



Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 26 November 2020

ADDENDA

6. Oxfordshire Health and Care System COVID-19 Update (Pages 1 - 14)

The presentation by the Director of Public Health.

The video "Working Through a Pandemic" can be viewed at this link
<https://www.ouh.nhs.uk/news/article.aspx?id=1420>

9. Community services strategy (Pages 15 - 16)

The update from the OX12 Task and Finish Group

This page is intentionally left blank

COVID-19 Cases in Oxfordshire Source: coronavirus.data.gov.uk

In the 7 days up to 20 November there has been a total of **671** confirmed COVID-19 cases in Oxfordshire.

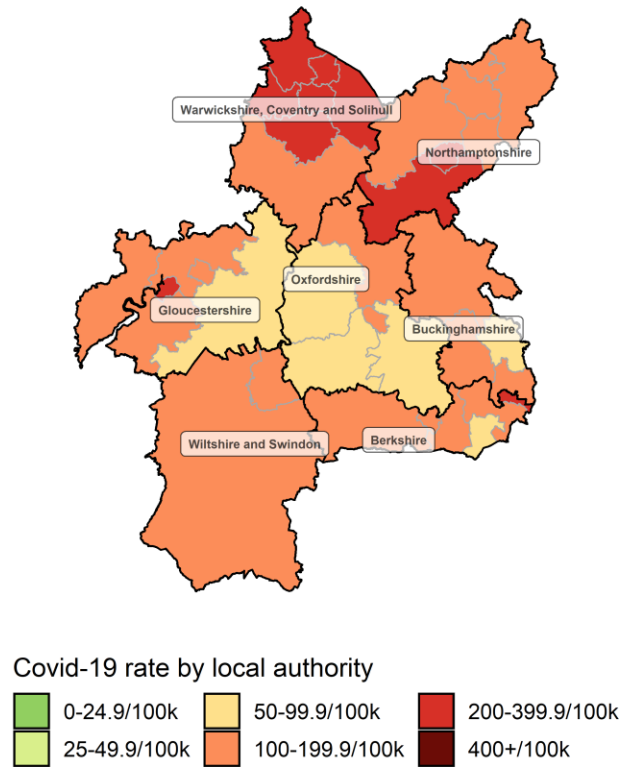
This is equivalent to a weekly rate of new cases of **97.0** per 100,000 residents.

Area name	Cases in week to 13/11	Rate /100k	Cases in week to 20/11	Rate /100k	% Change from 13/11
Cherwell	243	161.5	150	99.7	-38%
Oxford	409	268.3	186	122.0	-55%
South Oxfordshire	186	130.9	143	100.7	-23%
Vale of White Horse	196	144.1	103	75.7	-47%
West Oxfordshire	140	126.5	89	80.4	-36%
Oxfordshire	1174	169.7	671	97.0	-43%

Extended sub-regional map by local authority: 13 Nov to 19 Nov 2020

Oxfordshire and surrounding subregions
COVID-19 cases: 13 Nov to 19 Nov 2020
Weekly case rates per 100,000 population by local authority

Page 2



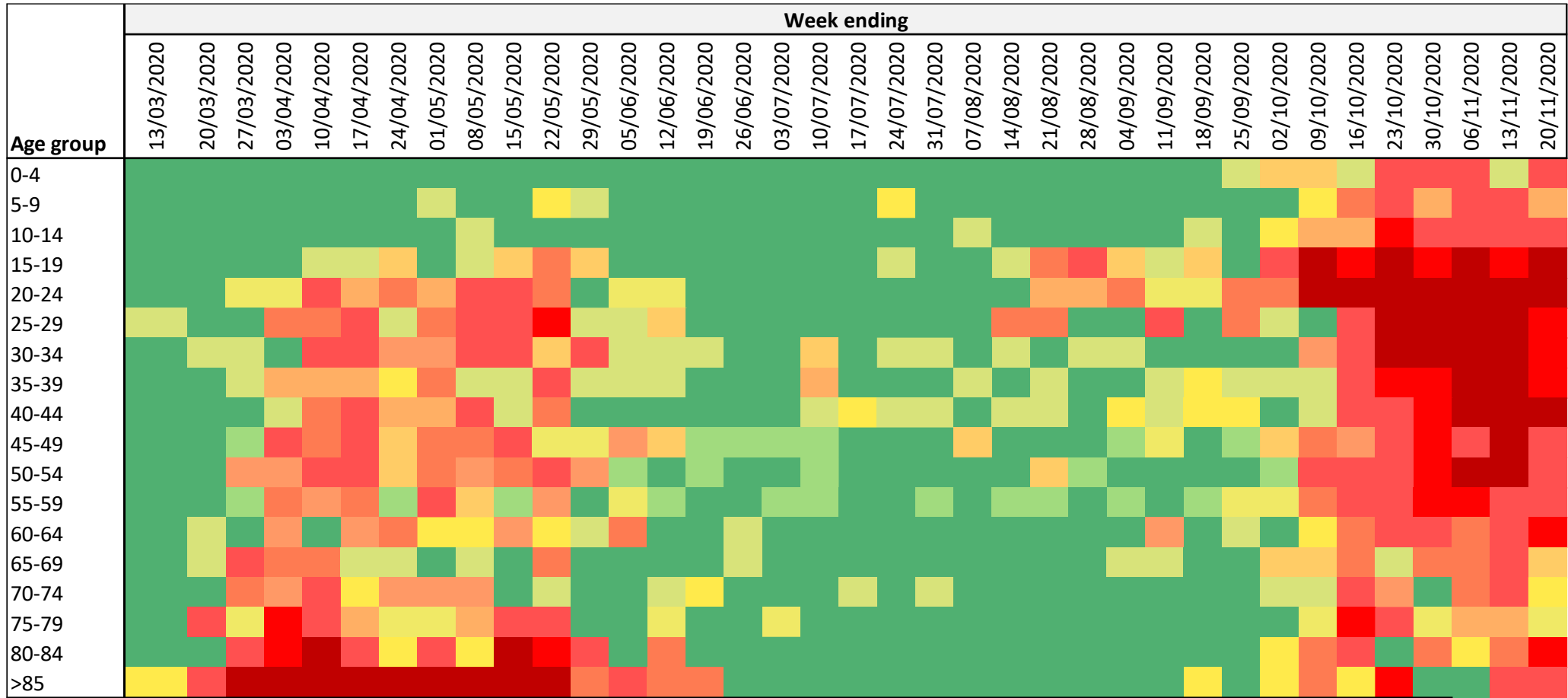
Data from SGSS; Pillar 1 and 2 testing. Figure by Outbreak Surveillance Team, Public Health England.

Contains National Statistics data including 2019 population estimates © Crown copyright and database right 2020

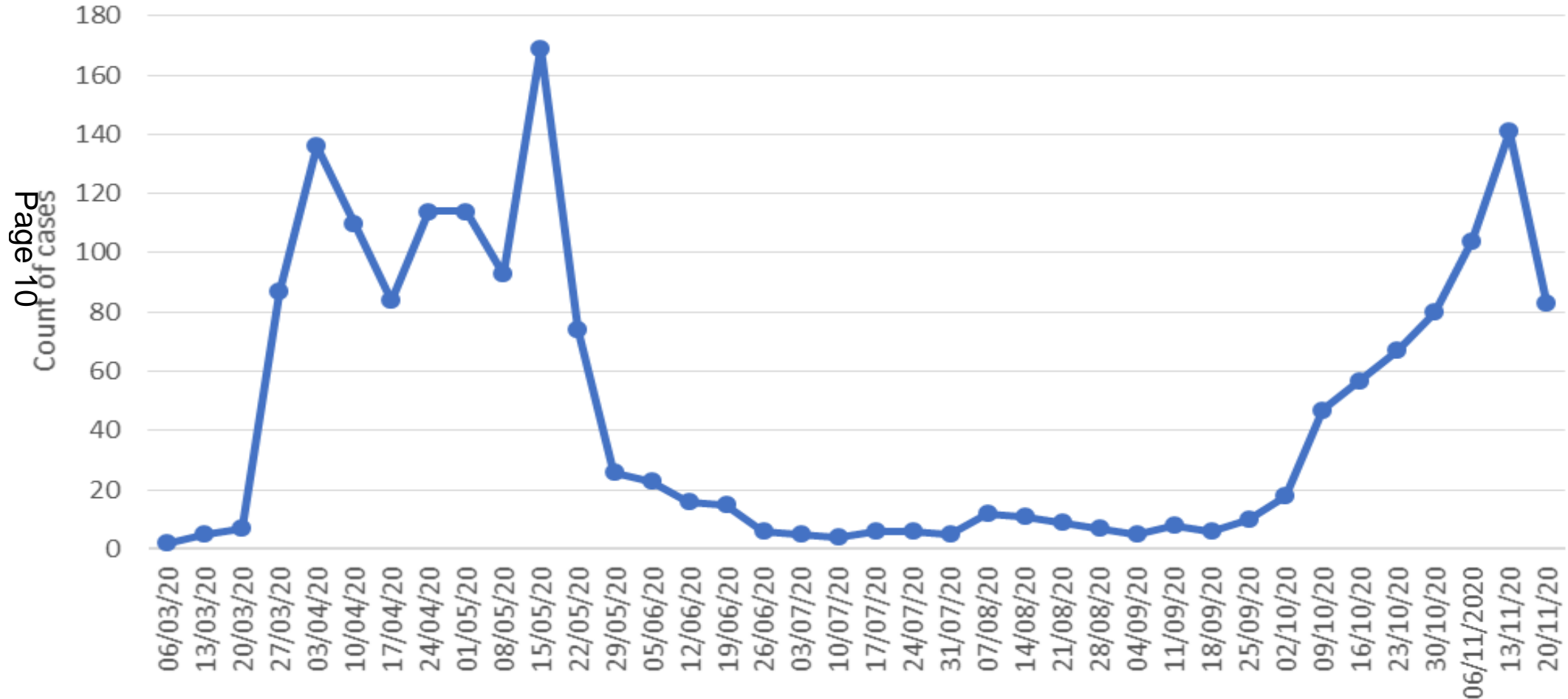
Is it Lockdown?

- Tier 2 one week earlier
- Systemwide Comms
- Testing sites increased
- Local Contact Tracing
- COVID Secure Team
- EHO supporting Outbreaks
- City, Districts and social care teams supporting those vulnerable self isolate
- Education team supporting schools
- Two Universities have been exemplars

South Oxfordshire Cases: weekly rates per 100,000 population, 5 year age bands



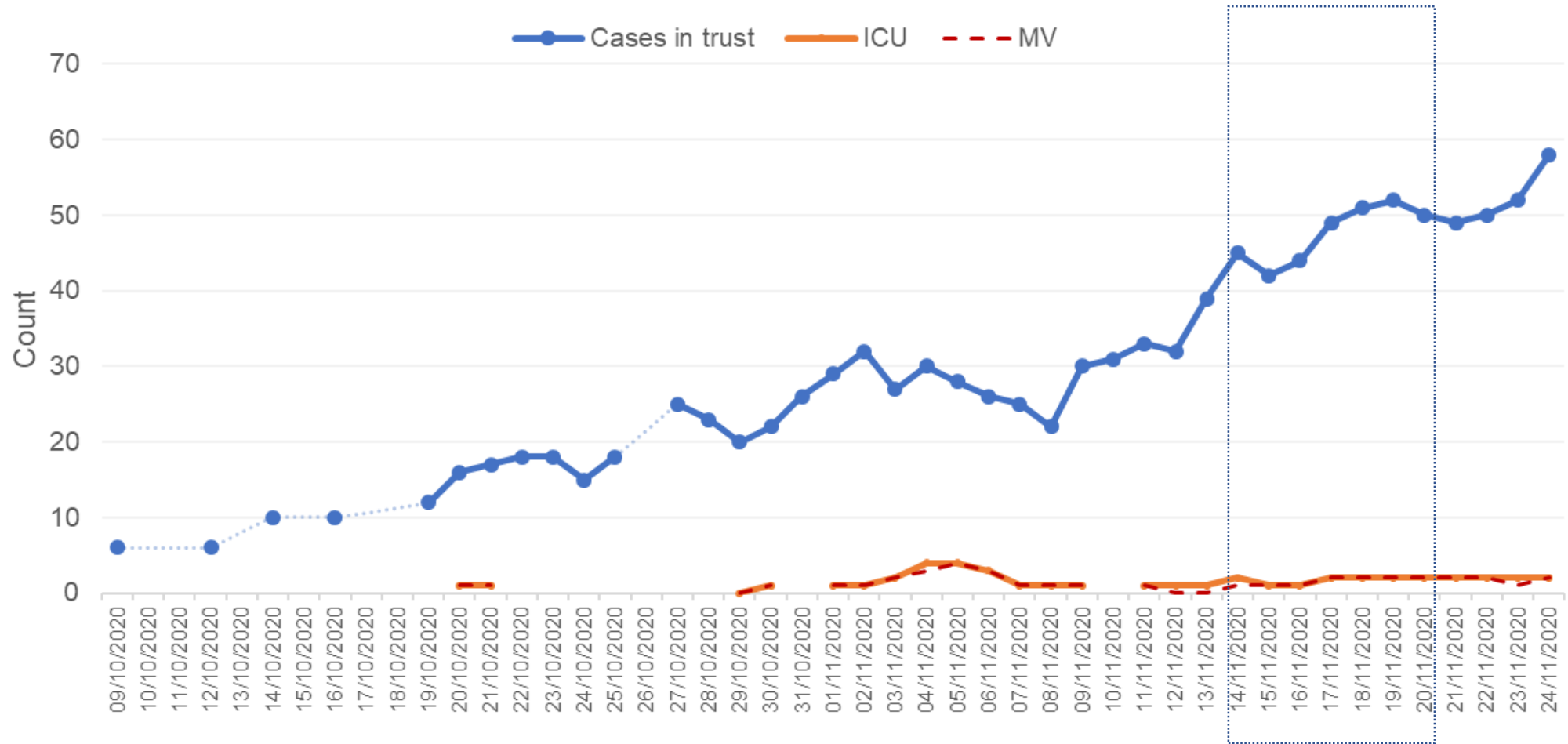
Trend in Covid-19 cases in over 60s Oxfordshire counts by week



COVID-19 Cases in Hospital

Source: OUHFT sitrep

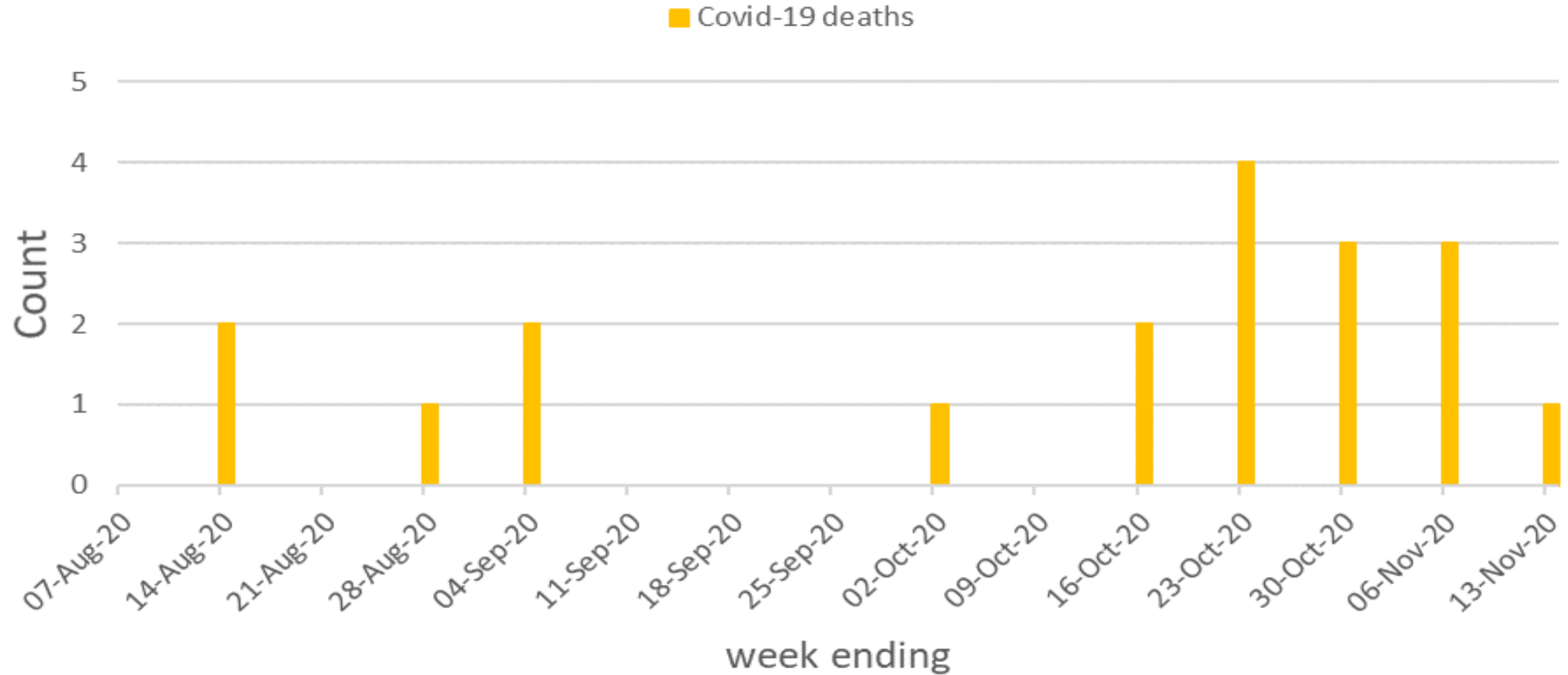
Page 11



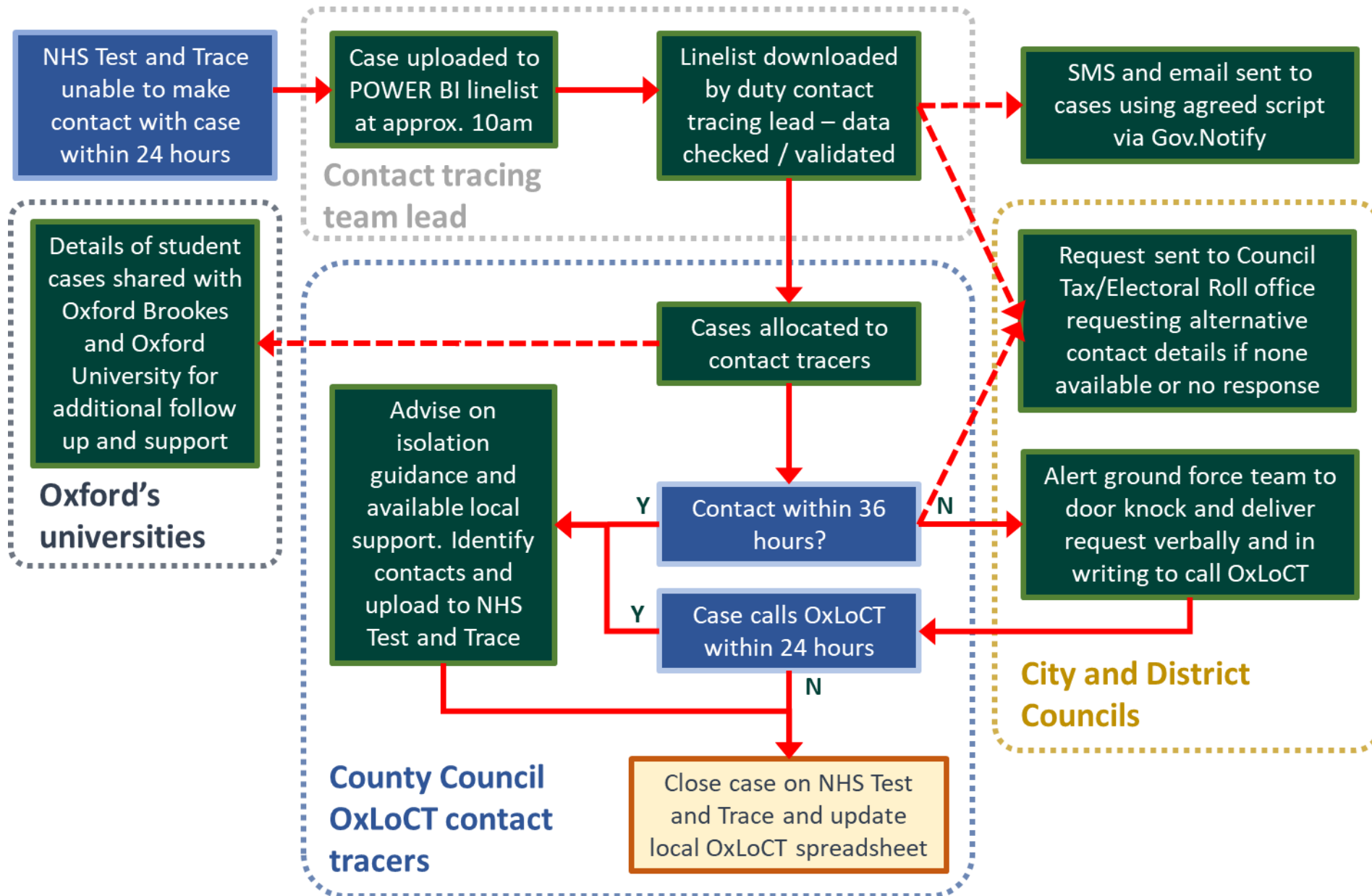
- Cases in a bed in OUH Trust
- High turnover – i.e. 10 cases one day are unlikely to be exactly the same as 10 cases the next day, due to admissions and discharges

Oxfordshire Covid-19 occurred deaths by week August to November

Page 12



Oxfordshire Local Contact Tracing System (OxLoCT)



This page is intentionally left blank

Update report of OX12 T&F group for JHOSC 20201126

Since the HOSC meeting in September, with the announcement of the proposed changes to Wantage Hospital, including introduction of a range of services together with the closure of in-patient beds, the group met with Dr Broughton and Dr Riley on 6th October (Annex 1) and were keen to (i) ensure that OH presented the rationale for the benefits of in-patient bed closure and (ii) impress on OH the urgency of them making contact with Wantage Town Council Health Committee (WTCHC).

They have responded to (i) by presenting the relevant literature in the present JHOSC report, some of which had already been read by OX12 T&F group members, and to (ii) by, albeit rather belatedly, fixing a date to meet with WTCHC for December 15th. We would have preferred that both these activities had taken place before the present HOSC meeting to give HOSC members time to digest the literature and the outcome of the meeting with WTCHC. Following the JHOSC meeting on November 26th we would expect to arrange a meeting with OH to discuss their proposals and the evidence/rationale behind their proposals in more detail.

We recommend that any decision made to close in-patient beds should include the pros and the cons of bed closures and of alternative provision and including consideration of Wantage Hospital within the proposed wider county strategy.

The ToR for the OX12 T&F group were that the group would continue oversight of the Local Health Needs Assessment Framework (LHNAF) and would continue to carry out its functions at least until a final decision has been made on the future of the Wantage Hospital in-patient beds. Although OH has proposed this closure we understand from their report that this is not necessarily a final decision since there has so far been no chance for the Wantage residents to express their views and residents' needs were a major feature of the original project. The LHNAF for OX12 is perceived to have failed and has been replaced by the county-wide review. **We therefore recommend that any decision or case should not rely on the CCG report which should be discarded in respect of any evidence or recommendations relating to the closure of patient beds as a result of the failed engagement process.**

We recommend that:

- 1. This committee requests that Oxford Health Trust completes the Substantial Change Toolkit, previously agreed between JHSOC and system partners, setting out the reasons for not opening the in-patient beds at Wantage Hospital. This completed toolkit to be presented to the next meeting of this committee in February 2021.**
- 2. The HOSC ensures, through its decision making, that the power to refer to the Secretary of State a decision to close patient beds will be retained with the Oxfordshire County Council HOSC without involvement of a three county HOSC so that it can be exercised in as timely way as possible, taking account of the likely impact of new delays in the scrutiny process resulting from any decision of the County to approve**

terms of reference on the BOB ICS, and that the transfer of the power of first decision on referral from Oxfordshire HOSC to a new three county scrutiny committee which is distant from local residents and that may only meet twice year is unfair in this context and that before any transfer of County scrutiny power is approved that the residents of OX12 and indeed all residents should be consulted.

However, despite the fact that the T&F group is currently uncertain of its future the committee will be aware of the difficulties that it experienced in scrutinising the OCCG proposals, which is its raison d'être, particularly in timeliness in delivery of data and evidence, lack of transparency and communication and absence of any evaluation procedure. **We therefore intend to prepare as soon as possible a report on the process, as opposed to the outcomes, since this will inform any future T&F group selected to scrutinise the new county-wide review.**

Given that the county-wide review of community health service provision has already begun we suggest that it is vital that a new T&F group is set up to scrutinise this activity and **we propose that, given our recent experience, at least some members of the present T&F group form the core of a new group.**

We have had persistent problems of transparency and activities taking place of which the T&F group have been completely unaware. It has therefore been a surprise to discover that a county council-led group has been established to discuss the future of health and well-being in OX12. This was always intended to be the "other half" of the LHNAF, complementary to community health provision. However, none of us was aware of this review and **we feel that this also requires scrutiny as it falls within the original scope of the OX12 T&F activity.**

Cllr. Paul Barrow
Cllr. Alison Rooke
Dr. Alan Cohen
Cllr. Jane Hanna

November 25th 2020