

Divisions Affected - All

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE 25 NOVEMBER 2021

WORK PROGRAMME 2021

Report by Director of Law and Governance

RECOMMENDATION

The Committee is **RECOMMENDED** to approve the work programme for the 2021/22 municipal year detailed in

Executive Summary

1. The purpose of this report is to support and advise Committee members to determine their work programme for the 2021/22 municipal year.
2. The Committee held an informal session on the 29 October 2021 to discuss content of the work programme for 2021/22.
3. This report sets out the following information to assist the Committee in this process:
 - The principles of effective scrutiny and the criteria against which work programme items should be considered;
 - The roles and responsibilities of the Joint Health Overview and Scrutiny Committee;
 - The work programme suggestions made to the Committee for consideration for the 2021/22 work programme
 - The outcome of the informal Committee discussion undertaken on 29 October 2021

Principles to apply to the Work Programme

3. The following key principles of effective scrutiny should be considered when the Committee is determining its work programme:
 - Be selective** – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.
 - Add value with scrutiny** – Items should have the potential to ‘add value’ to the work of the council and its partners. If it is not clear what the intended outcomes or impact of a review will be then Members should

consider if there are issues of a higher priority that could be scrutinised instead.

It is recommended that Members limit the number of items they wish to consider at a meeting to 2 or 3 to maximise the time and attention they can give the topic and maximise the potential for adding value.

- ❑ **Be flexible** – Members are reminded that there needs to be a degree of flexibility in their work programme to respond to unforeseen issues/items for consideration/comment during the year and accommodate any developmental or additional work that falls within the remit of this Committee.

- ❑ **Engagement** - Effective Overview and Scrutiny should provide extensive opportunities for community involvement and democratic accountability. Engagement with patients, service users and with the general public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Committee. Patients, service users and the public bring different perspectives, experiences and solutions to scrutiny, this engagement can help the Committee to understand the service user’s perspective on individual services and on co-ordination between services. The Committee is encouraged to ensure it considers opportunities for engagement with service users and the public when agreeing its work programme.

Models for carrying out scrutiny activity

4. There are a number of means by which the Overview and Scrutiny Committee can deliver its work programme. Members should consider which of the following options is most appropriate to undertake each of the items they have selected for inclusion in the work programme:

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| Item on a scheduled meeting agenda/ hold an extra meeting of the Committee | The Committee can agree to add an item to the agenda for a meeting and call Cabinet Members/ Officers/Partners to the meeting to respond to questioning on the matter. |
| Task Group | A small group of Members, with officer support, meet outside of the scheduled meetings to gather information on the subject area, visit other local authorities/ sites, speak to service users, expert witnesses and/ or Officers/ Partners. The Task Group can then report back to the Committee with their findings to endorse the submission of their recommendations to Cabinet/Council This is the method usually used to carry out policy reviews. |

| | |
|---|--|
| The Committee asks for a report then takes a view on action | The Committee may need more information before taking a view on whether to carry out a full review so asks for a report to give them more details |
| Individual Members doing some initial research | <p>A member with a specific concern carries out some research to gain more information on the matter and then brings his/her findings to the attention of the Committee if s/he still has concerns.</p> <p>This can only be done if agreed by the Committee which must consider the impact on resources and officer time in commissioning such items. Any emerging reports would need to go through the Council's reporting clearance process.</p> |

5. Note that, in order to keep agendas to a manageable size, and to focus on items to allow the Committee to make a direct contribution, the Committee may choose to take some "information only" items outside of meetings, for example by email.
6. The Committee has also discussed the possibility of creating a Scrutiny Hub service which will provide the Committee with an ability to access and deal with certain matters in a smarter way outside of Committee meetings. This will be taken forward in the Overview and Scrutiny Improvement Plan.

Suggested Criteria to consider

7. As the aim of the work programme is to ensure that scrutiny makes the biggest impact possible the following criteria was suggested to the Committee meeting of 23 September and to Councillors completing the limited work programme suggestion exercise:
 - a. Is the issue a priority area for the Council?
 - b. Is it a key issue for local people?
 - c. Are improvements for local people likely?
 - d. Is it an opportunity to contribute towards significant policy development?
 - e. Does it examine a poor performing service?
 - f. Will it result in improvements to the way the Council operates?
8. The Committee already has a prioritisation process 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 | <input type="checkbox"/> Is the topic of concern to the public? <input type="checkbox"/> Is this a “high profile” topic for specific local communities? <input type="checkbox"/> Is there or has there been a high level of user dissatisfaction with the service or bad press? <input type="checkbox"/> Has the topic has been identified by members/officers as a key issue? |
| Impact | <input type="checkbox"/> Will scrutiny lead to improvements for the people of Oxfordshire? <input type="checkbox"/> Will scrutiny lead to increased value for money? <input type="checkbox"/> Could this make a big difference to the way services are delivered or resource used? |
| Council performance | <input type="checkbox"/> Does the topic support the achievement of corporate priorities? <input type="checkbox"/> Are the Council and/or other organisations not performing well in this area? <input type="checkbox"/> Do we understand why our performance is poor compared to others? <input type="checkbox"/> Are we performing well, but spending too much resource on this? |
| Keep in context | <input type="checkbox"/> Has new government guidance or legislation been released that will require a significant change to <input type="checkbox"/> services? <input type="checkbox"/> Has the issue been raised by the external auditor/ regulator? <input type="checkbox"/> Are any inspections planned in the near future? |

2021/22 Work Programme Suggestions

9. Attached at Appendix A is a list of all the work programme suggestions that were received by or made to the JHOSC committee to assist its work programme considerations. This list is to act as a guide to assist in the work programme discussions and the steer sought moving forward.

Committee Preparation

10. The Committee held an informal discussion on 29 October 2021 in order to help it prepare for its work programme considerations. At this discussion the Committee discussed work programme suggestions received, the thoughts and direction provided by the Chair of the Committee on potential work programme content and the priority indications provided by the Committee at its September meeting.
11. As a result of these conversations a draft work programme was developed that is set out below:

| February Meeting | |
|-------------------------|--|
| | Waiting Lists and Access to Services: Current waiting list issues and whole system recovery plans to deal with issues |
| | Community Strategy: key issues, current and upcoming areas of work |
| | CAMHS: Review of Oxfordshire Health offer and how it addresses current issues |
| | Covid Recovery system wide update: |
| | ICS Update (to include CCG update) |
| | Healthwatch |
| | Chair's Report |

| March Meeting | |
|----------------------|--|
| | Waiting Lists and Access to Services: Access to Primary Care |
| | Community Strategy: key issues, current and upcoming areas of work |
| | CAMHS: Early interventions, burden on children of waiting list implications and service user experience |
| | Covid Recovery system wide update: |
| | ICS Update (to include CCG update) |
| | Healthwatch |
| | Chair's Report |
| | 2022/23 Work Programme development |

| April Meeting | |
|----------------------|--|
| | Waiting Lists and Access to Services: Women's Health and Maternity Services |
| | Community Strategy: key issues, current and upcoming areas of work |
| | Covid Recovery system wide update: |
| | ICS Update (to include CCG update) |
| | Healthwatch |
| | Chair's Report |

12. The proposed work programme above involves adding an additional meeting to take place in March 2022 that is currently not scheduled.
13. The Committee is asked to endorse the work programme identified above as developed at the informal discussion on 29 October.

Financial Implications

14. There are no financial implications identified within this report.

Legal Implications

15. The law states that a Scrutiny Committee can:
 - (a) Require a council officer or councillors to attend to answer questions
 - (b) Require information to be provided that is held by the council
 - (c) Require responses to recommendations

Specific Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:

- Power to scrutinise health bodies and authorities in the local area
- Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
- Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations

It is best practice for Overview and Scrutiny Committees to have a flexible work programme.

Anita Bradley
Director of Law and Governance

Annex: Appendix 1 – Work Programme Suggestions

Background papers: Report to HOSC: Work Programme – September 2021

Contact Officer: Steven Fairhurst-Jones
Senior Policy Officer
E: steven.fairhurstjones@oxfordshire.gov.uk

November 2021

APPENDIX A: HEALTH OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2021-22
WORK PROGRAMME SUGGESTIONS FOR CONSIDERATION

Committee Member Suggestions

- Oxfordshire Waiting Lists
- Dental Provision in Oxfordshire
- CAMHS Service Provision
- GP Surgery need in new housing developments
- Future impact of Covid on Oxfordshire and how to approach
- Services to Women and impact of Covid
- Maternity Provision in Oxfordshire (How does County compare/ CQC inspection/ Closures/ future plans/ views of service users and staff/recruitment and retention)
- NHS Pay Justice
- Young Carers
- Community Services Strategy
- Review of BOB Joint Scrutiny arrangements (proposals and delegations provided by Council)
- Rural health inequalities
- ICS Implementation: What is required? (focus on governance and accountability)
- Access to health care that has been closed or reduced during the pandemic what is the recovery plan and how are health services returning to BAU.
- Health services primarily for women have been disproportionately affected by Covid 19 in Oxfordshire
- Community Health Strategy

Cabinet Member Suggestions

- Mental Health and wellbeing Priorities and Outcomes
- How can OCC assist in optimising support for Health system responding to covid? (integrated approach/ risk share/ costs/ areas for improvement/ support to people with complex needs/ build on support within communities)

Public/ Partner/ Officer Suggestions

- Access to health care that has been closed or reduced during the pandemic
- Oxfordshire Waiting List times compared to surrounding areas
- Involvement of Voluntary or Third sector in integrated care
- Health and Wellbeing in Oxfordshire 2050 and resulting local plans
- Community Services Strategy
- Re-opening the system post-covid
- Mental Health & Wellbeing
- Recruitment and retention barriers in Health Services
- How to make the most of finite resources

- Palliative Care Provision
- 16-24 Mental Health Provision (what is best practice?/ how does Oxfordshire compare?)
- Eating Disorder Services (post-covid plans/ current issues in children and young people)
- Existing and future models of integrated support and how effective they are

Limited Engagement Exercise Suggestions

- Access to health care that has been closed or reduced during the pandemic
- Involvement of the Voluntary Sector/Third sector in BOB ICS
- Focus on the Health and Wellbeing Board, and how it provides oversight of the Oxfordshire ICP part of BOB
- NHS Dental services
- Antimicrobial resistance (i) How does Oxfordshire compare with the rest of England regarding measure to reduce AMR, in both hospitals and GO surgeries. (ii) Are national guidelines for prescribing being followed? Are there any difficulties which are encountered which reduces the effectiveness of the guidelines?
- CCG, GP surgeries and housing development. CCG have historically been slow at engaging with developers regarding expansion or building new GP surgeries such that we have rejected some planning applications because there has been insufficient attention to community health provision. This may have changed under pressure recently but movement towards BOB ICS may cause additional problems. Therefore we need to know how this problem will be addressed either at ICS or at county level.
- Community Health Strategy
- A deep dive into SEND provision in the county, specifically looking at:
 - Educational healthcare plans (EHCPs)
 - NHS waiting lists for SEND diagnosis
 - SEND and impact of budget cuts
 - School admissions panels
 - Number of places for special schools in the county
 - SEND budget overspend and false economies
 - CAMS, funding and staffing retention