

Notice of Meeting Public Document Pack



Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 4 February 2021 at 10.00 am
Virtual Meeting

Please note that due to guidelines imposed on social distancing by the Government the meeting will be held virtually.

If you wish to view proceedings please click on this [Live Stream](#) Link

However, that will not allow you to participate in the meeting.

Membership

Chairman - Councillor Arash Fatemian

Deputy Chairman - City Councillor Nadine Bely-Summers

<i>Councillors:</i>	Kevin Bulmer	Jeannette Matelot	Alison Rooke
	Mark Cherry	Susanna Pressel	Vacancy
<i>District Councillors:</i>	Kieron Mallon	Jill Bull	
	Paul Barrow	Jo Robb	
<i>Co-optees:</i>	Jean Bradlow	Dr Alan Cohen	Barbara Shaw

Notes: *Date of next meeting: 22 April 2021*

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am four working days before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Arash Fatemian Email: arash.fatemian@oxfordshire.gov.uk
Policy & Performance Officer	-	Samantha Shepherd Tel: 07789 088173 Email: Samantha.shepherd@oxfordshire.gov.uk
Committee Officer	-	Colm Ó Caomhánaigh, Tel 07393 001096 Email: colm.oocaomhanaigh@oxfordshire.gov.uk

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Yvonne Rees
Chief Executive

January 2021

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking ‘outwards’ and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. **Apologies for Absence and Temporary Appointments**
2. **Declarations of Interest - see guidance note on the back page**
3. **Minutes (Pages 1 - 14)**

To approve the minutes of the meeting held on 26 November 2020 (**JHO3a**) and to receive information arising from them.

For ease of reference when considering the Matters Arising from the minutes, a list of actions is attached at the end of the minutes (**JHO3b**).

4. **Speaking to or Petitioning the Committee**

*This meeting will be held virtually in order to conform with current guidelines regarding social distancing. Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate these new arrangements we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. **9 am on Friday 29 January 2021**. Requests to speak should be sent to colm.ocaomhanaigh@oxfordshire.gov.uk together with a written statement of your presentation to ensure that if the technology fails then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting.*

Where a meeting is held virtually and the addressee is unable to participate virtually their written submission will be accepted.

5. **Forward Plan (Pages 15 - 18)**

10:15

The Committee's Forward Plan is attached for consideration.

6. **System-wide update on COVID-19**

10:20

A presentation to update on the key issues for the Oxfordshire system on the COVID-19 pandemic.

7. BREAK

11:50

8. Healthwatch Report (Pages 19 - 24)

12:00

Report on views of health care gathered by Healthwatch Oxfordshire.

9. Chairman's Report (To Follow)

12:15

To include an update on:

- Health and social care liaison
- Terms of Reference for a Task Group on community services.
- Discussion reports following HOSC Committee Member research.

Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:

Employment (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 26 November 2020 commencing at 10.00 am and finishing at 3.00 pm

Present:

Voting Members: Councillor Arash Fatemian – in the Chair
City Councillor Nadine Bely-Summers (Deputy Chairman)
Councillor Kevin Bulmer
Councillor Mark Cherry
Councillor Jeannette Matelot
Councillor Susanna Pressel
Councillor Alison Rooke
District Councillor Paul Barrow
District Councillor Jill Bull
District Councillor David Bretherton
District Councillor Kieron Mallon
Councillor Nick Carter (Temporary Appointment)

Co-opted Members: Jean Bradlow
Dr Alan Cohen

Officers:

Whole of meeting Samantha Shepherd, Policy Team Leader; Martin Dyson, Policy Officer; 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.

40/20 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS (Agenda No. 1)

Apologies were received from Barbara Shaw.

Councillor Nick Carter attended as a Temporary Appointment for the vacant position.

The Chairman also welcomed Councillor Kevin Bulmer as a permanent replacement for Councillor Mike Fox-Davies and Councillor Susanna Pressel as a permanent replacement for Councillor Laura Price.

The Chairman thanked Councillor Laura Price for all her work and effort on behalf of residents across the county and added that he had always valued her counsel.

The Chairman also thanked policy officer Martin Dyson who is leaving the Council shortly and thanked him for his work in support of the Committee and wished him well in his new job.

41/20 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Dr Alan Cohen is a trustee of Oxfordshire Mind.

Jean Bradlow is involved in a voluntary capacity with Oxford University Hospital's Early Alert Test System for COVID-19 and her husband is a consultant rheumatologist at the Royal Berkshire NHS Foundation Trust.

42/20 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 24 September 2020 were approved.

Dr Alan Cohen updated the meeting on the question of early discharges from hospital. He had a meeting arranged with the Director for Adult & Housing Services and will report back to the February meeting.

43/20 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following requests to speak at this meeting:

Item 5 – Forward Plan
Councillor Jane Hanna

Item 6 – Oxfordshire Health and Care System COVID-19 Update
Janet Phillips
Councillor Jane Hanna

Item 9 – Community Services Strategy
Julie Maberley
Councillor Jane Hanna
Councillor Jenny Hannaby

Item 11 – Proposed changes for health scrutiny
Councillor Jane Hanna

Item 13 – Chairman's Report
Councillor Jenny Hannaby
Councillor Jane Hanna

44/20 OXFORDSHIRE HEALTH AND CARE SYSTEM COVID-19 UPDATE

(Agenda No. 6)

Janet Phillips spoke in favour of a local test and trace system. She noted that the Government had put £22 billion into the centralised organisation named NHS Test and Trace which was actually a string of private companies with no prior experience of testing and tracing. She believed that the model was fundamentally flawed and that the only way to fix testing and tracing was to hand the money and the work over to the experts in our local public health bodies. She called for support for a motion on local test and trace coming before Oxford City Council on 30 November and urged those from other parts of Oxfordshire to put similar motions to their own councils.

Councillor Jane Hanna supported the call for local test and trace system and said that she regretted the lack of a boost for local public health funding in the Government's recent financial settlement. She noted the high level of deaths among those with learning disabilities, especially in the 18 to 40 age bracket who were 30 times more at risk of death. She urged that they be prioritised when vaccines become available.

Nick Maynard, Surgeon and Oxford University Hospitals Cancer Lead, summarised the situation with cancer services which he said had performed better through the pandemic than in other areas of the country. The services that have had the greatest difficulties are the breast cancer and breast symptomatic services and the colorectal service and a lot of effort has gone into tackling those with robust action plans in place.

All cancer pathways have been reviewed. The risk/benefit balance may have changed for some given the risk of COVID infection. The harm reviews of changes to the pathways have not found that any obvious harm has resulted. There have been no reductions to services in the second COVID-19 wave.

Ruth Wilcockson, Managing Director, Thames Valley Cancer Alliance, added that OUH not only provided more capacity but also provided leadership through the crisis. The Alliance was supporting improved data including live dashboards to monitor where patients were on their pathways.

Nick Maynard and Ruth Wilcockson responded to questions from members of the committee as follows:

- At first there was no data on risks and then only anecdotal evidence. A national scoring system was introduced. For example, patients requiring major thoracic treatment were a particularly high risk should they get COVID. Only one cancer patient contracted COVID during the first wave and that was right at the beginning.
- Endoscopies had been maintained at a lower rate with a comprehensive triage system. There had been a review of those that had been postponed which had not shown any evidence of harm. The main concern was the drop off in referrals at the start of the pandemic which meant that more people would be coming in quite late.
- Staff who had to self-isolate could still work with remote outpatient clinics.

- Screening services developed a backlog which was being worked through, prioritising the most urgent. They were back to sending out new appointments and were working above normal capacity to clear the backlog.

The Chairman thanked staff who had worked heroically to deliver cancer services throughout the pandemic.

Ansaf Azhar, Director for Public Health, gave the latest statistics on new COVID-19 cases. The Oxfordshire figure for the previous week was down 40%. That was the week in which one would expect to see the first effects of the recent lockdown but it was too early to say if the reduction would continue.

The local contact tracing system had been running for one month and was led by the district and city councils. Almost 500 cases had been contacted – about 50% of those referred from the national system. More than half were students. The two universities had been exemplars in how they had dealt with it.

Ansaf Azhar responded to questions as follows:

- The COVID tiers were decided nationally but they did welcome local insight.
- He could always use more resources but was broadly satisfied with the current situation. More resources would be needed if mass testing was planned and when vaccinations start.
- Mass testing can add value in an area with a high rate of infections but there can be a significant number of false positives causing people to self-isolate when not necessary. It was more likely to be used in priority groups.
- It was difficult to measure how many people were isolating correctly. There were elements of fatigue and not taking it seriously. He hoped that news of vaccinations would help people to see that there is an end in sight.

Tehmeena Ajmal, Winter Director, Oxford Health, outlined the plans for vaccinations. They will be delivered in four different ways: large testing centres capable of administering 1,000 to 1,500 vaccinations a day; community centres in areas of around 30,000 people; hospital centres for their own staff and roving units for people who are housebound or for care homes etc.

It was being coordinated across the BOB area (Bucks, Oxon and Berks West) for logistical and staffing reasons with local multi-agency teams in place too. The priority groups were being worked out nationally and had not been finalised yet. It was expected that it would be: care home patients first, over 80s, then health and social care staff. There was currently no transportable vaccine and given that many of the vulnerable are house-bound that provided a problem.

It was important to remember that people need 2 vaccinations 28 days apart. There will be local discretion on the choice of sites. There will be one large site in each of the three counties as well as around 20 other sites linked to Primary Care Networks.

Stephen Chandler, Corporate Director for Adult & Housing Services, responded to issues raised under the Winter Plan:

- He confirmed that the actions marked as due to be completed by the end of October have been completed and the winter plan is working well.
- It was hoped to have next year's plan ready and the resources committed by the end of June. This was necessary in order to recruit successfully for the larger aspects of the plan.
- The Mental Health helpline worked very well last year and he was confident it would continue through winter this year, although there were concerns about the staffing levels and a possibility that staff may need to be prioritised elsewhere. He **AGREED** to provide more information about that after the meeting.
- The A&E Delivery Board reviews the metrics on the winter plan at its monthly meeting. He **AGREED** to bring that data to the next Committee meeting.
- Staff across the sector were undoubtedly tired but were encouraged to take leave and limit meeting lengths. Absence levels were lower than previous years which illustrated just how committed staff were. The infection control grant included funds to ensure that staff can access sick pay.

Sara Randall, Chief Operating Officer, OUH, also responded on a number of issues:

- She **AGREED** to provide more information after the meeting on the respiratory mobile unit and the situation regarding funding.
- All out-patient clinics were all now open. There was a robust 52-week harm review. There were now 2,753 patients waiting over 52 weeks. Urgent cases were prioritised and they had not seen any evidence of harm. There were systems in place to triage new referrals. She **AGREED** to provide information on the harm reviews.
- A group had been set up with clinicians from the four specialties that have had the greatest difficulty in reopening to look at the baseline data and examine when pathways could be opened up. She **AGREED** to bring an update on this issue to the next Committee meeting.

The Chairman repeated his request from the last two years that a weekly report on metrics be sent to members of the Committee to monitor the Winter Plan. He noted that Members were receiving weekly updates on Delayed Transfers of Care and COVID-19 and he felt that the ability must be there to provide a dashboard on the Winter Plan.

Yvonne Rees, Chief Executive, **AGREED** to discuss this at the System Gold meeting. She was more concerned than ever about capacity this winter with talk of mass-testing and mass-vaccination. She also assured members of the Committee that the situation regarding Brexit is being closely monitored. There will be a lot of messaging on that in the coming weeks. Cabinet also gets regular reports on staffing vacancies.

The Chairman thanked officers for the report and updates and particularly commented that the presentation on the latest COVID-19 statistics was well judged and easy to understand.

It had been planned to show the video "Working Through a Pandemic" as part of this item but there was not sufficient time. It was **AGREED** to put a link to the video on the Council website alongside the agenda pack.

45/20 COVID-19 RESEARCH
(Agenda No. 8)

The report was introduced by Dr Bruno Holthof, Chief Executive Officer, Oxford University Hospitals. He highlighted the importance of the role of the Oxford Biomedical Research Centre and the benefit to UK taxpayers as a result of investing in the centre's work. They enrolled 3,000 patients in clinical studies which were a real benefit to those patients, accessing treatments they could not otherwise access. Its current contract runs to 2022 when it will have to compete for funding again.

With regard to COVID-19, he was hopeful that both the Oxford vaccine and the Pfizer vaccine could be given temporary approval before the end of the year. It was an example of collaboration between the trust, the university and spin-out private companies.

Hundreds of COVID-19 tests were researched at the JR Hospital. The lateral flow test was now being rolled out for NHS staff and Tier 3 areas. One floor at the hospital was being converted into a high volume testing area that will be able to handle 10,000 samples per day.

Dr Holthof responded to questions from members of the Committee as follows:

- Studies on long-COVID were monitoring many organs including lungs, heart and liver to determine the long-term effects as well as looking at the mental health impact.
- All staff – around 10,000 people – had been tested over the last six months, including asymptomatic staff. In the early stages this helped them identify that some outbreaks resulted from some staff not wearing protective equipment during breaks and appropriate reminders were issued.
- Risk assessments were carried out for all staff and they take into account the known higher risk for those from BAME communities.
- Studies have been able to show that anti-bodies give a level of protection against a second infection.
- Any side-effects from the vaccines were minor – similar to the flu vaccine – and far out-weigh the benefits. Safety data from the vaccine for MERS coronavirus identified in 2012 was also available.
- It was expected that the majority of people would be vaccinated in the first half of next year but people may need regular vaccination as with the flu.
- It was important that people could trust the vaccine and that was why a more cautious approach had been taken.

The Chairman thanked Dr Holthof for the report and offered to write on behalf of the Committee in support of the Centre's application for funding when the time came.

46/20 COMMUNITY SERVICES STRATEGY
(Agenda No. 9)

Julie Mabberley, Chairman of the OX12 Pilot Population Health Care Management Project Stakeholder Reference Group, welcomed the statement in the report that

Oxford Health had analysed the data and started an asset mapping and data collection exercise for all existing community services and facilities. She hoped that the work already done on this by the reference group would not be missed in this work.

She reminded the Committee that the Stakeholder Reference Group and several of the local Councils had asked for the OX12 final report to be withdrawn as it did not reflect the work done in the project. She welcomed the opportunity for the Stakeholder Group to engage with the Trust in the exercises being performed in the next few months to ensure that the detailed views of the residents of OX12 were taken into account.

Councillor Jenny Hannaby, Chairman of the League of Friends of Wantage Hospital, summarised the history of the hospital and described how services and bed numbers had been reduced since it had been taken over by Oxford Health, culminating in the hospital being closed for four years due to a serious maintenance problem. She contrasted the experience with that of Wallingford Hospital which was lauded in a recent report in the Oxford Mail. She said that as Chairman of Wantage Town Council Health Committee she looked forward to meeting with Oxford Health to discuss the Strategic Development and Quality Improvement Plan.

Councillor Jane Hanna noted the data in the report which showed a reduced need for hospital beds which had been accelerated by the pandemic and the increased emphasis on discharging to home. However, international data had shown that the countries with the highest number of hospital beds experienced lower mortality from COVID-19.

She asked if Adult Services had been included in the county review. She noted that there had been no engagement with the Task and Finish Group since the last Committee meeting when the decision to close the beds had come as a shock to the Group. She welcomed the invitation to the Town Council Committee but said that there had been a lack of timeliness and hoped that this had not reduced the possibility of influencing the outcome.

Dr Ben Riley, Managing Director Primary and Community Services, Oxford Health, summarised the report. The team had progressed matters despite the demands of time imposed by the pandemic. A new Strategy Development Officer had been recruited. The data from the OX12 project would certainly be included but there was not the same level of information available for other areas.

There will be a lot of alignment with the OUH Strategy which talked a lot about community and services closer to home. The main challenge will be to bring all the information together into a delivery plan. He noted that there was a lot of data at the county level and at the local level but something of a gap in the middle at the district level at which community hospitals operate. He reassured the Committee that they were working with Adult Services and will, for example, map on to the reablement zones. By the end of the year they will have an evidence pack which will lead to a strategic framework to set out the new models to move towards.

Councillor Paul Barrow presented the report from the OX12 Task and Finish Group. They believed that a new group would be needed to scrutinise the county-wide work that was going on now and hoped that at least some members of the current group would be involved in that. They were going to prepare a report on the OX12 process which could be of help to the new group.

The Task and Finish Group requested that the substantive change toolkit be used in relation to the proposal to close beds at Wantage, setting out the pros and cons and alternatives. This could be brought back to the next Committee meeting. They wanted the power to refer to remain with OJHOSC. They were unaware that a county council level group had been formed on health and wellbeing for OX12 and believed it also required scrutiny. They looked forward to meeting them and would also like to meet Dr Riley.

Dr Riley **AGREED** that they would use the toolkit and set out the pros and cons. He was also happy to meet the Task and Finish Group.

Councillor Alison Rooke welcomed the work on health and wellbeing in OX12 being progressed and asked that it be as open, transparent and inclusive as possible.

The Chairman stated that he was happy to support the Task and Finish Group's recommendations and asked that the meeting with the Group be prioritised.

RESOLVED to:

- a) **request 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.**
- b) **to ensure, 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 Joint 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 Joint 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.**

47/20 PROPOSED CHANGES FOR HEALTH SCRUTINY

(Agenda No. 11)

The Chairman summarised the report. The process had taken much longer than expected but he felt that the concerns raised had now been allayed. The Centre for Public Scrutiny's advice was sought on best practice. The individual councils retained the right of referral on an issue even if BOB HOSC decided not to refer it.

It was proposed to develop a toolkit to decide what issues might go to BOB level. Meeting dates would be set in diaries in advance but if no issues met the test then there would be no meeting.

The membership split was proposed to be 7 Oxfordshire and 6 for Bucks and 6 for the Berkshire authorities. The Terms of Reference were to go before Full Council on 8 December and to Bucks' full council on 9 December. The Berkshire authorities will also go through that process.

Councillor Jane Hanna stated that she was particularly concerned about the 80:20 expected division of issues. She felt that there was still a lot unknown as to how this was going to work. She believed that once you gave away power it was very difficult to get it back. She was opposed to passing this proposal while the toolkit was still unknown and when the voice of residents had still not been heard.

Councillor Alison Rooke thanked the Chairman and officers for their work on this. Some problems had been addressed in part but she noted that 22 questions asked by the Committee in the original engagement exercise had not been answered and there had been no feedback on the public consultation. She did not find it acceptable that the toolkit, which was key, would simply be presented to the Committee without any input from it.

Dr Alan Cohen expressed concern that a single Healthwatch representative was not sufficient and asked if there was some way of providing them with more influence.

The Chairman responded that he did not see this as giving power away but providing an opportunity for scrutiny of BOB-wide issues. Full Council could withdraw this delegation of powers to BOB HOSC at any time. He clarified that the toolkit needed to be approved by the local HOSCs but did not need to go before the Full Councils and that nothing could go to BOB HOSC until the toolkit had been approved.

The Chairman proposed an amendment to paragraph 17 on the question of a representative for Healthwatch. The first sentence would be amended to "The JHOSC shall appoint two co-opted members to the committee." A footnote would be added to explain how this will work:

"There is provision for two co-opted members on the BOB HOSC. One of these places will be offered to Healthwatch to represent patients and the public; it will be for Healthwatch across the BOB geography to discuss and determine whether this is the most effective way to have patient and public views feeding into the committee. If co-opted membership is deemed not to be the most appropriate role for Healthwatch; a standing item on BOB HOSC agendas will be created to allow for Healthwatch to report patient and public views across the ICS. Vacant co-opted seats on the committee will be advertised and appointed to by the BOB HOSC committee as necessary."

Glenn Watson, Principal Governance Officer, clarified that the question of host authority would be a matter for negotiation. Some authorities may not want to host due to the resources that would need to be committed. This will be for an initial period of two years and the host role would then rotate to another authority.

It was **AGREED** to use the terms “Chair” and “Vice-Chair” throughout in place of “Chairman” and “Vice-Chairman”.

It was **AGREED** that the Committee would be happy for Oxfordshire to host the joint HOSC for the initial period.

The proposed amendment to the Terms of Reference was passed by 9 votes to 2 against.

The recommendations as amended were passed by 7 votes to 4 against.

RESOLVED: to

- a) **SUPPORT the draft Terms of Reference for a health scrutiny committee for health system-wide issues across Buckinghamshire, Oxfordshire and Berkshire West (BOB).**
- b) **RECOMMEND that the Terms of Reference be discussed and ratified at Full Council.**

48/20 HEALTHWATCH REPORT

(Agenda No. 12)

Rosalind Pearce, Chief Executive, Healthwatch Oxfordshire, welcomed the moves to set up scrutiny for BOB-ICS (Integrated Care System). She said that a decision had to be made whether it was better for Healthwatch to be part of the scrutiny body or separate from it. BOB had agreed to fund a lead officer for BOB business for the five Healthwatch organisations across its area.

Rosalind Pearce responded to questions as follows:

- While increased use of online and telephone contact works well for some, there is a danger that others may be excluded because they do not have access to the internet or find it difficult to use the phone – for example, people who are hard of hearing. The message needed to be clearer that GP surgeries are open.
- Healthwatch have been involved in partnership discussions on domestic abuse. A report went recently to the Health Improvement Board which she was happy to share.
- Dentists were supposed to be open for emergencies. Healthwatch could look into any reports of specific cases. It appeared that if you can pay, you can get any treatment. Healthwatch was concerned about the long-term impact of people not receiving regular check-ups.
- Claims of overcharging for PPE have been referred to the Clinical Commissioning Group and will be investigated by them.
- Healthwatch is not consulted on the design of care homes but is consulting with care homes on their COVID experience.
- They would check with the County Council if the fact that the PPE portal was open more widely now was being appropriately advertised.

49/20 FORWARD PLAN
(Agenda No. 5)

Councillor Jane Hanna asked if there could be another meeting of the Committee before the February meeting to update on the Winter Plan and discuss risks related to Brexit. The Committee last year agreed to receive regular updates on preparations for Brexit.

The Chairman responded that extra meetings can be organised if there is an urgent item, otherwise he was comfortable with the current schedule of meetings.

It was **AGREED** to add the following items to the February meeting and to request that the COVID-19 update include psychological therapies and perinatal services:

- Care Homes under COVID-19
- Annual Report of the Director for Public Health
- Update on Chipping Norton Hospital

The Chairman also **AGREED** to discuss with the OX12 Task and Finish Group how the review of community services should be scrutinised and to bring draft terms of reference to the February meeting.

It was **AGREED** to request a report on plans for the restoration of elective services and decide on the basis of that report if it needs to come on the agenda of a Committee meeting and perhaps requires a task and finish group.

50/20 CHAIRMAN'S REPORT
(Agenda No. 13)

Councillor Jane Hanna stated that in relation to the OX12 Task and Finish Group she had a permanent conflict of interest in representing the residents of OX12.

The Chairman welcomed the announcement that services at the Katharine House Hospice in Banbury were being contracted to Oxford University Hospitals in order to protect services into the future.

Dr Alan Cohen thanked the Clinical Commissioning Group for the report on OxFed in appendix 12 which had been very helpful. It was **AGREED** to request a further update when the services have been recommissioned.

..... in the Chair

Date of signing

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Item	Action	Lead	Progress update
Forward Plan	<ul style="list-style-type: none"> a) Report back on measuring the effectiveness of the Winter Plan through identified metrics to next meeting (e.g. managing bed capacity, managing flow, managing admission avoidance). b) February meeting to have an update on the progress of community services to consider a HOSC toolkit. c) Cllr Paul Barrow to coordinate a report on Covid in care homes with colleagues from Oxfordshire Care Home Association. d) DPH report to be considered in February e) Ratification of a Terms of Reference for a HOSC Task and Finish Group in February 2021 f) Report and item needed on Chipping Norton hospital g) COVID item to includes how elective and routine appointments are being reopened. Item to also cover an update from the clinical group set up with clinicians from the four specialties that have had the greatest difficulty in reopening to look at the baseline data and examine when pathways could be opened up. h) Report on what happened to services provided by OxFed when they have been re-commissioned 	Sam Shepherd to add to forward plan	Forward plan updated to reflect agreements, along with deferred items in relation to the Covid-19 pandemic (second wave)

Item	Action	Lead	Progress update
COVID-19	<ul style="list-style-type: none"> a) Provide extra information on the mobile respiratory service. b) Provide more information on staffing levels and resource to support the Mental Health helpline (to address the possibility of staff needing to be prioritised elsewhere). c) Relevant data/figures which demonstrate the impact of the Winter Plan to be explored for sharing with HOSC Members (within an appropriate timeframe) d) Provide information on clinical reviews which have been undertaken and planned for outpatients in specialist pathways (e.g. ophthalmology, gynaecology) to take account of potential harm resulting from closures. NB: following provision of the information, an item on the next HOSC agenda may be required. 	<ul style="list-style-type: none"> a) Stephen Chandler and Sara Randall b) Stephen Chandler c) Stephen Chandler d) Sara Randall 	Actions deferred to ensure resources are focused on the Covid-19 pandemic (second wave)
COVID-19 research	Letter to be written from HOSC to support research funding for OUHFT should it be needed when they apply (in a couple of years).	Cllr Fatemian	To be provided as necessary
Community Services Strategy	<ul style="list-style-type: none"> a) Meeting to be held with the OX12 Task Group b) Explore the establishment of a HOSC Task and Finish Group on the community services strategy 	<ul style="list-style-type: none"> a) Ben Riley b) OX12 Task Group 	<ul style="list-style-type: none"> a) Meeting planned for 10th February b) Draft Terms of Reference for HOSC to consider in the Chairman's report for 4th February 2021

HOSC Forward Plan – January 2021

The scrutiny work programming guide was shared in July 2017 and is designed to help assess the relative merits of topics brought forward in order to prioritise areas of focus for scrutiny through a transparent and objective process. The “PICK” methodology can help scrutiny committees consider which topics to select or reject. This is:

Public interest	<ul style="list-style-type: none"> ➤ Is the topic of concern to the public? ➤ Is this a “high profile” topic for specific local communities? ➤ Is there or has there been a high level of user dissatisfaction with the service or bad press? ➤ Has the topic has been identified by members/officers as a key issue?
Impact	<ul style="list-style-type: none"> ➤ Will scrutiny lead to improvements for the people of Oxfordshire? ➤ Will scrutiny lead to increased value for money? ➤ Could this make a big difference to the way services are delivered or resource used?
Council performance	<ul style="list-style-type: none"> ➤ Does the topic support the achievement of corporate priorities? ➤ Are the Council and/or other organisations not performing well in this area? ➤ Do we understand why our performance is poor compared to others? ➤ Are we performing well, but spending too much resource on this?
Keep in context	<ul style="list-style-type: none"> ➤ Has new government guidance or legislation been released that will require a significant change to services? ➤ Has the issue been raised by the external auditor/ regulator? ➤ Are any inspections planned in the near future?

Meeting Date	Item Title	Details and Purpose	Organisation
April 2021	Community Services Strategy	<ul style="list-style-type: none"> • Update on the progress of the community services strategy; including a HOSC toolkit. 	Oxford Health FT
April 2021	System update	<ul style="list-style-type: none"> • Update on the system response to Covid-19. • Report back on measuring the effectiveness of the Winter Plan through identified metrics. 	System-wide

Meeting Date	Item Title	Details and Purpose	Organisation
		<ul style="list-style-type: none"> How elective and routine appointments are being reopened. 	
April 2021	Quality reports	<ul style="list-style-type: none"> Progress against stated priorities from providers (received in-line with annual sign off process) 	OUH/OH
June 2021	DPH Report	<ul style="list-style-type: none"> Director of Public Health Annual Report 	DPH
June 2021	HWBB Annual Report	<p>An annual report to HOSC on the activity of the HWBB, covering:</p> <ul style="list-style-type: none"> Activity of the Board over the financial year 2019/20 in pursuit of the Health and Wellbeing Strategy Performance against aims and objectives during that period, including an overview of performance for all the sub-partnerships of the Board (e.g. HIB/Children's Trust & Integrated Systems Delivery Board). Plans for 2021/22. 	HWBB
Future Items			
TBC	PET Scanning	<ul style="list-style-type: none"> This item will provide follow-up information following the change of provider of PET scanning services for patients outside of Oxfordshire (but within the Thames Valley region). This item will report to the committee on the clinical pathways followed as a result of the change, the numbers of patients and patient flows. It will also include any information on serious incidents which are reported. 	

Meeting Date	Item Title	Details and Purpose	Organisation
	Adult Social Care Green Paper	<ul style="list-style-type: none"> The potential implications of the ASC Green paper on the local health and social care system 	System-wide
	Health in planning and infrastructure	<ul style="list-style-type: none"> How is NHSE engaging in the planning process, incl. the Health approach to CIL and s.106 funding Learning from Healthy New Towns. Impact on air quality and how partners are addressing this issue. How can HOSC best support the planning function 	CCG, NHSE, Districts/City Planners, PH, OCC Infrastructure
	Healthcare in Prisons and Immigration Removal Centres	<ul style="list-style-type: none"> More in depth information on performance and how success is measured. New KPIs in place from April 2017 	NHS England
	Pharmacy	<ul style="list-style-type: none"> Levels of access and changes to pharmacy provision, incl. mapping provision and impact on health inequalities 	
	Social prescribing	<ul style="list-style-type: none"> The roll out and outcomes of social prescribing pilots and learning that can be shared. (Berinsfield vs. Cherwell) How District Councils and other partners link with and support social prescribing 	
	Health support for children and young people with SEND	<ul style="list-style-type: none"> How is Health contributing to improving outcomes for children and young people with Special Educational Needs and Disabilities and working with partners in Education and Care? Linked to outcomes of SEND Local Area Inspection 	OH, OUH
	Priorities in Health – Lavender Statements	<ul style="list-style-type: none"> How the CCG manages competing priorities – Thames Valley Priorities Forum 	CCG
	Commissioning intentions	<ul style="list-style-type: none"> Committee scrutinises the CCG Commissioning Intentions 	CCG
	Optometry	<ul style="list-style-type: none"> Provision of optometry in Oxfordshire. Trends and issues in the provision of optometry services. 	CCG

Meeting Date	Item Title	Details and Purpose	Organisation
		<ul style="list-style-type: none"><li data-bbox="913 240 1601 304">• How best practice and innovation from elsewhere are used within the services in the county.<li data-bbox="913 312 1601 376">• To include a summary of the pathway and waiting times for NHS cataract surgery.	

Healthwatch Oxfordshire

Report to the Oxfordshire Joint Health Overview Scrutiny
Committee

February 2021

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1 Update on Healthwatch Oxfordshire

Healthwatch Oxfordshire staff continue to work from home or in our COVID-19 secure office environment when needed. This is continuing to prove a challenge to our traditional approach to listening to people about their experiences of health and care services - that is actively out in the community. We are adapting and making progress with new ways of reaching out - exploiting social media channels, webinars, newspaper articles, and keeping relationships with communities.

On the 18th December 2020 we hosted a webinar for Patient Participation Groups to hear from the Oxfordshire Clinical Commissioning Group about the plans and status of the COVID-19 vaccination programme. This was attended by 87 members of PPGs from across the county. A questions and answers (Q&As) online document resulted from this and is constantly updated. The report and recording of the webinar can be found here <https://healthwatchoxfordshire.co.uk/what-we-do/ppgs/>

We have continued to recruit to our new Community Outreach Worker post and hope to have someone in post early February. The role will continue to support our work to reach out to seldom heard groups in Oxford city. This is an exciting role if challenging in lock-down, but we are determined to make it work!

2 Reports

Since November 2020 we have published the following:

1. **Listening to Care Homes during COVID-19 follow up report** (see Section 3 below)
2. **Oxford's new and emerging communities' views on wellbeing** - January 2021.

This was circulated earlier to HOSC members and can be found here <https://healthwatchoxfordshire.co.uk/our-reports/healthwatch-oxfordshire-reports/>

Working collaboratively with Oxford Community Action and community volunteers from Oxford's East Timorese, Pakistani, Sudanese, Syrian, Nigerian, Palestinian, East African communities and Word Fountain we ran focus groups and a questionnaire (Jan-Aug 2020) to find out about community views on wellbeing. Despite challenges of Covid, 152 people responded to the questionnaire from Oxford's diverse and multi-ethnic communities.

The report highlights there is huge interest in learning more in practical ways about health and wellbeing, with preference for this to be delivered through community settings, working with communities to develop.

However, it also highlights that communities face significant barriers to accessing some support, and there is more to be done to ensure services build trust, reflect cultural and spiritual needs, and reflect diversity in their organisations and

approach. It highlights that to build responsive health and care services for diverse and multi-ethnic communities- with equity, trust, better access, and cultural appropriateness - there needs to be a process of continuous ongoing dialogue involving better community engagement, more appropriate and responsive services, and improved information and access.

3. Oxfordshire Children’s Trust Board - Healthwatch Oxfordshire Parent Survey Interim Report December 2020

Found here <https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/>

4. Report to Oxfordshire Health and Wellbeing Board December 2020

5. Healthwatch and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS)

Working with our fellow Healthwatch across the BOB ICS area we have also published:

Different Outcomes, Different Access to Care December 2020

The five local Healthwatch for Buckinghamshire, Oxfordshire, Reading, Wokingham and West Berkshire carried out a review of 21 reports published by the five local Healthwatch since 2018 that are relevant to the topic ‘addressing inequalities in health and care access and outcomes’. We compared the main findings and the recommendations and showed two consistent themes. The reports we reviewed represent the experiences and views of more than 1,200 people.

The report has been sent to BOB ICS for consideration and can be found here <https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/>

Joint Healthwatch response to NHS England’s integrating care plans consultation.

Healthwatch Oxfordshire has joined with the four local Healthwatch in the area that includes Buckinghamshire, Oxfordshire, Reading, Wokingham and West Berkshire to respond to an important public consultation by NHS England.

Summary of our response:

The five Healthwatch in the BOB ICS (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System) have welcomed NHS England’s continuing intention to move towards more ‘integrated’ health and social care services that are more personalised, more ‘joined up’ and equally available to all local people, with reduced inequalities in access to care and in people’s health outcomes.

However, we have some concerns about these proposals.

- The NHS England proposals do not say enough about how patients and social care users, families and unpaid carers will be heard and make a difference,

nor about the statutory role of local Healthwatch and how that will be included into new regional and more local arrangements.

- We have told NHS England that their proposals feel very ‘top down’ to us, rather than starting by thinking about a local resident who uses a local GP surgery, and thinking from there about the issues.
- We are also disappointed that the timing of the consultation meant that we did not have a chance to ask local people to contribute their views through local Healthwatch. We know from listening to people about the NHS Long Term Plan in the past that they do want to share views and experiences and make a difference to strategic planning in health and care.

The response document can be found here

<https://healthwatchoxfordshire.co.uk/what-we-do/campaigns-and-correspondence/>

3 Care Homes Reports

3.1 Listening to Care Homes during Covid- follow up report (October-Nov 2020)

In October we carried out a follow up of the survey of Care Homes - to build on what we had heard from 38 care homes earlier on in the pandemic¹. (This time we heard from 33 care homes.

Note: results were from the period before this recent lockdown, so aspects, for example morale, may have changed.

We heard how care homes had been working hard and creatively to develop new ways to support residents, and enable them to exercise, socialise and keep in touch with loved ones, via digital technology and Covid safety improvements such as screens. We also heard about positive improvements to PPE provision and supply, praise for Care Home Support Service and the support and training given. Overall, to the date of the research, morale among residents had largely stayed the same or improved- although mental health impacts were acknowledged. A similar trend was seen in staff morale.

However, dentistry services and support rated as ‘worse’ or ‘much worse’ in just less than half of respondents, while access to both spiritual/pastoral care, and hospital appointments were rated as worse or much worse by 41% and 44% of respondents, respectively. Pharmacy and GP appointments rated the most improved since lockdown.

Three recommendations were made for the system to:

1. Rapidly assess and address gaps in dentistry provision and access in care homes.

¹ See report of June 2020 <https://cdn-hwoxfordshire.pressidium.com/wp-content/uploads/2020/07/Listening-to-care-homes-during-Covid-19.pdf>

2. Review communication channels to care homes to avoid confusion and overburdening of information.
3. To support care homes to facilitate visiting to care home and residents as soon as practicable under the circumstances.

The report has been presented to the system wide Care Homes group and will be published in early February after we have received formal responses from health and care partners.

3.2 Listening to care home residents and family members

This listening activity is ongoing. Together with local media - particularly newspaper and social media - we are working with care home providers to distribute a paper version of the online survey to hear from as many people - residents and family member - about their experience of living in a care home and the impact that COVID-19 has had.

A quick scan of the completed responses reveals support for the staff at care homes but is hard reading when people tell us about the impact on residents and family due to visiting restrictions / no visiting allowed.

We will circulate the report and a summary of findings and recommendations for HOSC when available.

4 Buckinghamshire, Oxfordshire and Berkshire West HOSC

At the November HOSC meeting the terms of reference for the proposed BOB HOSC was discussed.

Membership included two lay members and Healthwatch was asked to consider whether they wanted to take one of these places or have a standing agenda item on the agenda. Due to time constraints the five Healthwatch across the BOB ICS area have not yet agreed a collective response.

Healthwatch Oxfordshire's preferred option is to have a standing agenda item. This will:

- Enable the five Healthwatch to report on what we have heard relating to agenda items to be discussed and give the opportunity for attendance at the meetings by representatives of the five Healthwatch.
- Avoid any potential conflict of interest that might arise during the meeting - thus negating our ability to fully partake in the scrutiny of the system partners.
- Release both lay seats to the wider BOB community. We are also happy to support the BOB HOSC in recruiting to these places.

The five Healthwatch are now in contact with the relevant officers and will present our collective response to membership to them soon.

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