

# OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 9 June 2022 commencing at 10.00 am and finishing at 3.00 pm

**Present:**

**Voting Members:** Councillor Jane Hanna OBE – in the Chair

Councillor Nigel Champken-Woods

Councillor Imade Edosomwan

Councillor Damian Haywood

Councillor Dr Nathan Ley

District Councillor Paul Barrow

District Councillor Elizabeth Poskitt

District Councillor Jo Robb (In place of District Councillor David Turner)

**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 addenda and agreed as set out below. Copies of the agenda, addenda and reports are attached to the signed Minutes.*

## **22/22 ELECTION OF CHAIR FOR THE 2022/23 COUNCIL YEAR**

(Agenda No. 1)

The Democratic Services Officer invited the Committee to elect the Chair and the Deputy Chair for the 2022/23 Council Year. The Chair must be elected from County Councillors whilst the Deputy Chair would be elected from the City and District Councillors. All voting Members could cast their vote.

On a motion from Cllr Nathan Ley, seconded by Cllr Damian Haywood it was unanimously AGREED that Cllr Jane Hanna OBE be elected as the Chair for 2022/23 Council Year.

## **23/22 ELECTION OF DEPUTY CHAIR FOR THE 2022/23 COUNCIL YEAR**

(Agenda No. 2)

On a motion from Cllr Jo Robb, seconded by Cllr Richard Webber it was unanimously AGREED that Cllr Paul Barrow be elected as the Deputy Chair for 2022/23 Council Year.

**24/22 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 3)

The following Committee Members had sent their apologies:

Cllr Freddie van Mierlo – substituted by Cllr Richard Webber  
Cllr David Turner – substituted by Cllr Jo Robb  
Cllr Jabu Nala-Hartley  
Cllr Jason Slaymaker

**25/22 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**

(Agenda No. 4)

The following non-pecuniary interests were declared:

Dr Alan Cohen as a Trustee of Oxfordshire Mind.  
Cllr Damian Haywood as an employee of Oxford University Hospitals NHS Trust.  
Cllr Jane Hanna as CEO of SUDEP Action.

**26/22 MINUTES**

(Agenda No. 5)

**RESOLVED** that the minutes of the meeting held on 10 May 2022 be confirmed as a correct record and signed by the Chair subject to the following:

- Minute 16/22 ACCESS TO SERVICES - PRIMARY CARE to be sharpened up outside the meeting in order to adequately reflect the discontent of the Committee in terms of not meeting commissioning objectives.
- Minute 17/22 MATERNITY SERVICES to be sharpened up outside the meeting in order to reflect specific point around closure of maternity services in Chipping Norton and Wantage.

**27/22 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 6)

The Chair informed the meeting that there was one speaker (Julie Mabberley) who would address the Committee on agenda items 8 & 10. The Chair said that she would propose that item 8 on the agenda (BOB ICB Strategy for engaging the communities and the public) be withdrawn from the agenda of this meeting (reasons to follow) yet she would let Julie Mabberley read out her statement related to that matter.

Item 8 - Julie Mabberley said that she was a chairman of the Newbury Street Practice Patient Group and several members did take HOSC Committee advice to participate in the bulk consultation. However, all of the members failed to register for any of the bulk of consultations without understanding why it was difficult to engage in the consultation. Julie Mabberley invited the Committee to raise this issue with BOB ICB Director of Governance to ensure that people could easily register for future consultations on this important issue.

The Chair thanked Julie Mabberley for her statement and confirmed that Committee had asked BOB ICB for assurance for public to be engaged in this exercise. The deadline for people to engage in the consultation was 17<sup>th</sup> June 2022.

Item 10 - Julie Mabberley said that the Newbury Street Practice Patient Group was concerned that little progress had been made in terms of the Community Services Strategy which, in her words, would affect residents of OX12 the most because of the impact on Community Hospital and the remaining services which had been temporarily closed. Julie Mabberley added that there was uncertainty on what was the purpose of the Strategy, whether it would consider future of in-patients' beds, and when would engagement with the public start. Julie Mabberley concluded by saying that number of parking spaces outside the hospital were insufficient for patients and clinics.

## **28/22 OXFORD UNIVERSITY HOSPITAL NHS FT QUALITY ACCOUNT** (Agenda No. 7)

The Chair addressed the Committee by saying that Helen Mitchell (Scrutiny Officer) would gather the feedback from Committee Members as part of this session and combine comments into a letter which would be agreed by the Chair and shared with the Oxford University Hospitals NHS Foundation Trust (Trust).

The Chair invited Dr Andrew Brent (Deputy Medical Director) to give a presentation to the Committee (as per agenda).

Following a presentation from Dr Brent these points were highlighted:

- Trust's Quality Priorities were developed with stakeholder input from across the whole organisation and its divisions, and then approved by the Trust's Medical Executive and the Trust's Board. The Quality Priorities were seen as a vehicle for getting traction on particular issues, and for other issues there was a separate workstream put in place.
- The Trust would use national framework when investigating any incidents in terms of the harm and the levels of harm. At its most basic, the clinicians would review and report if they believed there was a case of harm in patients.
- In terms of Quality Priorities, under Medication Safety / Insulin and Opiates – this priority was different from last year when Insulin and Anticoagulants were listed. The rationale for changing from anticoagulants to opiates was that many of previous priorities had become business as usual with strong governance process in place to oversee the delivery.
- The Committee expressed their concern that despite clear description of priorities in the presentation, there was no information about outcomes of the priorities that were set last year and what improvements had been put in place as a result. Dr Brent responded that outcomes of the priorities were available, yet it may not be a public document, and that would be something he could discuss with his colleagues for future reports.
- The Trust has to report nationally on C.difficile and MRSA pathogens in line with set national targets. This was seen as business as usual for the organisation and therefore not set as a priority. In terms of antimicrobial stewardship – the Trust

was an example nationally on its conservative position in terms of broader spectrum of antibiotics being used only when they were needed.

- Dr Brent explained to the Committee that the Trust had used NHS England and NHS Improvement major improvement programme called GIRFT (getting it right first time) which would use hospital data to benchmark across the country, and that data would then be used for action plans.
- The Committee felt that future Quality Priorities reports from the Trust and other partners should be standardised considering suggested improvements by the Committee.

**It was RESOLVED that the Committee:**

- a) Noted a presentation from Dr Andrew Brent.**
- b) Agreed to delegate to the Interim Scrutiny Manager the task of compiling the Committee's comments on the Quality Accounts in the form of a letter and to authorise the Chair to sign the letter to Oxford University Hospital NHS FT on behalf of the Oxfordshire Joint Health Overview and Scrutiny Committee for incorporation into the 2021/22 Quality Accounts.**
- c) Agreed that future Quality Reports from the Trust and other partners should be standardised and improved next year.**

## **29/22 BOB ICB STRATEGY FOR ENGAGING THE COMMUNITIES AND THE PUBLIC**

(Agenda No. 8)

The Chair invited the Committee to withdraw this item from the agenda so this and a series of other items from the ICB could be presented at an extraordinary meeting in mid-July. By that time, the ICB would be a legal entity and it would be important that the Committee commence engagement with the ICB and its staff.

**It was RESOLVED to withdraw BOB ICB Strategy for engaging the communities and the public from this meeting agenda.**

## **30/22 OXFORD HEALTH NHS FT QUALITY ACCOUNT**

(Agenda No. 9)

The Chair invited Jane Kershaw – Head of Quality Governance from Oxford Health NHS FT (Trust) to introduce the report.

Jane Kershaw gave a presentation to the Committee (attached as appendix 1 to these minutes).

Following a presentation from Jane Kershaw these points were highlighted:

- Sexual safety for staff and patients within Mental Health wards was part of the national quality improvement collaborative which was paused due to pandemic and other reasons in order to prioritise restricted practice.
- Some Members of the Committee expressed their concern that some outcomes, such as physical health of people with mental illness and the Trust's measure of

success were seen as ticking a box rather than delivering improved outcomes. The Chair suggested that the Committee would like to work with the Trust's work programme in terms of the physical health of people with mental illness.

- The Committee welcomed the glossary at the end of the report and suggested that all partners should follow the same practice when presenting their reports to the Committee and to the public.
- The Trust had been successful in staff recruitment, retention and use of agency staff yet there was shortage of staff in some professional groups. The Trust was successful in international recruitment of nurses and podiatrists (90 people recruited out of which 45-50 people started working in services). There was an ongoing campaign to recruit more homegrown and international staff, and new staff had been given right training and support. However, there were still a number of problems in particular services due to staff shortages.
- Integrated Care Partnership (ICP) was a forum where all NHS providers and commissioners meet and exchange information around future objectives as well as ongoing pressures such as district nursing staffing, care planning, continuity of care, service to improve patient records system, etc.

**It was RESOLVED that the Committee:**

- a) Noted a presentation from Jane Kershaw on the Quality Accounts (QAs) of both NHS Foundation Trusts.**
- b) Agreed to provide comments on the accounts, to specifically include progress against the Quality Objectives for 2021/22 and their identified objectives for 2022/23.**
- c) Agree to delegate to the Interim Scrutiny Manager the task of compiling the Committee's comments on the Quality Accounts in the form of a letter and to authorise the Chair to sign the letter to Oxford Health NHS Foundation Trust on behalf of the Oxfordshire Joint Health Overview and Scrutiny Committee for incorporation into the 2021/22 Quality Accounts.**

## **31/22 WORK PROGRAMME**

(Agenda No. 10)

The Chair invited the Committee to discuss its work programme for the 2022/23 municipal year.

These points were highlighted by the Committee during the debate:

- Helen Mitchell reminded the Committee that Scrutiny was a Member-led function within the Council and as such it was for the Committee to determine its work programme. Members of the Committee should take responsibility for both drawing up and managing their own work programme. The work programme was a dynamic document that was a subject to change and Members could add, subtract, and defer items as necessary.
- The Chair outlined that she would meet with Interim Chief Executive to discuss on resources to deliver the programme.

- Some Members felt that Primary Care update could be brought forward considering that a lot of concerns had been raised at the last meeting.
- In terms of the Primary Care update – the Committee expressed their concerns at the last meeting and going forward on this matter there may be a workshop in September
- The Chair informed the Committee that she had not lost sight of ‘Covid recovery’ and ‘Community Services Strategy’ items. The Chair reminded the Committee that concerns were raised by Members at March meeting in terms the lack of information and wider public, partners and community groups engagement (in particular for ‘Community Services Strategy’) on these issues, and for those reasons dates for above items were yet to be allocated.
- Members of the Committee were invited to engage in items on the work programme and therefore minimise pressure on scrutiny officers and internal/external officers. Such engagement could be in a way of visiting sites, discussions with public, partners and community groups, performing a research, etc.
- The Chair welcomed a proposal from the Committee to add ‘Smoke Free Strategy’ to the Work Programme. The Chair suggested that this item could be consider at September meeting of the Committee.
- The Committee debated next steps in terms of the Sub/Working Group work as well as progress with Briefings for Member Information. The Chair said that progress on these would depend on Member engagement and their time to participate in workshops, officers and partners availability and the timing of events relevant the nature of particular issues (i.e. development of ICB Strategy, details around section 106 agreement within housing developments and primary care neds, and similar).

**It was RESOLVED to note the current Work Programme and take on board comments and suggestion from the Members on future items.**

## **32/22 EMOTIONAL WELLBEING OF CHILDREN**

(Agenda No. 11)

The Chair invited Councillor Liz Brighthouse (Deputy Leader of the Council and Cabinet Member for Children, Education and Young People’s Services), Kevin Gordon (Director of Children Services), and Caroline Kelly (Lead Commissioner – Start Well) to take the Committee through the report.

These points were highlighted during the debate:

- Members of the Committee welcomed collaborative work between Children Services and Public Health Team, including engagement of wider stakeholders’ groups, to conduct a strong evidence-based approach in creating a list of suggestions for young people, and their parents, and ask them for a feedback both positive and negative, and highlight any areas for improvement.
- A single point of access would not be restricted just for CAMHS; it would be a wider single point of access across Children Services. This single point of access would be available to a range of services and not be limited just for mental health services.

- Children Services would anticipate that extended elements of basic Mental Health First Aid training would be part of the core curriculum for all school staff and support services which go into school in order to offer support to children no matter what setting they were working in.
- In terms of anonymous online platforms that children and young people had asked for - this was an ongoing work in progress which had been discussed with health partners and which would require looking at further opportunities for funding this type of service.
- Transition was very important and children and young people felt there was a need for the 16-25 transition service; however, not many young people knew about it and they have felt this was not very well promoted. For instance, a young person who had recently turned 18 was not eligible for adult mental health services yet in a need for this service. There was a need to continue to fund and promote to ensure all those being discharged from CAMHS were offered this service if they had an ongoing mental health condition.
- There was also a need to recognise a transition from primary to secondary school, and help children adjust to new environment and new ways of schooling, such as moving from class to class instead of staying in one class throughout school hours.
- The Committee felt that, following the pandemic, an increased number of children and young people needed support with their emotional wellbeing. The Committee supported an initiative to seek more funding for necessary resources. Services and support should be evidence-based, adapted to be welcoming and appropriate to support a wide range of needs, including children and young people who were neuro divergent. Language and terminology could be important part when trying to reduce stigma and increase engagement (i.e. use terms like 'wellbeing' over 'mental health').
- The Committee welcomed the timeline of the key milestones for finalising the strategy and action plan and requested progress update report for September 2023.
- The Chair summed up the debate by saying that transitions were crucial for at risk children, and the way how those transitions were implemented was vital in terms of working with parents/carers of the children at risk. The Chair also stressed the importance of systemic approach in terms of access to good support for children and their parents/carers which would de-stigmatise the whole notion of mental health stigma. The Chair, on behalf of the Committee, pleaded for more resources for the programme to help vulnerable children in terms of their emotional wellbeing, and in reaching out to champions of good practice within the area.

**It was RESOLVED that the Committee acknowledge the engagement that had been undertaken with children and young people, parents and carers to shape the outputs of the Emotional Mental Health and Wellbeing Strategy and also acknowledged the key milestones to publishing and implementing the strategy.**

**It was also RESOLVED that the Committee agreed with a need for additional resources for the provision of Emotional Mental Health and Wellbeing Strategy for the benefit of children, and for the Committee to receive an update on the progress in September 2023.**

**33/22 OVERVIEW OF INTEGRATED CARE PROGRAMME**

(Agenda No. 12)

The Chair said that this was a first draft of what could become a more performance monitoring report over the course of the municipal year. This report would inform the Committee of how the system was designed and would constantly evolve to ensure smooth transfers of care, capacity and demand management.

The Chair invited Cllr Tim Bearder (Cabinet Member for Adult Social Care), Karen Fuller (Corporate Director for Adult Social Care), Lily O'Connor (Director of Urgent Care, Oxfordshire CCG), Ben Riley (Oxford Health), Sam Foster (Oxfordshire University Hospital), David Duran (South Central Ambulance Services) and Penny Thewlis (Age UK Oxfordshire).

These points were highlighted during the debate:

- 93.3% of social care in the County has been rated good or outstanding as of 3<sup>rd</sup> May this year, which was encouraging. Nevertheless, there were huge challenges coming ahead, if they were not properly funded, with a whole host of new statutory responsibilities because of the new care reforms that had come forward.
- Habits of the population had changed massively in the way how they want to access healthcare which put a pressure on ambulance services. All of the providers were committed in joint working to provide exemplary healthcare to the population, such as new clinical modules, new booking and referral standard for patient's care, partnership working for developing new and innovative service with collaborative working not just with health providers and commissioners but also with voluntary sector.
- Digital system was one of the challenges that the partnership would be looking to improve. For example, a 999 call would be received by one service/team which would not necessarily be shared with other primary and secondary care providers (such as GPs, etc). There was an ongoing work to merge these systems into a single portal.
- The biggest part of the programme would be focused on prevention and assessing people at their homes in order to reduce the length of time patients spend in bed.
- On a point of how this would link with Community Strategy – a lot of what has been presented and discussed today was part of the Community Strategy as the Strategy was much bigger and would be presented at one of the future Committee meetings. The conversation held today was about the partnership working and proposed pilots for better provision of healthcare.
- More detailed data in terms of patients' feedback would be available by the end of the year (6 monthly data).
- Pathway 1 where patients require additional support to return home; Oxfordshire have performed below the national average due to challenges with workforce pressures which have resulted in pick up rate from bed-based care below expected levels.
- There would be an additional funding that we would be given to GPs in order to coordinate the communication between secondary care and the GPs.
- In terms of carers in a need of urgent care at the hospital – instead of taking person who has been cared for to the hospital because their carer had fallen, a

dedicated team would stay at home with a person needing care (i.e. dementia patient).

- Profile of the patients walking through the urgent care such as where they were coming from or level of care that they needed had not been presented in the report.
- The data which would describe what difference this programme would make to patients would be available in November.
- In terms of staff engagement on this programme – all of the staff had been engaged and encouraged to provide their feedback. Some

**It was RESOLVED to receive a progress update report at the Committee meeting in November 2022.**

### **34/22 HEALTHWATCH REPORT**

(Agenda No. 13)

The Chair invited Rosalind Pearce (Healthwatch Executive Director) to introduce the report.

These points were highlighted during the debate:

- Healthwatch have asked for formation of focus group to deal with children from minority groups.
- The Committee congratulated Healthwatch on the work done in the last 12 months.
- The Committee welcomed the reports that had been produced by the Healthwatch and asked that future Healthwatch Report should have website links to those reports.
- Healthwatch was keen to see much broader development of user service groups.
- Six months after Healthwatch report with recommendations was published, Healthwatch would go back to organisation to which the recommendations were direct to for an update. In case of not receiving an update in the first six months, Healthwatch would give another six months to organisation to provide an update.
- The Committee thanked Healthwatch for their part in Women's Views on maternity services.

**It was RESOLVED to note the report.**

### **35/22 CO-OPTED MEMBERS OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

(Agenda No. 14)

The Chair introduced the report and thanked on behalf of the Committee to Dr Alan Cohen for his contribution at the Committee. The Chair had hoped that a replacement for Dr Cohen would be in place for September.

Cllr Edosomwan agreed to join the Chair and Deputy Chair to review the diversity of the Committee and act as a member of the recruitment panel for the co-opted member vacancy.

It was RESOLVED to:

- a) Agree to renew Mrs Barbara Shaw's term for a further 2 years (from the point in which her initial term expired) concluding in April 2023.
- b) Note that Dr Alan Cohen will have served two maximum terms and will therefore leave the Committee in August 2022.
- c) Place on record the Committee's thanks to Dr Cohen for his dedication and contributions to this Committee.
- d) Agree to undertake a recruitment exercise to fill the vacancy with a view to ensuring that the co-opted member is present at HOSC on 22 September.
- e) Consider the composition of its co-opted member cohort and assures itself that it reflects the needs of the Committee, its work programme and the diversity of the people of Oxfordshire.

### 36/22 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 15)

The Chair reminded the Committee that the last meeting was only under a month ago and that a reasonable progress had been made across outstanding actions with a lot of commissions made from the previous meeting. The Chair added that she would be looking forward to receiving that information at the end of June.

The Chair invited Cllr Paul Barrow to give an update on infection control and the meeting she and Cllr Barrow had with Karen Fuller earlier this week.

Cllr Barrow read out the following statement:

*'Members may recall the report I submitted to and which was accepted by HOSC 18 months ago to try to improve infection control protocols in care homes, and other institutions holding vulnerable residents, and which might reduce introduction and spread of further Covid outbreaks, winter flu and infections such as Norovirus.*

*There were three recommendations mainly based around considering the adoption of the Bushproof document, which utilised the experience of the SARS epidemic of 2003 and which this member, with a background in infectious disease and One Health, found to be superior to the government documents available in terms of detail, explanatory information, containing everything in one document and also comparing its recommendations with government guidelines.*

*On Tuesday Cllr Hanna, Helen Mitchell and I met Karen Fuller, Director of Adult Services, to discuss the recommendations. I refer members to the excellent summary of the meeting produced by Helen, with additional information from Karen and a few minor typos corrected by myself and which will be circulated in due course.*

*We recognised the severe limitations in OCC developing their own approach to infection control since they, like all local authorities were required to follow central government guidelines as part of the command-and-control framework introduced early in the pandemic.*

*The Bushproof document was produced early in 2020 and would therefore not have been available during the first and worst phase of the pandemic. However, this member considers the document to be more valuable than others available and recommends that consideration continues to be given to its inclusion for guidance of care homes in Oxfordshire and elsewhere in the UK.'*

Helen Mitchell added that there was an invitation from Karen Fuller to the Committee to go and see some care homes and speak to care home staff about their infection control procedures. Barbara Shaw and Cllr Elizabeth Poskitt volunteered to join Cllr Barrow in visiting care homes.

Ansaf Azhar (Corporate Director of Public Health) commented that he was not aware of the trial. The trial may be able to supplement if there was the evidence but should not replace national guidance.

The Chair thanked Ansaf Azhar for that information.

The Chair drew Members' attention to the letter that she would want to send to Cllr Bearder and the Board Secretaries of the ICB, OH and OUH to follow up formally against the backdrop of the high court judgement in respect of discharges to care homes.

**It was RESOLVED to note the tracker, for the note from Cllr Paul Barrow to be circulated to the Committee and to note that Barbara Shaw, Cllr Elizabeth Poskitt and Cllr Paul Barrow agreed to visit care homes and speak to care home staff about their infection control procedures.**

**It was also RESOLVED to agree that the Chair would send a letter send to Cllr Bearder and the Board Secretaries of the ICB, OH and OUH to follow up formally against the backdrop of the high court judgement in respect of discharges to care homes.**

**37/22 HEALTH AND CARE ACT BRIEFING FROM THE CENTRE FOR GOVERNANCE AND SCRUTINY AND ITS TRANSLATION FOR HEALTH OVERVIEW AND SCRUTINY IN OXFORDSHIRE**  
(Agenda No. 16)

The Chair invited Helen Mitchell to introduce the report.

These points were highlighted during the debate:

- The Committee expressed their concern that this could lead to a loss of a key feature of local accountability for health service organisations.
- The Committee expressed their wish to engage in the discussions with DHSC and also local MPs articulating the benefits of the powers that Health Scrutiny has in terms of influencing the provision of health and care services in the area.
- The Chair added that this Committee, and Health Scrutiny Committees from other local authorities had not been consulted.

**It was unanimously RESOLVED that this committee is fully supportive of holding existing powers as Health Scrutiny and did not want anything to happen that would diminish their current powers as Health Scrutiny Committee.**

**38/22 OJHOSC ANNUAL REPORT**

(Agenda No. 17)

The report was introduced and agreed upon without discussion.

**It was RESOLVED to approve the Annual Report.**

..... in the Chair

Date of signing .....