

## OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 18 September 2014 commencing at 10.00 am and finishing at 12.25 pm

**Present:**

**Voting Members:**

Councillor Susanna Pressel (Deputy Chairman)  
District Councillor Alison Thomson  
Councillor Kevin Bulmer  
Councillor Surinder Dhesi  
Councillor Tim Hallchurch MBE  
Councillor Laura Price  
Councillor Alison Rooke  
Councillor Les Sibley  
District Councillor Dr Christopher Hood  
District Councillor Rose Stratford  
Moira Logie  
Dr Keith Ruddle  
Mrs Anne Wilkinson  
Councillor Sandy Lovatt (In place of Councillor Yvonne Constance OBE)

**Co-opted Members:**

Moira Logie  
Dr Keith Ruddle  
Mrs Anne Wilkinson

**By Invitation:**

**Officers:**

Whole of meeting Ben Threadgold (Social & Community Services) and Julie Dean (Chief Executive's Office)

Part of meeting 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.*

### **37/14 ELECTION OF CHAIRMAN FOR THE REMAINDER OF THE 2014/15 COUNCIL YEAR** (Agenda No. 1)

Councillor Yvonne Constance was elected Chairman for the remainder of the 2014/15 Council Year.

**38/14 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 2)

Councillor Sandy Lovatt attended for Cllr Yvonne Constance and an apology was received from Cllr Martin Barratt.

**39/14 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**

(Agenda No. 3)

There were no declarations of interest submitted.

**40/14 MINUTES**

(Agenda No. 4)

The Minutes of the meeting held on 3 July 2014 were approved and signed subject to the following:

- Minute 29/14, page 4, Priority 6, bullet point 2, to correct 'support' to 'supported';
- Minute 32/14, page 7, paragraph 1, final sentence, to take out the words 'there would';
- Minute 34/14, page 9, first bullet point, to correct 'recourse analysis' to 'resource analysis'.

Matters Arising

With regard to Minute 27/14 – Toolkit – Mr Threadgold reported that a toolkit was in the process of production and would be submitted for discussion at a future meeting. He undertook to circulate the draft toolkit as soon as possible.

With regard to Minute 29/14 – Oxfordshire Health & Wellbeing Strategy 2014/15 – the Committee requested that the heavy schedule of business to be considered at the 2 February 2015 meeting be re-scheduled to allow health services for children with mental health problems to be considered at that meeting.

Members expressed their concern that there had been no response from the Oxfordshire Health & Wellbeing Board to the Committee's submitted comments on the draft Strategy, nor to the Committee's comments to Cabinet with regard to the Director of Public Health's Annual Report. Dr McWilliam assured Members that their comments had been taken into account by the Board and by Cabinet. Mrs Dean reported that this issue had been picked up as part of the Governance Review in the autumn.

With regard to Minute 30/14, page 5, paragraph 4 – Community Sexual Health Services – new contract – Dr McWilliam undertook to circulate to all members of the Committee information on the clinic opening hours. He expressed his confidence that the new service would be an improvement on the last, adding that its performance would be monitored throughout the autumn with attention given to how it had 'bedded in'.

With regard to Minute 32/14 - Ambulance Response Times in Oxfordshire – page 8, paragraph 6 – Members asked for follow up data and outcomes, if there were any, on the possible initiative to use St John's private and ambulance support in the west Oxfordshire area.

**41/14 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 5)

There were no requests to address the meeting or to submit a petition.

**42/14 OXFORD UNIVERSITY HOSPITALS NHS TRUST ACTION PLAN - CQC INSPECTION**

(Agenda No. 6)

As requested at the previous meeting, the Committee had before them the final approved action plans which had been developed by the Oxford University Hospitals NHS Trust (OUH)(JHO6). These were in response to the Care Quality Commission (CQC) Chief Inspector of Hospitals Report which had been published on 14 May 2014.

Andrew Stevens, Director of Planning & Information (OUH) attended the meeting to discuss the detailed action plan and to give an update on progress since the inspection. He was accompanied by Claire Winch, Deputy Director of Assurance (OUH).

Mr Stevens gave a brief overview of his report requesting the Committee to note the two action plans, which had been formally approved by the CQC on 14 August. He also undertook to provide an update on the implementation of the action plans to a future meeting.

In response to a query about the monitoring procedure, Mr Stevens informed the meeting that the intention was not to undertake it as a separate exercise. The action plans would be monitored by the Clinical Governance Committee on a monthly basis. An escalation process was in place so that corrective action could be undertaken, if it is found necessary. To date the Trust was on track with the exception of two which related to recruitment issues.

A committee member asked if staff training would be conducted on an ongoing basis as part of a rolling programme. Mr Stevens responded that a competency training

needs analysis had been completed on services across the board and the resulting set competencies had then to be kept up to date. He added that all had their own training menu and these were monitored via performance management processes.

In response to a query about how staff vacancies were advertised and also how much was spent on agency staff, Mr Stevens stated that recruitment and retention was a key issue in the organisation at the moment and staff across the Trusts were trying to be as imaginative as possible in their efforts to re-invigorate the recruitment and retention field. Initiatives in recruitment packages such as flexible working, career mapping for staff, and overseas recruitment (as a short term measure only) were being established. The key message being given to managers was the importance of retention as well as recruitment. Expenditure on agency staff was a major cost pressure and the Trust was seeking to prioritise this issue, at the same time ensuring that the quality of care given by agency staff was of a good standard. Mr Stevens stated that, in short, the Trust had to get smarter in relation to how it organised its services and how it developed a workforce to tie in a new pattern of service delivery that was both clinically safe and financially sustainable.

A member asked whether the revisions to the Dementia Strategy would be achievable in light of all the financial pressures the Trust was dealing with. Mr Stevens responded that the Physical medical service now incorporated mental health of which dementia and delirium were key parts. He added that the Trust was party to the multi-agency approach and had been successful in gaining financial support for the Physical ward. The ward had not yet been vacated in order to carry out the upgrade. The Trust was in the process of strengthening its Dementia Strategy which would include a psychological service to ensure all staff picked up possible signs of dementia in patients and a fast tracking service from Accident & Emergency for patients to a more appropriate service. He undertook to send members details of the Trust's AGM which was focusing on the revised Dementia Strategy.

Mr Stevens was asked if there had been any escalation on the 'should do's' and how was the work on staff inclusion measured. Mr Stevens responded that as the report had only just been signed off, tracking measures had not yet been developed. He added that the key was to listen actively when undertaking staff engagement in order that they could feel empowered to raise problems and hence influence solutions to issues which would ultimately lead to meaningful improvement. A major performance measure was the annual staff survey and there were regular 'pulse checks' on a smaller scale to tie in with clinical performance.

A member asked how the Plans would be programme managed. Mr Stevens responded that they were to be built into the existing performance management structures for clinical and general management, in order that the Board could see the overall picture across the organisation and action being taken. He added that quite a few of the completion dates had already been accomplished and it was hoped that all would be achieved by November 2014.

In response to a question, Mr Stevens confirmed that computer records were being monitored more closely and quality processes were in place.

Mr Stevens and Ms Cinch were thanked for their attendance and the Committee

**AGREED to:**

- (a) congratulate the Trust on their 'good' outcome from the CQC;
- (b) note the action plan developed to address the compliance actions ('must do actions');
- (c) note the action plan developed to address the advisory actions ('should do' actions);
- (d) note that both action plans were formally approved by the CQC on 14 August 2014; and
- (e) request the Trust to submit an update on the implementation of the action plans in February 2015.

**43/14 EMERGING FINDINGS OF THE NON - EMERGENCY PATIENT TRANSPORT SERVICES CONSULTATION**

(Agenda No. 7)

David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG) attended the meeting, accompanied by Simon Lawrence, Project Manager, in order to provide an update on consultations and proposals regarding the eligibility criteria for non-emergency patient transport services in Oxfordshire.

On 29 May 2014 the OCCG launched a consultation on the Non-Emergency Patient Transport Service (NEPTS) to review the eligibility criteria for patients registered at Oxford General Practice. This was a part of a wider 5 year strategy where they were looking at service provision against the background of rising demand and tightening resources.

During the course of the scrutiny exercise the following issues were raised for consideration by the OCCG Governing Body:

- Had there been sufficient attention given to getting those patients with early appointments to their appointment in time? For example, the Committee welcomed the new S7 service from Witney to the JR but it did not run until after the rush hour and the buses could not enter the hospital complex to drop off patients;
- Had there been sufficient attention given to identifying those patients with multi – health issues, such as a podiatry patient suffering from dementia, who was unable to transport him/herself? Had the OCCG considered asking GPs to make recommendations for subsidised transport if needed?
- There was a need to update the range of information available to patients prior to the changes being implemented – for example, changing the various websites on the voluntary organisation sites;

- There was a need to ensure the publication of the Travel Costs Scheme for those who needed financial support before 1 October and to make sure that there is more signposting to patients – in order to strengthen their ability to apply for it;
- To flag up with volunteer drivers the necessity to have special business insurance in case of accident;
- Would volunteers be recompensed for their petrol and hospital parking costs? – is so, this needed to be publicised;
- Would there be parking concessions for people requiring regular hospital treatment over a short time?
- To align the review of Community Transport currently being undertaken by the County Council with the proposed service; and
- Finally, the Committee had concerns regarding the timetable for the introduction of the Scheme. Although it was acknowledged that significant amount of work had already been put in, it was apparent that there still needed to be further work with providers, voluntary organisations, community organisations etc. The correct infrastructure would need to be in place before the plans were executed to reduce the patient transport service.

David Smith and Simon Lawrence were thanked for their attendance.

#### **44/14 HEALTHWATCH OXFORDSHIRE**

(Agenda No. 8)

Members of the Committee welcomed the newly appointed Chief Executive of Healthwatch Oxfordshire (HWO), Rachel Coney and Deputy Chair of HWO, Dermot Roaf, to the meeting. They spoke to the report which updated the Committee on key actions and decisions taken by HWO during Rachel Coney's first month in post. They undertook to send to all Members of the Committee a link to a transcript and a short film, which was currently on the HWO website, which highlighted the key points of the debate at a conference, co-hosted by HWO Oxfordshire and the University of Oxford Health Experiences Institute, that explored the Government proposals to extract patient data from local GP systems into the national care data system.

A member asked about the recruitment and security checking of volunteers in care homes. Rachel Coney informed the Committee there was some legislation in existence around 'enter and view', the interviewing and application process of potential volunteers and full disclosure barring etc. She added that HWO had undergone a rigorous process to ensure that the right people were recruited to undertake a project to take one hundred patients and their relatives on discharge from the acute and community sectors in February 2015 and then to review their progress in acute care/ their own homes or in a care setting. This would be a joint project with OCC, care providers and the Trusts. Another element of the project was to run a simultaneous survey of pharmaceutical care provision on an 'enter and view' basis as HWO were of the view that there had been insufficient focus in this field on the patient voice and on patient health outcomes.

In response to a question regarding people's knowledge of HWO as an organisation, Rachel Coney agreed that this was a challenge. HWO were hoping to bring more

attention to their work using the media. She informed the Committee that recently she had been invited to take part in an extended interview with Radio Oxford. She added that a valuable part of the work of HWO was to network with politicians in order to circulate newsletters, give news on forthcoming events and to find out about available grants etc. She reported that HWO were proposing to establish a reference group of informed people representing various groups of people with needs, such as older people living in rural areas with dementia, which would meet six times per year charged with bringing back information. She added that she was aware of the need to build in an infrastructure to the HWO and core ways of working. In response to a member suggestion that chemists and pharmacies would be a good source of information about HWO, Rachel Coney reported that she had already begun to address this and, as a start had discussed this matter with the Manager of Boots, Oxford. Members agreed that councillors would benefit from receiving regular information from HWO, and vice-versa, as long as there was no confusion about the functions of each. Rachel Coney commented that she would welcome a workshop to discuss this.

In response to concerns expressed by a member with regard to access to health care for prisoners with a mental health problem, Rachel Coney stated that she had begun to address the problem with the prison service in relation to the problems encountered and that it was hoped that visits could be made in the future. However, although mindful of the need to work co-operatively with providers, HWO did not have the capability to make the visits as yet.

In response to the Committee's query as to whether recommendations from the reports from HWO had been addressed in a satisfactory way by the Health body concerned, Rachel Coney pointed out that she had made a commitment to compile one report on the commitments made to HWO and to bring it to this body and to the Health & Wellbeing Board.

Rachel Coney and Dermot Roaf were thanked for their attendance.

#### **45/14 ORAL HEALTH OF CHILDREN IN OXFORDSHIRE** (Agenda No. 9)

The Committee had before them a report (JHO9) on the oral health of children in Oxfordshire. This followed public concern about recent data from the Joint Strategic Needs Assessment on oral health in under 5 year olds in Oxfordshire which showed a decline in the health of children's teeth, especially in rural areas. Cllr Hilary Hibbert-Biles, Cabinet Member for Public Health & the Voluntary Sector, Dr Jonathan McWilliam, Director of Public Health and Eunan O'Neill, Consultant in Public Health were present at the meeting in order to respond to questions from members.

Dr McWilliam introduced the report and Eunan O'Neill presented it. The report contained information on the statutory dental public health functions of the Local Authority, the current oral health of five year old children in Oxfordshire, and the actions being taken to provide dental public health services for the local community.

In response to a query as to the accuracy of the statistics, Dr McWilliam commented that they could not be relied upon too heavily as they were only indicators. Public

Health could do their own local survey, but it would prove too expensive for the funds available. Public Health officers were guided by the index of multiple deprivation statistics which was tracked closely to ensure that disadvantaged groups were not left out. He clarified that the Directorate had a duty around the collection of data in order to facilitate a number of strengthening actions to effect improvement, via contracts with the NHS and a programme of health promotions. These were usually very well received. For example, officers were pleased that children's centres, had signed up to the recent promotion on children's oral health. As a way of broadening the work out, health workers, charity nurses and other front line staff working in the education field were being encouraged, and trained, to work with the directorate on children's oral health

A member asked if the the former annual check - up of children's oral health was being re - introduced along with the establishment of a school nurse in every school in Oxfordshire. Mr O'Neill responded that the check-ups had been stopped by the Department of Health in 2006 and it was not in the school nurse's remit to carry out the checks.

In response to a question relating to the methods by which Public Health were prioritising their services, Mr O'Neill explained that it was via sample methodology based on the data published across each district. For more detailed work, officers made use of statistics on multiple deprivation which gave detailed information down to ward level and which helped to target where services should go. For more overall direction, and for use as a check, national surveys provided valuable information. Data was also collected nationally on children over a five year period. The Directorate was currently taking part in a national survey on fluoride, the outcomes of which he undertook to circulate to all members of the Committee.

Cllr Biles commented that the promotions and campaigns conducted by the Public Health Directorate were often repeated every few years for educational purposes. She added that the school health nurses in schools would be key in reminding children to brush their teeth regularly.

Dr McWilliam undertook to provide further information in the future on health inequality in relation to oral and dental services.

Cllr Biles, Dr McWilliam and Mr O'Neill were thanked for their attendance.

**46/14 DEVELOPING MUSCULOSKELETAL SERVICES IN OXFORDSHIRE - A BRIEFING ON ENGAGEMENT ACTIVITY**  
(Agenda No. 10)

Colin Sullivan, Senior Project Lead, OCCG attended to update the Committee, since their report to the July 2014 meeting, on the engagement activity undertaken to date to support the OCCG's Musculoskeletal Services project and planned engagement activity for Phase Two of the project. Colin Sullivan introduced the report stating that the project was progressing well.

A member asked what percentage of the population suffered from a musculoskeletal condition and was it a big problem. Mr Sullivan responded that there were many



..... different forms of the condition and 40% of planned care referrals were musculoskeletal related. He added that patients having been through the trauma system would return for their regular follow ups. Also the service was well used by the over 65's due to age related illnesses such as deterioration of the bone.

In response to a question, the Committee were informed that spending on the service was at the national average.

Mr Sullivan was thanked for his attendance and for his brief on engagement activity.

**47/14 OUTGOING CHAIRMAN'S REPORT AND FORWARD PLAN**  
(Agenda No. 11)

Ben Threadgold reported that a number of informal meetings with the former Chairman were due to take place. These would be rearranged with the new Chairman.

With regard to the Forward Plan, a member asked that mental health issues on the Plan be prioritised, particularly when they related to young people. Mr Threadgold agreed to look into bringing some items forward.

**48/14 DATES OF FUTURE MEETINGS - FOR INFORMATION**  
(Agenda No. 12)

The dates of future meetings of the Committee were noted.

..... in the Chair

Date of signing