

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 25 November 2021 commencing at 10.00 am and finishing at 3.20 pm

Present:

Voting Members:

Councillor Jane Hanna OBE – in the Chair

City Councillor Jabu Nala-Hartley (Deputy Chair)

Councillor Nigel Champken-Woods

Councillor Imade Edosomwan

Councillor Damian Haywood

Councillor Nick Leverton

District Councillor Paul Barrow

District Councillor Jill Bull

Councillor Stefan Gawrysiak (In place of District Councillor David Turner)

Councillor Andy Graham (In place of Councillor Freddie van Mierlo)

Co-opted Members:

Jean Bradlow

Dr Alan Cohen

Barbara Shaw

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.

51/21 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillor Freddie van Mierlo (substituted by Councillor Andy Graham), District Councillor David Turner substituted by District Councillor Stefan Gawrysiak), District Councillor John Donaldson and Councillor Nathan Ley.

52/21 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

The following non-pecuniary declarations of interest were noted:

- Councillor Damian Haywood is an employee of Oxfordshire University Hospitals (OUH) NHS Foundation Trust and a volunteer on the vaccination programme.
- Councillor Jane Hanna is CEO of SUDEP Action.
- Dr Alan Cohen is a Trustee of Oxfordshire Mind.

- Jean Bradlow works for OUH on their Covid testing system.

53/21 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 23 September 2021 were approved with the following amendment:

On item 44/21, on page 3, third bullet point:

Replace

“The outcome from the Executive meeting should be available to the Committee by the following week.”

With

“Asked about a timeline for services that have not re-opened, there was a plan that was going to the OUH Executive the following week and it should be possible to give a timeline following that. A report on that will be submitted to the Committee within a week of the Executive meeting.”

With regard to the amended minute, the Chair noted that a report on the Executive meeting had not been received. However, OUH were attending to discuss this matter at item 9 on the agenda.

On item 48/21, it was agreed that health partners should be invited to the next scrutiny training.

Action:

Invite health partners to next scrutiny training.

54/21 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The following requests to speak were agreed:

Item 6: OCCG Update - Joan Stewart

Item 7: Community Services Strategy - Julie Maberley

55/21 SYSTEM-WIDE UPDATE: COVID RECOVERY

(Agenda No. 5)

The Committee had received a report on the Oxfordshire COVID-19 Vaccination Programme, Primary Care and NHS System Recovery Planning in Oxfordshire.

Ansaf Azhar, Corporate Director for Public Health, gave a presentation on the latest Covid figures, published in Addenda 2 on the eve of the meeting. The latest figures on new cases were showing an increase, mainly among younger age groups not yet vaccinated.

It was expected that the rates will fluctuate but remain high overall going into winter. The booster campaign had stabilised rates among over 60s. The data on 16-17 years olds and 12-15 year olds demonstrated how their rates dropped when the vaccine roll-out reached those age groups.

Ansaf Azhar emphasised the importance of maintaining all of the precautions against transmission such as wearing face-coverings, maintaining distances and ensuring ventilation.

Members asked questions and Ansaf Azhar and Jo Cogswell, Director of Transformation, Oxfordshire Clinical Commissioning Group, responded as follows:

- It was not possible to invoke the Government's Plan B locally. The recent increase in case rates had not impacted greatly on hospital admissions. There was pressure on A&E services which could be alleviated by encouraging people to make greater use of the 111 service.
- Extra government funding for the winter will be used to increase the number of face-to-face appointments available and improve telephone answering rates. This can be done through increased shifts by part-time staff or possibly purchasing remote consultations. Also, it was expected that some general practices will reduce their commitment to the vaccine programme for the next age groups.
- Members can assure the public that the boosters were effective. Case rates were rising in all age groups except over 60s who have had the booster.
- Vaccination rates among the BAME (Black, Asian and Minority Ethnic) communities was better in Oxfordshire than the South East Region average but there was still work to be done to improve them.
- Research was continuing to assess if the vaccine should be made available to under 10s. A second dose will be made available to 16-17 year olds 12 weeks after their first.
- OCCG was working with providers to ensure that as many staff as possible get vaccinated in time to meet the Government deadlines and to assess what impact there might be if staff are lost as a result of refusal to be vaccinated.
- Many healthcare staff were in younger age groups and so will not be eligible for boosters yet.
- It was known that immunity from infection wears off faster than from the vaccine which is why those who have had Covid are still encouraged to get the vaccine.

Councillor Jabu Nala-Hartley stated that some of those reluctant to get the vaccine were not in 'hard-to-reach' groups. They were distrustful of the system and needed to be reassured about the booster in particular. Ansaf Azhar responded that the likelihood was that repeated boosters may prove to be required - similar to the annual flu vaccine.

RESOLVED: that the Committee

- a) works with health partners in relation to hard-to-reach groups to develop frequently asked questions, supported by the Council's communications team.**

b) will develop at their virtual work planning meeting a template for reporting to HOSC to focus on Covid recovery and include data on vaccination uptake, testing, impact on hospital admissions, ambulance services, care homes, workforce and recovery funding.

Actions

- Jo Cogswell to report to the next meeting on the allocation of Winter Access Funds.
- Ansaf Azhar to provide the data on communities with relatively low uptake of vaccine.
- Jo Cogswell to provide figures on the vaccine uptake among care staff.
- Chair to invite NHS England Improvement to a future meeting as they commission the vaccination programme.

56/21 OXFORDSHIRE CLINICAL COMMISSIONING GROUP UPDATE

(Agenda No. 6)

The Committee had before it a report updating on the development of BOB-ICS (Bucks, Oxon, Berkshire West - Integrated Care System) and primary care.

Joan Stewart, Oxfordshire Keep Our NHS Public, was unable to be heard by the Committee due to technical difficulties so her statement was read out. She stated that the Committee needed to ask crucial questions about how BOB-ICS will fix the problems funding and staffing health and social care.

Joan Stewart urged the Committee to require the CCG to produce comprehensive and detailed reports on all developments, plans and 'shadow' structures and arrangements across the BOB ICS and to produce an engagement and communication strategy that will detail how patients, carers and the public will be meaningfully engaged and involved in the setting up and development of BOB ICS structures and processes.

The Chair noted that the report did not include a governance chart, framework or describe the relationship with this Committee. She asked if there was anything in writing that the Committee should see such as a memorandum of understanding or shared outcomes or values.

Diane Hedges, Deputy Chief Executive, OCCG, responded that they were required to move in line with national legislation as it developed. National guidance was arriving in significant volumes which was being prescriptive about elements, and we needed to follow this. In the meantime, the CCGs continued to meet and make decisions in public. There was an early draft constitution which it should be possible to share within a few weeks.

Yvonne Rees, Chief Executive, Oxfordshire County Council, added that they were at the beginning of the process and a structure chart was being worked on. She proposed to hold a briefing for Members of the Committee before Christmas.

Members raised further questions which Diane Hedges and Yvonne Rees responded to as follows:

- The needs of residents will always take primacy. While there will be a need to move quickly, the process will take a year to 18 months. There were opportunities in this to do things better for residents and the Committee will be involved every step of the way.
- Oxfordshire had made great progress in the last couple of years in the ability of all the partners to work together. The ICS will want to delegate to the place where it will have most impact. There were many meetings taking place planning services, improving service delivery and sharing waiting lists within Oxfordshire and across the ICS. The good progress will be incorporated and built upon.
- The current discussions across the ICS were about learning from each other, agreeing common metrics, sharing information and collaborating rather than competing.
- The OCCG has been responding to the problems with some services still closed to referrals by commissioning services from neighbouring counties or the independent sector as well as working with Oxford University Hospitals (OUH) to get those services reopened.
- The closure of maternity services in two locations was being reviewed regularly by OUH. There were problems nationally with infection control and staff having to isolate.

Members also criticised an OCCG online survey about online consultations. There had been no questions on age, gender or IT capability that would enable analysis on health inequalities. Also, it was not possible to specify if a particular GP service was not providing any of the online services. Diane Hedges agreed to take those points back.

Actions:

- Yvonne Rees to arrange a briefing for Members on BOB-ICS before Christmas if possible.
- Training on BOB-ICS to be organised for January.
- The Committee to have a dialogue with OCCG on the contents of the report to the next Committee meeting in February.

57/21 MEMBER REPORTS - ADMISSION TO CARE HOMES DURING THE COVID PANDEMIC; INFECTION CONTROL
(Agenda No. 8)

It was agreed to take Item 8 Member Reports before Item 7 Community Services Strategy.

Covid-19 infection prevention and control in care homes

The Committee considered a report from District Councillor Paul Barrow which made three recommendations for future actions by the County Council.

Stephen Chandler, Corporate Director for Adults and Housing Services, thanked Councillor Barrow for his work on the report and accepted the recommendations.

Councillor Barrow asked that the Committee receive feedback from the care homes at the next meeting. Stephen Chandler responded that a Care Home Cell had been

formed at the onset of the pandemic and this included representatives from the care homes sector. He would be happy to provide an update at the next meeting.

RESOLVED that:

- a) **Oxfordshire County Council (OCC), through its adult services, should hold regular discussions with OACP, OCHA on how locally we can maximise the advice from online sources beginning with the Bushproof and Department of Health documents.**
- b) **OCC carries out a regular review of current infection control procedures in care homes and the support provided.**
- c) **OCC should ensure that its winter plan contains the recommended training and infection control support as identified by recommendation 1 and 2.**

Admission to Care Homes During the Covid Pandemic - the First Thirty Days and Beyond

The Committee considered the report about the discharge of people from acute hospital to care homes in Oxfordshire during the early days of the COVID-19 pandemic, and a response to that information by the County Council's Director of Public Health and Director of Adult and Housing Services.

Dr Alan Cohen noted that the report had been largely finished in January. There were four recommendations which had been partly implemented in the meantime.

Barbara Shaw asked if it was possible to get information again on Delayed Transfers of Care (DTC) even if there is not yet a standard national way of measuring. One positive from the pandemic was that the numbers were greatly reduced. However, when the John Radcliffe Hospital went to Opel 4 level of pressure, DTCs were given as a reason.

Barbara Shaw also asked what was being done to standardise the level of infection control across the various care home organisations.

Stephen Chandler thanked both Committee Members for their work on the report. A response was included in the agenda pack as Annex B. There was now a call every day between OCC, Oxfordshire Clinical Commissioning Group, Oxford University Hospitals (OUH) and Oxford Health to discuss the patients ready for discharge. Around one third of those could be from outside the county due to the specialist nature of many services at OUH. He was happy to meet with the two Members to discuss what data they would like to receive. It was agreed that the Chair would join that meeting and that it can include looking at reablement and any impact of the change of contract.

The Chair asked what changes in social care could help with the patient flow. Stephen Chandler responded that there were 1200 people awaiting a social care assessment. There was a need nationally to secure long term funding for services

and part of that was providing appropriate recognition of the social care workforce including in terms of pay. The Chair added that the Committee was fully supportive of that.

Dr Cohen thanked Stephen Chandler and Ansaf Azhar, Corporate Director for Public Health, for their input on the report. He welcomed the fact that recommendation 3 had already been implemented and the officers' support for a review of the system's response to the pandemic. He asked what form the review would take.

Officers responded that, while the government had announced that there would be a review, there was little information on what form that would take. It was difficult to know what would be the right time for one.

The Chair made a recommendation that a report on learning from the pandemic be brought to this Committee in the first instance. The Committee will identify the information needed from the various partners at an informal virtual meeting. This was agreed.

RESOLVED:

- 1) **That Senior Officers provide further information on the reporting of people who have experienced a delayed discharge from acute hospitals, and how some of the successes in reducing that number can be maintained into the future.**
- 2) **That Senior Officers provide further information as to the consequences of implementing national guidance associated with the discharge of patients to care homes in the early stages of the pandemic.**
- 3) **That Senior Officers provide further information on the emerging pattern of community and home-based care, and how this can be linked to current developments in the County.**
- 4) **That Senior Officers are able to re-affirm a commitment to a review of the response of the system partners to the pandemic, in so far as this would provide a plan of what would be included and a reasonable time scale, given the unpredictability of the current situation.**

Actions:

- Stephen Chandler agreed to provide an update on engagement with Care Homes at the next meeting
- Stephen Chandler agreed to meet with Barbara Shaw, Alan Cohen and the Chair to discuss discharges to care in response to detail asked for and to discuss what other data the Committee might want to see in future.
- Ansaf Azhar to report to the next meeting on a local learning exercise with health partners and Committee members with the Committee's virtual meeting to decide what information is needed.

The Committee received a report updating on the community services strategy work including engagement and feedback on the draft principles, progress on the key focus areas of the strategy and the approach to option development.

Before considering the report the Committee heard from a speaker:

Julie Maberley asked a number of questions around the proposed strategy including concerns at the temporary closure of maternity services at Wantage Community Hospital and when this would amount to a 'substantial change' requiring public consultation.

Julie Maberley also asked if it was being considered to re-open the minor injuries unit that closed in 2002. She described difficulties that patients had with results of procedures not being passed on to GPs – both for procedures received outside the county and in Oxford hospitals. She expressed doubts around the ability to adequately staff increased demand for care in the home when a large number of extra care facilities were operating or planned around Wantage requiring a lot of staff.

Dr Ben Reilly, Executive Managing Director for Community, Primary and Dental Care, Oxford Health NHS Foundation Trust (OH), and Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group, responded to Members questions as follows:

- The use of community hospital was a core part of the strategy. A census had been carried out to give a snapshot of how the beds were being used. An NHS benchmarking exercise was also being carried out across the BOB (Bucks, Oxon, Berkshire West) area.
- The intention was to use the data to create a model which would outline which patients needed in-patient care in the community and which would benefit more from other approaches. At the next Committee meeting they intended to set out in more detail how the public and service-users would be involved in creating the model.
- There was a need to be clearer about the definition of what is in the community strategy and then see how community beds fit into that.
- The plan was to share the information from the workshops held recently early in the New Year. The evidence behind decisions made will be available.
- Oxford University Hospitals (OUH) and OH were working together on the workforce challenges recognising the shift from acute care to more care in the home. A Community Day held recently in Abingdon Community Hospital had been quite successful and more of those were planned in other areas.
- Some of the projects being piloted in Wantage Community Hospital may be rolled out to other community hospitals. There was a lot of interest in expanding outpatient services.
- People have a choice of whether to die at home or not but sometimes there was a need for specialist palliative care input or more care at home. There was a need for a more consistent cross-county approach as part of the strategy being developed.
- End-of-life (EOL) care in South Oxfordshire will have a multidisciplinary team who will also be supporting people at home, in specialist beds in Wallingford and advising other community hospitals.

- EOL care can be provided in care homes but this was less appropriate for specialist palliative care where specialist skills may be needed to be provided in these enhanced community hospital or hospice beds. Officers will consider whether EOL care needs can be assessed as part of the JSNA (Joint Strategic Needs Assessment).
- There were systems in place for patient and family feedback at a service level but EOL care can often span a number of services so it may be more difficult to identify.
- There was a strong clinical component to decisions on where workforce was deployed when there were shortages and this was discussed with the commissioners.
- BOB-ICS should make planning better particularly around examples like Thame Community Hospital which is in Oxfordshire but part of Buckinghamshire Healthcare NHS Trust.

Karen Fuller, Deputy Director for Adult Social Care, added that while families often want to be part of the care provided, it was never assumed that this was the case. Oxfordshire Carers was set up in April this year to provide carers with independent advice.

With regard to the temporary closure of maternity services at Wantage and Chipping Norton due to staff shortages, Sara Randall, Chief Operating Officer, OUH, reported that there were weekly assessments on whether the units could reopen. Risk assessments were carried out for those due to birth. They were using all the resources available including hospital and community midwives to ensure as much capacity as possible.

The Chair offered the Committee's support in shaping the engagement element of the community services strategy and how HOSC will fit into that.

Action:

Dr Ben Riley and OCCG to meet the Chair before the next Committee meeting to discuss patient engagement elements of the Strategy.

59/21 WAITING LISTS AND ACCESS TO SERVICES

(Agenda No. 9)

The Committee considered the update on elective recovery plans with a further update on the services closed to referrals to be given verbally at the meeting.

Sara Randall, Chief Operating Officer, Oxford University Hospitals, responded to Members questions as follows:

- Services for Ear, Nose and Throat (ENT) and cataracts will reopen to referrals from 1 December 2021. OUH were working with colleagues across the BOB area (Bucks, Oxon and Berkshire West) to maximise capacity and minimise waiting times for our patients and manage demand.
- The most clinically urgent cases and those on the longest waits will be prioritised. They were maximising capacity at out-patients, theatres, diagnostic services and community clinics. They were also working with the independent sector.

- The OUH are looking at plans on how to support patients who may have difficulty accessing services.
- There was a particular problem with hysteroscopies related to workforce constraints and they were looking for other ways to support the service.
- They were looking to free capacity by safely diverting cases from A&E to minor injury units and getting people out of hospital as soon as they were able to. There was a particular issue with 'repatriating' patients from outside BOB which has been escalated to NHS England.
- There were no longer any clinical services closed to referrals though there was the reduced capacity in maternity services.
- The September performance figures for Breast Symptomatic were much improved. The number of referrals was volatile depending on national campaigns running at the time and it had taken time for the one-stop-shop approach to settle in.

The Chair also noted a letter from GPs in Oxford expressing concern at the refusal of a pharmacy licence application in central Oxford at a time when many were not getting their medication in a timely manner. Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group, agreed to provide the relevant contact details for it to be explored further.

Actions:

- Sara Randall to bring back plans on using services across BOB and how patients will be supported accessing these.
- Sara Randall to bring information to the next Committee on the numbers of P2 lapses for gynaecology and plans to improve the service and the total number of P2s
- OUH Chief People Officer to report on workforce capacity and planning at next Committee meeting
- Diane Hedges to provide contact information on the decision making of central Oxford pharmacies.

60/21 HEALTHWATCH REPORT
(Agenda No. 10)

The Committee received a report on the views gathered on health care in Oxfordshire by Healthwatch. Rosalind Pearce, Executive Director, commented on other issues that had arisen at this Committee meeting:

- The five Healthwatches in the BOB (Bucks, Oxon, Berkshire West) area were meeting with BOB the following day. They still knew little about the governance of the Integrated Care Partnership for Oxfordshire.
- In the two reports on care homes under Covid there was only one paragraph on the experience of residents. Healthwatch had produced their own report based on interviews with residents.
- They were engaged in the community strategy consultation and were impressed with the commitment of the professionals to focus on the needs of patients.

- Their survey of patients who have availed of alternative services across BOB in order to be seen sooner has shown some positive response but the travel issues remained a serious concern.
- There was a pharmaceutical needs analysis consultation in progress and she encouraged everyone to take a look and consider responding to that.

Rosalind Pearce also referred to the problem with six GP surgeries having closed their lists to new patients or not allowing inter-surgery transfers which was having an impact on people moving into the area. She hoped that the Committee would look into that.

Members raised a number of issues and Rosalind Pearce responded as follows:

- Healthwatch was working in partnership with Community First Oxfordshire with online and paper surveys of the experience of health and social care services for those living in rural areas. She will make sure that the Community Services Review receives information from that survey in time for inclusion.
- The Care Quality Commission (CQC) was engaged in a deep dive on access to dentistry which was a national problem. The plan was for commissioning to be moved from NHS to the Integrated Care System which may then be easier to influence locally.

The Chair noted that while the Committee had decided to prioritise a 'deep dive' on GPs, the fact that the Committee was about to receive more staff resource should ensure that other deep dives can be progressed sooner.

61/21 CHAIR'S REPORT (Agenda No. 11)

The Chair provided the Committee with;

- BOB JHOSC update
- Health & Care Bill update
- Committee briefing and communication
- Committee support and development

Councillor Nick Leverton asked if the letter from the Council Leader and the Chair to the Oxfordshire MPs on the Health and Care Bill included the recommendations from this report. The Chair responded that it did not. The letter focussed on the risks to health and social care as a result of current workforce issues.

The Chair suggested an additional recommendation in relation to the audiology contract – added to recommendation 5 (i).

The following recommendations were agreed:

1. An agenda item for the next virtual meeting to review the new approach with view to building on the progress that has been made and to strengthen the implementation of the existing Constitution and Standing Orders and existing protocols (e.g. set up of working groups) of the JHOSC; and provide a steer to the

JHO3a

Chair in relation to any related agenda item on Audit and Governance and/or the Cabinet.

2. A virtual meeting be held within four weeks of the JHOSC to prepare scrutiny for the next meeting; to build on the introduction of new agenda items by a steer on the list of information the committee would like; to consider design of JHOSC Dashboard for the Waiting lists and access to services agenda item to liaise with partners in the preparation of papers for this committee.
3. The committee may wish to consider the letter from the CEO of BOB in relation to items on the agenda which relate to this (public engagement on the community strategy) and as a case study in planning for the development of a revised JHOSC external protocol with system partners.
4. That HOSC recommend to Council that the process for the appointment to the BOB JHOSC is in accordance with the process for County Council appointments to all committees informed by the advice of the JHOSC regarding the importance of membership from this committee.
5.
 - i. The committee notes that the CCG did not respond to requests from the committee and that the CCG took the view that because it was not a service explicitly contracted in the GP contract it was a national matter. The committee notes the Health Watch report that the public experiences a loss of service regardless of whether it is explicitly in the GP contract or was provided by the GP. The Committee requests Oxfordshire Clinical Commissioning Group to provide a report on the decision-making around the audiology contract.
 - ii. The committee seeks advice/confirmation from the Centre for Scrutiny that contracts regarding the whole or part of the ICS area that impact Oxfordshire residents and that where a service was provided but not explicitly commissioned it can still be scrutinised by the JHOSC.
 - iii. The Committee advises the CCG and ICS that if they invite a member of JHOSC to a private meeting with stakeholders this must be done through the committee as representation of the committee in between meetings needs to be agreed by officers and the Chair.

62/21 WORK PROGRAMME 2021-22 (Agenda No. 12)

The Committee considered the proposed work programme that was developed at a virtual meeting of the Committee.

Councillor Andy Graham welcomed the inclusion on Addenda page 32 of the issue of GP surgeries and developers. He was concerned that there was a move to have bigger more centralised health centres that would not serve rural communities well.

The Chair added that the NHS was required to produce plans for a zero-carbon strategy by January 2022 and requiring people to travel longer distances to services would be contrary to that strategy.

Members made the following comments:

- Palliative care had come up a number of times in recent meetings. While it could be part of Community Services, it seemed to be a big enough issue on its own to be moved up the work programme.
- There needs to be a review of whether video GP appointments which have come to the fore during the pandemic a really an effective aid.

The Chair noted that there would be increased officer resource available to the Committee going forward and the work programme would need to be re-examined in light of that as there might be an opportunity to bring 'deep-dives' forward.

RESOLVED to approve the work programme for the 2021/22 municipal year detailed in Appendix A.

..... in the Chair

Date of signing