OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 3 July 2014 commencing at 10.00 am and finishing at 1.35 pm

Present:

Voting Members:	Councillor Lawrie Stratford District Councillor Alison Thomson Councillor Kevin Bulmer Councillor Tim Hallchurch MBE Councillor Laura Price Councillor Alison Rooke District Councillor Martin Barrett Councillor Susanna Pressel District Councillor Rose Stratford Councillor Mike Beal (In place of Councillor Surinder Dhesi) Councillor Steve Harrod (In place of Councillor Les Sibley)
Co-opted Members:	Moira Logie; Dr Keith Ruddle; Anne Wilkinson
Other Members in Attendance:	Councillor Nick Hards (for Agenda Item 6)
Officers:	
Whole of meeting	Ben Threadgold and Julie Dean (Chief Executive's Office); Director of Public Health

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

23/14 ELECTION OF CHAIRMAN FOR 2014/15

(Agenda No. 1)

Councillor Lawrie Stratford was elected Chairman for the municipal year 2014/15 – to the first meeting of the next municipal year 2015/16.

24/14 ELECTION OF DEPUTY CHAIRMAN 2014/15

(Agenda No. 2)

District Councillor Susanna Pressel was elected Deputy Chair for the municipal year – to the first meeting of the 2015/16 municipal year.

25/14 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 3)

Councillor Mike Beal attended for Councillor Surinder Dhesi, Councillor Steve Harrod for Councillor Les Sibley and an apology was received from District Councillor Dr. Christopher Hood.

26/14 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 4)

Councillor Alison Rooke declared a personal interest in Agenda Item 7 – 'Oxfordshire Health & Wellbeing Strategy 2014' – on account of her position as a Trustee of the Vale House, Oxford.

27/14 MINUTES
(Agenda No. 5)

The Minutes of the meeting held on 1 May 2014 were approved and signed as a correct record subject to the deletion of the word 'age' in the penultimate paragraph on page 5, and corrections to the final sentence in paragraph 2, page 7, so that the sentence reads:

'He added that the statistics for rural areas tended to be higher than those for urban areas.'

Matter Arising

With regard to paragraph 3, Minute 16/14, 'Oxfordshire Health & Wellbeing Strategy 2014 – 2015 (JHWBS) – 'It was felt that the current configuration of Health could be a real issue over the next 5 years and would require more integration of Health and Social Care to support it. It was also felt that the Committee should think about creating a tool kit to ascertain where the real issues were for scrutiny.' - Members asked that the previous toolkit used for Health Scrutiny when the Committee was first convened, be circulated in order to give focus to a consideration at the next meeting of what would be required.

With regard to the last sentence of paragraph, Minute 17/14, page 6, 'Oxfordshire Clinical Commissioning Group (OCCG) Strategy 2014 – 19 and Implementation Plan 2014/15, 2015/16' – 'He (Ian Wilson) agreed that issues remained concerning access to GPs which needed addressing in spite of efforts being made in the last two years.' Members asked whether the situation was improving in Oxfordshire.

28/14 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 6)

County Councillor Nick Hards addressed the meeting with reference to the closure of beds by the Oxford University Hospitals NHS Trust at the Didcot Community Hospital due to staffing problems and lack of support from GPs to look after patients. He added that he understood that the current and planned growth in Didcot had

increased the pressure on local GPs, which had had an effect on their capacity to support the community hospital. He commented that losing the beds was symptomatic of the problems faced by the town in that all types of health provision appeared to lag behind the demand resulting from an increasing population. He pointed out that beds in community hospitals such as Didcot helped to reduce delayed transfers of care at the John Radcliffe Hospital by moving patient treatment nearer to the home; and if this aim was to be met effectively, more resources were needed in the form of support for the GPs and more beds in community hospitals. Finally he called for more communication with patient and public involvement groups and more involvement at the consultation stage before decisions affecting resources were taken.

29/14 OXFORDSHIRE HEALTH & WELLBEING STRATEGY 2014 - 2015

(Agenda No. 7)

At the last meeting the Committee considered a report on the process which had been put in place to refresh the priorities in the current Joint Health & Wellbeing Strategy. The Committee were also asked to comment on the current priorities and the indicators being used to measure progress and demonstrate improvement (Appendix A to report HWB7).

Dr McWilliam, Director of Public Health now presented the draft Health & Wellbeing Strategy 2014/15 for comment. He was accompanied by Ben Threadgold, Policy & Performance Service Manager, to assist in responding to questions. The Strategy was due for submission to the Oxfordshire Health & Wellbeing Board on 17 July 2014 for approval.

It was **AGREED** that the following comments be conveyed to the Oxfordshire Health & Wellbeing Board for their meeting on 17 July 2014:

Children and Young People

Priority 1: All children have a healthy start in life and stay healthy into adulthood

- There should be a measure of access to Children's Mental Health services, such as availability of beds or waiting times

Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups

- There should be evaluation of how interventions resulting from the Pupil Premium are picked up across the county and their effectiveness.
- There should be measures relating to mental illness, drugs and alcohol use by children and young people

Priority 3: Keeping all children and young people safe

- There should be tracking of the impact of the proposed changes to housing related support on domestic abuse services / incidents

Priority 4: Raising achievement for all children and young people

- There should be a focus on young people achieving their potential as well as simply achieving national targets
- There should be a reference to the support of gifted and talented students

Adult Health and Social Care

Priority 5: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

- There should be an indicator to track changes to complex needs services and impact on patients / service users
- Include in 'possible new indicator on mental health delayed discharge' measures to track the homeless and previous hostel residents
- As well as delays in mental health discharge, there should also be measures of availability of mental health beds and waiting times

Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

- It should be made clearer that packages of care refer to social care rather than health

- Information should be broken down where possible to show where in the county people are being supported to stay at home

Priority 7: Working together to improve quality and value for money in the Health and Social Care System

- It is important to ensure alignment between the Joint Health and Wellbeing Strategy and the Clinical Commissioning Group strategic plans
- That key NHS performance targets for key waiting times such as 4 hour, 18 week, cancer treatment and ambulance times should be included

Health Improvement

Priority 8: Preventing early death and improving quality of life in later years

- There should be a focus on smoking in school / amongst school age children

Priority 9: Preventing chronic disease through tackling obesity

- No comments

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness

- No comments

Priority 11: Preventing infectious disease through immunisation

- No comments

30/14 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

(Agenda No. 8)

Having being asked by the Director of Public Health at the last meeting on 1 May for the Committee's views on the topics to be included in his forthcoming Annual Report; the Committee now considered the full Annual Report for 2013/14 prior to its submission to Cabinet on 15 July 2014.

A Member asked if the small, ring fenced grant received for Public Health made it sustainable in terms of their workload. Dr McWilliam responded that it was not known whether the grant would continue to the ring fenced, and currently his staff was working harder and more efficiently in order to maintain the basic sustainable level of what was required.

Dr McWilliam was asked if just one school nurse would be likely to make an impact on school sexual health services. He responded that the school health nursing service had been much improved by integrating nurses into the school team. It was envisaged that they would be working with staff to jointly produce a plan for that school. In terms of the community sexual health services, he added that the new contract would keep open every location in the county, as well as increasing the range of services available at the clinic. It also offered a one stop shop.

In response to a number of points raised by Members, Dr McWilliam assured the Committee of the intention to explore with GPs how the take-up number of Health Checks could be increased; and raise with GPs the need to be more diligent with their recording of data on ethnicity.

A member commented that a long term review of the Thriving Families programme did not appear to be included within the report. Dr McWilliam responded that the programme was very much a Government programme. However, his officers were involved in tracking these families along their life course in order to gain a long term view of its success or otherwise.

During the course of the discussion, the Committee **AGREED** to convey the following points to Cabinet on 15 July:

- The inclusion of an update/review on last year's performance against priorities would be useful to make the report more complete and helpful for scrutiny purposes;

- There is hardly any reference to Air Quality and Children's Centres, if at all; and

- Although it is acknowledged that the recording by GPs of statistics on ethnicity was improving, it was felt that more needed to be done in this area.

31/14 OXFORD UNIVERSITY HOSPITALS NHS TRUST (OUHT) - UPDATE

(Agenda No. 9)

Andrew Stevens, Director of Planning & Information, Oxford University Hospitals NHS Trust (OUHT) attended the meeting to give an update on various topics of interest to the Committee (JHO9). These related to:

- The Trust Strategy for 2014/15 to 2019/20
- The Trust Business Plan for 2014/15 to 2015/16
- The outcome of the recent CQC inspection
- Trust performance against key national standards
- Progress on the Trust's Foundation Trust application
- An update on the Cotswold Maternity Unit
- An update on the Horton General Hospital
- Other key developments

He introduced the report grouping topics under the headings of 'Strategy and Priorities for Patients; Quality and Performance; Local Services for Local Patients; and Working with Others. He corrected the second sentence in paragraph 9.2, page 73 refers to state (correction in italics):

'In order to help the local health and social care system manage the activity and financial pressures with which it is currently faced, the Trust has agreed contractual arrangements with OCCG that seek to manage risk across the system '*in a much more equitable way'*

A member of the Committee asked what action was being taken by the Trust with regard to meeting the admitted standard for orthopaedics and spinal surgery (5.11, page 68 refers). Mr Stevens responded that specialist orthopaedic surgery was a problem shared around the country due to sheer numbers coming through. The Trust was witnessing the centralisation of patients to specialist hospitals, of which the Trust was one, and it was therefore looking into the areas where patients were willing to consider other providers. Weekend operating was another option under consideration. With regard to spinal surgery, the Trust had taken action to restrict surgery to the catchment Oxfordshire and neighbouring counties. He commented on the need to conduct a national review of specialist commissioners with the aim of establishing referrals on a planned basis. A member asked why people would elect to go elsewhere for an orthopaedic operation when the resources offered at the Nuffield were of such high quality, Mr Stevens responded that it was a matter of giving patients a choice as they had a right to be treated within 18 weeks.

In response to a question concerning the problem in meeting the 31 day radiotherapy standard (5.14, page 68 refers), Mr Stevens assured the Committee of his confidence that the Trust would be again meeting the target very soon, adding their plans for a satellite service for local patients.

In response to questions, Mr Stevens reassured the Committee that the Trust were in the process of working up a business case on how equipment in theatres could be

refreshed; and that there was no restriction on grounds of age for operations in Oxfordshire.

With regard to the length of time it can take for the issue of medicines on discharge, Mr Stevens explained that improvements had been made. Winter pressures monies had been used to make pharmacy staff available during out of hours and at weekends. From September prescriptions would be checked and automatically dispensed by a robot.

A member asked how the Trust planned to achieve the level of cost savings and still meet the required targets. Mr Stevens explained that each department had been sent a particular improvement target and a variety of trust-wide transformation projects were underway to drive down costs and support doctors in a much smarter way, for example, the implementation of electronic patient records and sending out advice, as appropriate, via email rather than admitting patients to hospital.

A member asked how theTrust was putting into place the thoughts and ideas which had been gleaned from the listening events that were part of the CQC process. Mr Stevens responded that the Trust had already started work on some of the key issues raised, for example, an internal peer review process had been devised and an environmental issue within the Accident & Emergency had been tackled. He added that the principle issue was on embedding good practice across the whole organisation, such as staff training in dementia and engagement with the public.

In response to questions regarding what measures were to be taken to improve an effective discharge process into GP care in a timely way. Mr Stevens commented that the Trust were still involved with discussions on the use of monies for the Better Care Fund and it was also working very closely with Oxford Health, GPs and Social Care on Delayed Transfers of Care and the development of a single, integrated approach to community based support services. In addition, the Trust was looking at how an enhanced diagnostics, imaging and testing service could be provided outside of Accident & Emergency.

The Chairman thanked Mr Stevens for his report and for his attendance and also congratulated the Trust on behalf of the Committee on their ‘good’ CQC report.

32/14 AMBULANCE RESPONSE TIMES IN OXFORDSHIRE

(Agenda No. 10)

Steve West, Operations Director (Thames Valley) and Aubrey Bell, Area Manager (Oxfordshire), of South Central Ambulance Trust attended the meeting to discuss their report to the Committee on response standards and demand for the year 2013/14 and to respond to questions. Mr West introduced the report (JHO10) pointing out that within Oxfordshire demand had risen by 7% and category A red calls (potentially life threatening) had risen by 9%. Currently, within the organisation, the number of red calls had risen by 34%. The service had also seen a change in the pattern of 111 activity and the Trust was currently in the process of changing rotas to match this change in demand. This would pose a real challenge for the workforce and a consultation period on these plans was to follow later on in the year.

Within Oxfordshire performance statistics remained strong. However, as resources were becoming stretched, a number of initiatives, in essence different ways of working, had been put in place to address some of the challenges which the service was facing. For example, an interaction programme had been set up in the West Oxfordshire area to inform the public of the sites where defibrillators were; and the Trust were working with a private provider on the potentiality of a pilot for a satellite across the area. Talks with the military were currently in progress in the Thame area.

In order to give some context, the Committee was given a presentation on response times for red category patients and this was followed by a question and answer period.

A member asked if, in the future, average response times and variance around that average could be recorded, thus giving a clearer picture, adding that it appeared unfair that the Trust had missed the target by 4 seconds for Red 2 calls,

A member asked why the response times had worsened in parts of the county over the past few years. Mr West responded that hospitals had recorded an increase in acuity of patients presenting. Part of the increase was caused by the implementation of the 111 system. More calls were being classed as red calls, which had an effect on the percentage of patients SCAS were trying to respond to. Mr Bell responded also that it was difficult to put resource into areas where there were small numbers of calls per week. However, this was constantly under review and a variety of mitigating actions were being taken in these areas, such as the presence of co-responder teams.

In response to a question about why the 111 system was causing an increase in callout, Mr West explained that a joint audit had been carried out with consultants in the John Radcliffe hospital and it had found that 98% of patients calling were identified as appropriate care pathways, albeit with a different profile than it was historically.

A member asked whether the Trust was managing to maintain and recruit staff in sufficient numbers to meet the increased demand for extra resources required in different locations. Mr West replied that this had been a problem area and the Trust was looking at other resources, for example use of St John's private and voluntary ambulance support. The Trust was contracting with a number of private companies for paramedics, of which there was a shortage. However, despite the volatility in demand, its long term strategic objective was to use its own resource to staff its workforce.

A member commented that it would assist the Committee with any action it wished to take if it knew there was a health problem in a particular area caused by the increase in demand for resources. Mr West explained that the Government set the national standard (75% - 8 minute response) and the Trust was required to deliver it across the whole of the South Central area. Moreover it was committed to getting to patients as quickly as possible whether it be to an urban or rural area. He added that there was evidence that defibrillators improved patient survival - it was then important to get the patient to the right treatment centre. It was his view that it would be worth

reviewing how the Trust was performing clinically with outcomes for patients across its footprint. To this end, work was already taking place with stroke victims.

The Chairman reminded members that the OCCG were to be invited to the Committee's November meeting, alongside SCAS to consider the Trust/OCCG consultation strategy for future plans. He thanked Mr West and Mr Bell for their report and for their attendance.

33/14 HEALTHWATCH OXFORDSHIRE

(Agenda No. 11)

Dermot Roaf, Vice-Chair of Healthwatch Oxfordshire Board and Carol Ball, Co-ordinator, attended to present a report on recent projects (JHO11).

Mr Roaf reported that Larry Sanders, the founding Chairman of the Board had resigned and Jean Nunn-Price MBE had been elected Chair in his place. He also reported that the interim Director, David Roulston had now left and Rachel Coney would begin in her office as Chief Executive on 21 July. He added that it was hoped that more Board members would be recruited in the near future.

Mr Roaf then presented the update report (JHO11) which outlined the current project and research work being undertaken.

Members congratulated Healthwatch Oxfordshire on a good report and urged them to connect with and follow up the recommendations with the organisation concerned to ensure maximum impact.

34/14 MUSCULO-SKELETAL SERVICES

(Agenda No. 12)

Phillipa Mardon, Programme Manager for Planned Care, Oxfordshire Clinical Commissioning Group (OCCG), presented her report (JHO12) which informed members of a project being initiated by the OCCG to review and develop musculo-skeletal services, how it will be managed and how the OCCG would engage to inform the Committee of future developments.

Phillipa Mardon undertook, at the request of the Committee, to circulate via the officers, whether or not GPs were currently referring patients to osteopaths and chiropractors, together with a list of other project consultees.

In response to a number of questions raised by members of the Committee Phillipa Mardon gave her assurances that:

- A resource analysis was in place to ascertain where the problems were, in for example, patient waiting times and how the service could operate more effectively;
- Whilst funding for the service was not being reduced, it was necessary to unbundle the costs to ensure that the money was being spent in the right place;

- Project workers were looking at how other CCGs in other areas had tackled similar projects and were inviting discussion;
- The Team were currently in discussion with a national adviser who was both experienced in looking at the appropriate tools to measure good outcomes and in sharing outcomes of work to ensure that patient engagement was as good as it could possibly be.

The Chairman thanked Phillipa Mardon for the report and for her attendance and invited her to the September meeting to report on the consultation outcomes.

35/14 CHAIRMAN'S REPORT AND FORWARD PLAN

(Agenda No. 13)

The Chairman had nothing to report.

The Committee **AGREED** the proposed items for the Forward Plan (JHO13) and added the following:

18 September 2014

- Funding of access to psychological therapies (CCG)
- Consultation outcomes for review of Musculo-Skeletal service (CCG)

20 November 2014

- SCAS Strategy – more information required on numbers, hotspots, planning (SCAS)

Other topics to be included

- Immunisations and Sexually Transmitted Diseases – for scrutiny? (Director of Public Health)
- Outcomes – based contracting – should they be scrutinised by HOSC? (Director of Public Health)

36/14 DATES OF FUTURE MEETINGS 2014/15

(Agenda No. 14)

It was noted that the Joint Committee would meet on the following dates during the 2014/15 municipal year:

18 September 2014
20 November 2014
5 February 2015

NB: the County Council have set the following dates for the 2015/16 municipal year:

23 April 2015
2 July 2015
17 September 2015
19 November 2015
4 February 2016

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JHO3

..... in the Chair

Date of signing