurred in Wantage with the temporary removal of beds approximately seven years ago, whether sufficient consultation had occurred, and whether a referral to the Secretary of State was merited. The final outcome of this work is due to be determined in the next municipal year, but HOSC has recognised the complexity of the situation and consistently pressed for consultation and co-working between local and healthcare stakeholders to give the greatest opportunity to find a mutually agreeable solution. The outcome of HOSC's work to date has been to get clarity over NHS partners' timings for consultation around this topic, including the arrangement of a co-design workshop between local residents and NHS system partners. The decision to make a referral to the Secretary of State remains live, but ultimately the HOSC would see the need to involve external arbiters as a failure and hopes that the issues can be worked through at a local level.

Other HOSC Highlights from 2022/23

Below we go into greater detail about some of the Committee's activity and provide a greater sense of the work undertaken.

Elective Recovery Backlog Working Group

As a result of the greater scrutiny support, which the Committee has benefitted from, since January 2022, with the assistance of the Health Scrutiny Officer, the sub-group has been able to regularly, informally review the Oxford University Hospitals Board Papers in regard to the elective care backlog. The Group are looking forward to receiving a briefing from the Programme Director for Elective Care for the ICS. The Working Group looks forward to reporting back to the Committee in due course.

The Chair had calls with the Operations Director at OUH in the lead up to the NHS strikes and was able to get reassurance that the management team and staff at the hospital were doing all that they could do to manage an extremely challenging context for delivery of services.

South Central Ambulance Service

The Committee has been pleased to have welcomed representatives of the South Central Ambulance Service (SCAS) twice within the last year; in order to scrutinise their actions in response to their inadequate rating by the Care Quality Commission (CQC). The Committee are reassured that the Trust is making progress towards the identified areas for improvement in the CQC report and have built up a good relationship with outgoing Chief Executive Will Hancock. Further to providing valuable feedback to SCAS in regards to their Improvement Programme, the Committee is also looking forward to have taking a closer look at Oxfordshire Response time data by locality, once the SCAS technology allows the break-down of this data to Middle Layer Super Output Areas (MSOA).

Integrated Improvement Programme

The Committee continues to keep a strong interest as to the Integrated Improvement Programme, which aimed to provide an interconnected system of care to allow provision of reliable, high quality care; joining up community services provision and emergency care work.

This included a Committee Site Visit to Wantage Community Hospital to hear presentations from Oxford Health and better understand the outpatient pilot services which has been established as a result of the OX12 project which was established in 2018.

During its subsequent consideration of the Committee in July 2022, the Committee recommended that the funding to progress the establishment of the IIP Programme Management Office (PMO) and is considered and if approved, released at the earliest opportunity. The HOSC received a response from Oxford Health NHS Foundation Trust that the trust were committed to providing resources to support the transformation activities of the services in which it is the provider. . The JHOSC

recommendation that Oxford Health NHS Foundation Trust provides information relating to the governance of the IIP is partially accepted and the recommendation that funding to progress the establishment of the Integrated Improvement Programme's (IIP) Programme Management Office (PMO) is considered and, if approved, released at the very earliest opportunity is partially accepted. Oxford Health NHS FT has committed resources to support transformation activities linked to the services it provides, however some of this action lies outside of the remit of the Trust with the ICB. The Committee will be continuing to monitor and scrutinise the programme, including the appraisal of the reconfiguration of the county's community bed provision and the development of virtual wards; and look forward to receiving a report from the programme's new Programme Director during 2023 on whole system support and timescales for the programme.



The Oxfordshire Tobacco Control Strategy

In September 2022, the Committee considered the proposed changes to the Oxfordshire Tobacco Control Alliance's Tobacco Control Strategy and corresponding action plan. The Committee were pleased to endorse the Alliance's aim to achieve a lower than 5% of level of smoking prevalence within the County.

The Committee were able to provide valuable feedback on potential opportunities to conduct a piece of work to advertise stop-smoking services in the context of the Cost-of-Living Crisis at Foodbanks. Furthermore, the Committee also offered its

support to and suggested that there was room for the co-production of initiatives to reduce smoking prevalence amongst social housing tenants.

In April 2023 the Committee invited officers in to provide an update on the progress of this work and were pleased at the results. The one area of concern identified by HOSC members in September and April was the prevalence and normalisation of vaping amongst younger people, particularly at school. This is an issue which the HOSC considers to be a higher risk factor than official responses suggest and the committee will seek to continue to raise the profile of the dangers involved. This is especially the case since most recently the national media has published concerning research on vaping and toxicity levels of illegal vaping products being used by the young.

The Committee was pleased to see that schools were being provided with balanced video materials to ensure a clear and helpful message to the young about smoking.

Engagement

The committee has regular engagement with public speakers and Members at HOSC mainly concerned with the government reforms and the community strategy but also including end of life care and about changes in hearing loss services. The Committee received and took up questions on behalf of the public in between and at Committee on changing plans from protection to living with COVID, problems from patient group leaders with using the internet links provided by the CCG to participate in the BOB public engagement strategy and to champion the health needs of the Didcot community.

Care Homes

The Committee has been clear that all those working in health and care during the pandemic have gone above and beyond for our local population in the most challenging of circumstances.

Scrutiny and learning through those challenging times is viewed by the committee as valuable not only for bereaved families and key workers but for future prevention. Member reports on the First Thirty Days of Covid-19 and a piece on Infection Control in care homes had been supported by worthwhile discussions with the Director of Public Health and the Interim Executive Director – People, Transformation and Performance. Members undertook an insightful visit to Henry Cornish Care Centre, which was an exemplar for effective infection control in a care home setting, and a report on the visit was compiled and presented to the Committee. The Committee is keen that these findings are not lost and are used to inform future findings and recommendations on a national level about infection control and the country's Covid-19 pandemic response. However it is understood by the Committee that the Local Government response to the national Covid-19 Inquiry is being coordinated by the Local Government Association under national rules for engagement and it is unlikely that there will be a role for Scrutiny Committees to submit information to the inquiry.

This is most concerning given the valuable work of the JHOSC committee which included local learnings agreed within Oxfordshire County Council since 2020.

Dentistry

Healthwatch is a statutory body to act as health and social care champions for the local community. Their work and that of HOSC is complementary, with Healthwatch providing a lot of excellent feedback on the practical issues experienced by the types of people whose voices are not always heard. In April 2023 the committee received an update from Healthwatch identifying the huge challenges residents face in accessing dental services on the NHS, and another report from NHS commissioners on their challenges about reducing numbers of NHS dental providers, staffing challenges and funding levels. This topic illustrates the challenge HOSC faces in delineating between national-level issues, which it has minimal influence over, and local ones, where it can make a tangible difference. HOSC cannot make more dentists receive training, but it can and did look at ways of ensuring dentists wanting to work in the area are not put off by bureaucratic hurdles. It was able to also identify a particularly high area of dentistry underspend in Oxfordshire because of especially low activity in NHS dentistry and make a recommendation that this underspend is used to invest in a work programme in Oxfordshire aimed at helping the most vulnerable. A further strong outcome of the meeting was the recognition that Oxfordshire is one of the areas nationally which does not add fluoride to its drinking water, and doing so would have immense clinical benefits to oral health. Indeed, Poor dental health in children under 5 is the leading cause of admission to A and E and poor dental health in all is associated with higher risk of other physical disease. At a time of unprecedented challenge in health and care consideration of the most effective way of addressing this is vital. Recognising that any additions to water can be controversial, the committee has agreed to write to the Secretary of State to consult on whether this might have public support and has notified local authorities of this intention.

Looking Ahead to 2023/24

Staffing and Capacity

One of the core themes of HOSC's scrutiny this year has been over workforce issues, which has illustrated time and again the pivotal factor staff capacity is in delivering an organisation's objectives. The HOSC is itself, at present, in a state of transition regarding its staffing and resourcing. The Committee's dedicated Scrutiny Officer, the highly-valued Eddie Scott, left employment at the County Council in March 2023. The timing of this changeover means that it has been impractical to undertake the planning which would be expected of the committee in terms of work programming and developing priorities for the forthcoming year. However, whilst delayed until the newly appointed Scrutiny Officer, Dr Omid Nouri, comes into post in early July 2023 the future staffing of the committee does look very bright. Dr Nouri has transitioned from academia, and lecturing in politics specifically, to applying those skills more directly and has been working as a Health Scrutiny Officer at Surrey County Council. In addition to this, over the coming year the Scrutiny function at the County Council will be expanding, with a dedicated Democratic Services Officer to be recruited which will add significant extra capacity to the Scrutiny team across the Council.

Whilst the new officer joins in July, the short-term priorities are agreed. Over its June meeting it is scheduled to look at the Quality Accounts (similar to an annual report) of Oxford Health and Oxford University Hospitals NHS Foundation Trusts and End of Life Care in the county, whilst in September the committee will consider the multi-organisational Health and Wellbeing Strategy, and specific work on obesity.

Further to this, there are some clear themes which can be committed to over the forthcoming year:

Wantage

As detailed elsewhere, the temporary closure of beds at Wantage Hospital has been a high-profile issue locally and the committee has helped to move the discussion forward. The HOSC sees its role in resolving these issues not simply as a participant in discussions between stakeholders, but also partially as a facilitator and will seek to support constructive discussion between relevant health and non-health stakeholders with hopeful resolution in 2023.

BOB JHOSC

The Oxfordshire HOSC and the wider-area BOB JHOSC are technically different from one another, but the membership and functions of them have so much cross-over that forthcoming steps concerning the BOB JHOSC merit being included as an aim for the Oxfordshire HOSC. Though over the last year the Terms of Reference for the BOB JHOSC have been agreed by its constituent councils and it has met once,

practically much is required to integrate this new body into the existing structures of Scrutiny and governance. It is important that the BOB JHOSC operates in such a way that it can truly work on issues of relevance across the Buckinghamshire, Oxfordshire and Berkshire West area, but that it does not simply add a layer of duplicate scrutiny to that which is already happening in Place-based HOSCs such as Oxfordshire, or move the level of scrutiny to such a broad area that the views and concerns of individual residents are lost. The BOB JHOSC will be an important feature of health scrutiny, impacting on local people, but there is much work to be undertaken to ensure that it operates effectively and efficiently within current structures. National resources and guidance on ICS level democratic scrutiny were not part of the outcomes of the Health and Care Act. HOSC members will continue to seek to shape and develop this to ensure this aim is realised.

Further Increasing Diversity, Engagement and Representation

When a co-optee position arose over the last year, the committee made a conscious decision that it should seek to develop the diversity of its membership and thereby to strengthen the representation of lesser-heard voices in our community. As mentioned above, the committee is delighted that Siama Ahmed has joined, with her professional insights into the needs of asylum seekers, refugees, and British survivors of exploitation. To avoid being a tick-box exercise, the committee's commitment to improving its diversity, engagement and representation must not simply be a one-and-done action but an ongoing challenge of constant improvement. The HOSC will seek, therefore, to identify ways it can be more open to the public, particularly those whose voices are rarely heard or who are disproportionately impacted by specific healthcare policies, to ensure that their concerns and expertise are given full consideration in healthcare delivery decisions.