OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 27 September 2012 commencing at 10.00 am and finishing at 1.25 pm

Present:

Voting Members:	Councillor Dr Peter Skolar – in the Chair
	District Councillor Rose Stratford (Deputy Chairman)
	Councillor Jenny Hannaby
	Councillor Jim Couchman
	Councillor Gill Sanders
	Councillor Keith Strangwood
	Councillor Lawrie Stratford
	District Councillor Martin Barrett
	Councillor Susanna Pressel
	District Councillor Alison Thomson
Co-opted Members:	Dr Harry Dickinson
	Dr Keith Ruddle

By Invitation:

Officers:

Whole of meeting	Claire Phillips
Part of meeting	Dr Jonathan McWilliam
	Angela Baker
Agenda Item	**Officer Attending**
7	Dame Fiona Caldicott, Sir Jonathan Michael, and Andrew Stevens
8	Dr Stephen Richards, and Alan Webb
9	Sue Butterworth, Adrian Chant, Lisa Gregory

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/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

54/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillor Dr Christopher Hood, Councillor Anthony Gearing and Mrs Anne Wilkinson

55/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

- Councillors Rose Stratford and Lawrie Stratford declared an interest as members of the Bicester Hospital League of Friends.
- Councillor Jenny Hannaby declared an interest as a member of the Wantage Hospital League of Friends
- Councillor Alison Thomson declared an interest as a member of the Faringdon Health and Social Care Group.
- Councillor Dr Peter Skolar declared an interest due to involvement in the development Townlands Hospital in Henley.

56/12 MINUTES

(Agenda No. 3)

The minutes of the meeting on 24 May were agreed and signed subject to a minor correction.

Members requested an update on the integration of Oxford Health, Social Care and GPs at a future meeting.

57/12 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

None

58/12 DIRECTOR OF PUBLIC HEALTH UPDATE

(Agenda No. 5)

Jonathan McWilliam, Director of Public Health and Angela Baker, Consultant in Public Health, Prevention & Protection presented to the committee on,

- NHS transition
- Teenage Pregnancy
- Health profiles

NHS transition

Jonathan McWilliam reported that Public Health is making preparations for its move into local government in April 2013. Approximately twenty staff will move across. He also outlined the Commissioning Board arrangements for the Southern Region led by Andrea Young and the Local Area Team – Thames Valley (Matthew Tait) which will cover ten Clinical Commissioning Groups.

Teenage Pregnancy

Angela Baker clarified that teenage conception rates are calculated based on the total number of conceptions under the age of 18 by the 15-17 year old population. This is a nationally defined indicator and is unable to distinguish between wanted and unwanted pregnancies.

Members noted that performance is better than in the past with approximately 60 conceptions per quarter. Didcot has lower than average rates but is being watched as the rate has risen recently. The sex education programme is being redesigned to bring together county council and public health work and there are good relations with most schools. It was noted that we will need to work with academies and the service is offered to independent as well as state schools.

Health profiles
Angela Baker took the committee through the indicators showing red in the health profiles. The following points were noted,

- Whilst incidences of malignant melanoma are high there are relatively few deaths which shows that we are successfully identifying cases.
- Given the general affluence of the county healthy living indicators are not very good. However it was acknowledged that these indicators tend to relate to self reported surveys which whilst statistically robust are not comprehensive.
- Schools will no longer be required to report on the three hours exercise target.

59/12 HEALTH AND WELL-BEING STRATEGY
(Agenda No. 6)

Jonathan McWilliam explained that Oxfordshire's is the first health and well-being strategy with objectives and targets.

It was agreed that performance information on these targets should come to the HOSC as well as the Health and Well-being board in future.

The committee felt that the strategy focuses on public health and the integration of health and social care which whilst important does not include priorities for providers.

Keith Ruddle suggested that the current strategy is not sufficient to monitor the NHS on issues of dignity and patient care which will be very important for the future.

60/12 OXFORD UNIVERSITY HOSPITALS TRUST
(Agenda No. 7)

Dame Fiona Caldicott, Chairman, Sir Jonathan Michael, Chief Executive and Andrew Stevens, Director of Planning and Information, Oxford University Hospitals NHS Trust presented the paper to the committee highlighting in particular the following changes in the past 12 to 18 months,

- The clinical management structure has been in place for over a year
- Integration with the Nuffield Orthopaedic Centre
- Improved links with the University of Oxford
- Implementation of the electronic patient record
- Biomedical research unit and integrated spinal pathways

The OUHT representatives went on to discuss their foundation trust (FT) application and noted that the trust has refreshed its values to put compassionate excellence at the core. The trust's priorities are to improve local accountability and be responsive to needs. Seventeen public meetings have been held during the consultation period along with engagement with the voluntary and community sector and media interest. It was noted that foundation status gives greater local accountability and ownership. As a FT any surplus generated will go back for reinvestment.

Other issues noted were,

- The Trust's focus on transforming local services and the ambition to put more services in community settings.
- The new Health Science Network which is expected to bring benefits for local people. This is partnership between the hospital, university, GPs and local authority focusing on dementia with benefits for the Thames valley.
- The trust is trying to engage with local communities more having learnt lessons in the past.
- In terms of performance the trust is performing well though with the following issues noted – A&E four hour wait has been experiencing some difficulties but the target is expected to be met; issues with the 18 week referral are being overcome and the intensive work is underway including with partners to address the poor performance of delayed transfers of care.

The session was then opened up to questions from the committee. In response to questions from members the Trust provided the following responses,

- The trust is committed to high quality general acute services as well as providing specialist services to Oxfordshire and beyond. The committee were concerned that the trust is focusing too much on providing high profile specialist services at the expense of general acute services. The trust gave their strong commitment to general services for the local community.
- The trust's viable financial position must be demonstrated to Monitor to achieve foundation trust status. The financial position is widely known and last year was 98% on target. This year the saving required is approximately £48M.
- The quality of the PFI buildings is excellent and the annual charge as a percentage of annual turnover is relatively small and can be managed. The aim is to move out of older buildings and reduce the footprint. There are no plans for new PFI projects.
- There is an action plan in place for delayed transfers however along with increased A&E admissions there is a resulting impact on planned work cancellations.
- The trust was not happy with it's performance against the Care Quality Commission's dignity and nutrition quality standards 18 months ago but has recently reviewed them and is now compliant.

- All efficiency proposals are reviewed at a senior level and to ensure that they do not have an impact on quality/safety go to a quality committee for approval.
- The trust agrees with the commissioner the likely levels of activity that will be delivered. The number of planned referrals was expected to go down and has done but the number of emergency admissions has not. This 'overperformance' is funded but not at full cost.
- The sustainability of maternity services if training posts cannot be filled was noted and that the trust is looking to see what the options are. The trust is working with the community partnership network in Banbury on this. Recruitment issues were noted and the age profile of staff making it hard to recruit new staff to an affluent area like Oxfordshire.
- There is a need to reconfigure services to be more integrated rather than institutional based ones. Experience in Banbury has shown how they need to engage only with patients, GPs and the public on proposals.
- It was welcomed that the trust is reversing the trend of the last decade by engaging more with the whole health economy in Oxfordshire rather than being isolationist.

The committee AGREED that it was happy to support the OUHT's foundation trust application but with reservations on the financial position and the prioritisation of general acute services for people in Oxfordshire.

61/12 CLINICAL COMMISSIONING PROGRESS

(Agenda No. 8)

Dr Stephen Richards, Chief Executive and Alan Webb, Interim Director of Partnerships & Development, Oxfordshire Clinical Commissioning Group reported to the committee on the recent CCCG authorisation process site visit.

Alan Webb explained that the visit had focused on a defined list of Key lines of Enquiry which by the end of the day over 90% were rated green. The feedback report was positive and the links to the Health and Well-being board were highlighted. The areas flagged red are expected to move to green in the coming weeks are were around the following issues,

- Financial plans and Quality Innovation Productivity Prevention (QIPP)
- CCG constitution
- Working collaboratively with other CCGs
- Leadership and management capacity

Oxfordshire CCG is moving ahead in the first wave of CCG authorisation in order to move into operational delivery as soon as possible.

It was noted that the 111 non-emergency service had had a 'soft' launch with the 'hard' launch expected in October. The soft launch has reduced the number of calls to out of hours significantly.

The priorities in the six localities will inform the CCG strategy which will also inform the health and well being strategy and be reflected in the joint strategic needs assessment thus ensuring the local granularity of needs.

The Oxfordshire CCG is ahead of development of the commissioning support unit which will cover 14 CCG areas in the central southern region. Until it is formed the CCG will continue to work with PCT colleagues to get intelligence.

It was noted that many practices are increasing their patient involvement and the CCG is encouraging this.

The CCG budget will be around £650M which is mainly tied up in contracts that will transfer. Plans for funding will go through the PCT cluster in the next six months.

It was noted that the any qualified provider programme this year is focusing on adult aspergers, audiology and podiatry which means that any qualified provider can bid to provide these services.

The committee thanked Alan Webb for his contribution to the HOSC over the years and wished him all the best for the future.

62/12 OXFORDSHIRE LINK GROUP – INFORMATION SHARE

(Agenda No. 9)

Adrian Chant updated the committee on the status of the maternity project. Evidence gathering will be going on into October, the main themes coming out are around consistency of support and advice, mothers being left alone on wards, lack of follow up before discharge and poor communications between hospitals and GPs. The final report will be brought to HOSC at the January meeting.

Adrian Chant reported on the Omega group (chronic fatigue and ME) work which identified more cohesive community based services, training for GPs and greater emphasis on children as needed.

Sue Butterworth noted the forthcoming meeting of Patient Participation Groups meeting. Also noted that in the past year LINk has been more focused on project based work and working with the public than before. Hosting by ORCC has enabled better public engagement.

LINk is involved in a shared document on public engagement in Health and well-being boards.

Lisa Gregory gave an update on the procurement of Healthwatch which will start in November to appoint the provider in January. It will be up to Healthwatch to decide how they will recruit members.

63/12 CHAIRMAN'S REPORT
(Agenda No. 10)

The Chairman reported on recent meetings,

- Meeting with the CCG about the Pelvic Floor Service and gluten free foods prescribing.
- Liaison meeting with Outgoing Oxford Health Chief Executive, Julie Waldron. covered performance of community hospital beds
- HOSC members discussed the DoH consultation on Health Scrutiny. No outcomes of the consultation have been publicised yet.

64/12 CLOSE OF MEETING
(Agenda No. 11)

13.25

..... in the Chair

Date of signing