OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 11 March 2010 commencing at 10.00 am and finishing at 12.52 pm

Present:

Voting Members:	District Councillor Richard Langridge – in the Chair
	Councillor Tim Hallchurch MBE
	Councillor Jenny Hannaby
	Councillor Ray Jelf
	Councillor John Sanders
	Councillor Don Seale
	Councillor Lawrie Stratford
	Councillor Susanna Pressel
	District Councillor Dr Christopher Hood
Co-opted Members:	Dr. Harry Dickinson
	Mrs A. Wilkinson
By Invitation:	
Officers:	
Whole of meeting	Julie Dean and Roger Edwards (Corporate Core)

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 schedule are attached to the signed Minutes.

14/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies were received from Councillor Dr Peter Skolar, Councillors Jane Hanna and Rose Stratford and Mrs Ann Tomline.

15/10 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

There were no declarations of interest.

16/10 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 21 January 2010 were approved and signed subject to an addition into line 5, paragraph 3, page 5 to read as follows: (additional wording in bold italics)

'Andrew Stevens agreed ***with Dr McWilliam's comments on the quality of the Paediatric service in Oxfordshire*** adding that it was the role of the PCT to decide what was the best service which could be provided for all children across the county.'

Matters Arising

Minute 7/10 – Councillor Lawrie Stratford reported on a meeting he had observed of the The Better Healthcare Programme's Clinical Review Panel.

17/10 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

There were no speakers or petitioners.

18/10 OXFORDSHIRE LINK GROUP – INFORMATION SHARE

(Agenda No. 5)

The Committee thanked Adrian Chant, Oxfordshire LINk Locality Manager for his oral report on the following LINk activities:

- The first Annual HEARSAY! Service User Event – organised in partnership with Social & Community Services for users of Adult Social Services and their carers, friends and family members;
- The Stewardship Group and the Host service had been invited to work in partnership with the Child Brain Injury Trust to assist in a project currently underway into the quality and consistency of the service for children and their families admitted to Oxfordshire's Accident & Emergency units. This was a pilot project with the Oxfordshire LINk and if successful, would be rolled out to other counties;
- Project, in association with Oxfordshire Unlimited, a Physical Disability-led organisation, with a view to assisting them to increase their membership;
- Support work with Crisis House project;
- Support work with the Neurological Alliance to assist them with increasing their membership numbers, funding and to provide the appropriate medical channels; and
- Major project work in relation to Self Directed Support, Access to Services in Rural Areas and work around Intermediate Care.

19/10 PUBLIC HEALTH

(Agenda No. 6)

Dr McWilliam and Dr Habibula were thanked for their attendance and for reporting on the following matters:

- Killer Diseases – Oxfordshire has achieved 95% towards their immunisation targets and is very well placed nationally;
- Hospital Superbugs – Oxfordshire has met both of the MRSA and CDifficile limits. However the rates are too high nationally and the Government are due to set tighter targets accordingly;
- Preventing Bowel Cancer – screening has begun in the north of the county (at the Horton Hospital) and will be rolled out shortly to the remainder, accreditation now having been received. This will be based at the at of the John Radcliffe Hospital;
- Alcohol and Social Problems – A good piece of work had been carried out linking Accident & Emergency, Thames Valley Police and all Oxfordshire Local Authorities, particularly Oxford City Council, to identify which geographical areas experienced the most problems and how these could be tackled, for example by the use of plastic beer glasses. Oxfordshire had been the subject of national acclaim for a reduction in the numbers of people assaulted.

Dr McWilliam was also thanked for his very practical paper, which was tabled, on 'Promoting Healthy Ageing.'

20/10 OXFORD DRUG REHABILITATION PROJECT

(Agenda No. 7)

The Committee welcomed Jo Melling, DAAT Director; Alan Webb, Oxfordshire PCT; Darren Worthington, Chief Executive of SMART; Glenda Daniels, service user involvement coordinator of OUT; Dr Angela Jones, GP formerly working at the Luther Street Medical Centre; and Richard Lohman, Steering Group member of Oxfordshire LINk to the meeting;

Alan Webb introduced the item giving a brief resume of the situation to date, stating that the service had been retendered in 2007 as a result of a change in its major funder, which had previously been Housing Services. Since then the major challenge had centred around finding suitable premises. He reported that property had now been found in Iffley Road, Oxford and would be secured in the near future. Mr Webb pointed out that when the PCT as host commissioner had gone out to re-tender, the DAAT had been assured that the service would not be disadvantaged and that funding would be provided from out of county placements if needed.

Jo Melling added that, when re-commissioning the service, the principal aim had been to develop a good, effective local treatment programme which was different from other services provided in other areas. At the time, practitioners had been consulted on the new service, but the premises issue had been sprung upon them and there had thus been no opportunity to go out to further consultation. Her view was that the clients had not felt disadvantaged by this, citing statistics from an annual user survey. No individual cases of people disadvantaged had been brought to light by service users themselves of by other organisations. In response to a question from the acting Chairman asking if she was sufficiently confident that there had been sufficient consultation, Ms Melling and Glenda Daniels assured the Committee that the service consulted constantly and that they were satisfied with the level of involvement. Some cases had been resolved via advocacy over the last three years and each had been assured that placements could be provided out of county.

Moreover the new service was working with SMART to ensure that there was ongoing service user consultation. Users were happy with the service provided.

In response to a question from a member of the Committee asking if all the service users were happy to work with SMART, and if there was a reciprocal consultation arrangement with other counties, Glenda Daniels commented that SMART was a criminal justice focused service and that there had been a cohort of people stating their dissatisfaction with this. She added that much work had been done to rebrand SMART in light of the different nature of services they were to provide and it was her view that a new side to SMART would be experienced when the new drop in centre was established. Darren Worthington added that SMART now provided a range of services for each stage of recovery and indeed provided services across the Thames Valley region, not just to the DAAT. Jo Melling confirmed this, adding that although SMART as an organisation had been established in Oxford 14 years ago, it was now competing against large national providers at a national level. Moreover, its processes demonstrated a robust transparency.

At this point the Chairman invited Dr Angela Jones, who had been a GP working in the Luther Street, Oxford Medical Practice for the Homeless, during the period when it was a charity until it subsequently became a PCT provided service, to speak. She made the following points:

- Prior to when the DRP was set up it had been an 'old fashioned' service with providers who were able to meet need in a flexible, rapid way;
- The DRP was set up in response to an identified need to address the requirements of a marginalised, core group of insecure users, a group which, in her view, cost the County, the NHS and the Criminal Justice System a significant amount of money. The DRP would put service users on a pathway from use of prescription medication to when they moved on to County rehabilitation services. She added that she would have liked to see the service extended to stabilization of the client within the community;
- The DRP was a very valuable and creative project in which rough sleepers were given the opportunity to become socially acclimatized once again by embarking on a structured programme of cooking, cleaning etc. It had 'astonishing' results, clients blossomed, and the DRP could have filled the Unit many times over;

In response to Dr Jones' query as to whether the views of the local GPs had been sought with regard to the new unit, Jo Melling responded that they had not asked every City GP, but consultation took place on a regular basis with GPs via the GP Forums which met on a bi-annual basis. Glenda Daniels added that service users were given a structured, hour long interview in which they were asked their thoughts about every service. There was also a county-wide piece of research undertaken each year. She added that this work had proved very valuable in for her in her role as a member of the commissioning group for the DAAT.

Dr McWilliam expressed concern about seeing a service reduction for people suffering from substantial social problems, due to budgetary problems . He asked Dr Jones her view, in her capacity as a national expert. On the new tender

plans. Dr Jones responded that she had not seen them and indeed did not now have the local knowledge with which to do so. She advised that the views of the clinicians working in the City be sought, particularly of those working directly with Luther Street.

Members of the Committee asked a number of questions of the panel of invitees, a selection of which are included below:

Q Will the plans still include the service for rough sleepers so valued by Dr Jones?
R(Jo Melling) Yes. It will take complex cases who will require long term detox programmes. However, it will be directed at users from the whole county, not simply for rough sleepers.

Q When you consult, do you involve the families of service users'? Some may not be the best position to comment themselves.
R (Jo Melling) We haven't in the past engaged families as well as we could have. We are committed to engaging the service users' stakeholders. We do have a Family Support service and this will be addressed this year.

Q Could you give us an idea of the long term success rate for the project? How much does it cost the tax payer and does it bring value for money? So far we have only referred to drugs, is there a danger that there is too much focus on drugs and too little on treatment for alcohol abuse?
R (Jo Melling) The cost of the DAAT overall is £7m and the PCT contributes on a local basis. We retain over 70% of people entering treatment over a 12 month period. Our national database indicates that Oxfordshire is currently ranked fifth in the country for treatment effectiveness, which is a service this county can be proud of. We do provide a service for those suffering from alcohol abuse but it is very much a 'poor relation'. Many drug users have alcohol problems also. We do, however hope to develop a service . The DAAT is trying to drive forward the community safety aspects of alcohol abuse.
Q Would it be possible to use the new unit for income generation?
R (Jo Melling) This cannot be ruled out and could be considered when we have the building specification.

Q When will the new service be begin operating?
R (Darren Worthington) We have begun negotiations with a landlord on the Iffley Road, Oxford and we are very shortly to start discussions with the local council with regard to planning permission. We estimate that it will open in late summer 2010.

Jo Melling commented that the search for premised had been wider than just Oxford City.

Q Will it have 8 beds?
R (Darren Worthington) We are looking to it operating with 10 beds. There will be a dedicated nurse working at the unit.

Q What lessons have the PCT/DAAT learned from this? Does the LINk have good cause for concern?
R (Alan Webb) We need to look at the communications issues across all parties with regard to when a service is to be re-provided and/or when there is a service break. He expressed his confidence that there were no governmental issues, as he chaired the DAAT. He added that, although there were lessons to be learned, the DAAT had an excellent track record and this should be kept in focus. The PCT were anxious to ensure that service users were not compromised in any way with the new service.

Richard Lohman was invited to give a response to the debate on behalf of the LINk DRP Group. He put forward the following comments:

- In terms of value for money, a review of the former DRP undertaken in 2005 stated that nowhere in the country could one find a better cost per unit. The unit was exceptionally good value for money;
- The National Treatment Agency for Substance Misuse (NTA) carried out an audit of 22 outcomes and found that 10 out of the 22 were not auditable. It is difficult to assess where a person is in terms of whether they have become a productive member of society within a 2 year period;
- Interviews carried out with some service users have echoed the statements given by Glenda Daniels and Daniel Worthington that SMART was now able to offer a much broader service;
- Dr Andrew McBride had confirmed that unless money was earmarked for detox provision for rough sleepers, the provision offered would be unworkable. Darren Worthington, who has worked closely with the DRP Project Group, is very optimistic that the new service will cater for this treatment group by redirecting funding from elsewhere;
- The LINk had experienced some difficulties in extracting information from the Supporting People Team.

It was **AGREED** to:

(a) Thank the Oxfordshire LINk for their report;
(b) Request Mr Edwards to write to Oxfordshire PCT and the DAAT giving the Committee's view that the DRP should be re-provided as soon as possible and that the services should be at least to the standard of those that were provided formerly, particularly the 'base' level services offered to people prior to entry to rehabilitation;
(c) Any planning or nursing issues that would be likely to halt or delay re-provision, be reported to this Committee at the earliest possible moment;
(d) Oxfordshire PCT be reminded of the importance of consulting with this Committee should there be any change for service users; and
(e) The Oxfordshire Supporting People Team, Oxfordshire PCT and the DAAT be reminded of their duty to respond to requests for information from the Oxfordshire LINk.

21/10 THE DEMOGRAPHIC CHALLENGE

(Agenda No. 8)

OJHOSC members recalled that previous work had been undertaken by a joint working group comprising members of this Committee and of the former Social & Community Services Scrutiny Committee on the subject of the 'demographic challenge'. Their work had resulted in a report which had contained a number of 'red flags' representing concerns. The summary of the report that was accepted by Cabinet in January 2009 was attached to the agenda for information (JHO8(a)).

In addition to, and closely related to the above, the Committee had before them a paper entitled 'Successful Ageing in Oxfordshire: a high level strategy' (JHO8(b)), together with an associated paper entitled 'Proposal for Integrated Planning & Commissioning Arrangements for Ageing Successfully (JHO8(c)).

The following people attended for this item in order to provide a report on progress and also to inform the Committee about how they intended to join together to contribute to the work on the demographic challenge:

- Councillor Jim Couchman, Joint Chairman of the Health & Well-Being Board and Cabinet Member for Adult Services;
- John Jackson, Director of Social & Community Services;
- Jonathan McWilliam, Director of Public Health;
- Marie Seaton, Head of Joint Commissioning (Older People);
- Alan Webb, Director for Service Redesign, Oxfordshire PCT.

Alan Webb thanked the Committee for inviting him to participate with this item, pointing out that this was an excellent example of joint working in action in relation to the taking forward the commissioning of services for the Oxfordshire population. He added that Oxfordshire benefited from having a large number of pooled budgets in operation.

Marie Seaton introduced herself stating that she was a joint appointment of Health and Social & Community Services. She added that her key remit was to bring together the appropriate teams and to pull together the 'Ageing Successfully' Strategy for the older people of Oxfordshire. Moreover, it was not a community plan, rather a direction of travel to support older people ageing in Oxfordshire. It considered how people might be engaged in following a healthier lifestyle, following a listening exercise when people were asked what they valued for keeping their health as they got older. She added that a better outcome to deal with increased demand had to be a joined up approach with different organisations looking at how they could intervene with different approaches, and funding streams, as people aged. There was a need to reduce the demand on Health and Social Care, although essential components, and to bring in transport, Extra Care Housing etc.

John Jackson cited, as an example of the significant amount of partnership working which had begun to take place as shaped by Marie, the work undertaken to improve the quality of people's experience following a stroke. He directed members' attention to a paper which had been prepared for the forthcoming meeting of the Health & Well Being Partnership Board.

Members of the Committee asked a number of questions from the Panel and some of the responses are included below:

Q To what extent do you consult with the older people themselves?
R (Marie Seaton) The Strategy refers to a raft of consultation which has already taken place. The PCT commissioners work to ensure that engagement with older people will be ongoing.

Q How much work is going into the mental health elements of the project?
R (Marie Seaton) Age related dementia is a big issue. This is a priority for the County Council and the PCT and there is a pilot project in operation, with the aim of improving dementia awareness. The key issue is the early diagnosis of dementia and there has been a significant amount of good work with the Oxfordshire & Buckinghamshire Mental Health Care Foundation Trust and the Oxfordshire Radcliffe Hospitals NHS Trust.

Q What steps have you taken to target middle aged people, or those in their thirties and forties, to encourage them to change their lifestyles?
R (Marie Seaton) There is indeed the need for a radical shift in perception and, to address this, Public Health have employed a large raft of initiatives aimed at encouraging people to gear up to seeing themselves as valuable citizens within the local community, as against old or dependent.

Q Will you also have some depression awareness in place. Depressive illness is the predominating illness for middle aged and older people. Until their depression is treated they will be unable to move forward.
R (Dr McWilliam) I agree that depression is certainly part of the risk. This Strategy needs to join up with the strategy for adults with mental health difficulties and with the Psychological Therapies service. Scrutiny has a role in ensuring this happens and in checking to ensure that older people understand the services that are in place.

Q What about the position with regard to delayed transfers of care?
R (Alan Webb) We continue to focus our efforts on these, which are still too high. The latest report indicates that they total 70 across the whole Health system within Oxfordshire.

(John Jackson) There is a section focussing on tackling Delayed Transfers of Care in the Strategy. Addressing this problem is integral to reducing the numbers of people entering acute care and, allowing people to go along a chosen pathway towards re-enablement in their own home. Help could be provided within the community by the district nurse or by social care. The vast majority of personal care is not paid for by the state, it is provided informally by friends and relatives. We are very grateful to many people working collectively in town and rural parishes who assist and encourage older people to remain active and independent for as long as possible.

(Councillor Couchman) In order to do this it is important that the right service is available at the right time. For example, a great deal of effort has been put into the

redesign of the continence services to ensure that people do not have to go into residential homes too early.

Q How far have you got with the work being done with the 'red flags' which featured in the scrutiny review?
R (Councillor Couchman) Partnership working is now playing a significant part in addressing the required work, as indicated by the red flags. For example, three of Dr McWilliam's Public Health priorities are in this area and have made a significant contribution to 'Ageing Successfully'. Virtually all of the red flags are under scrutiny and under action. Marie's appointment will draw us even closer to our goals. In Oxfordshire we enjoy one of the closest relationships between Health and Social Care compared to most authorities.

John Jackson directed the Committee's attention to the County's partnership working with the district councils with regard to Extra Care Housing. He added that there was still much work to do across all organisations.

Q How do you target rural isolation issues?
R (John Jackson) The data available to us, as set down in the Oxfordshire Joint Strategic Needs Analysis, breaks down the need for support at ward level. This document found that there was a significant amount of support already in place for older people, which is rural based, and it is very important. We counted 300 different activities for older people available within Oxfordshire from Rotary/Lions Club dinners to day centres.

With regard to the rural isolation issue, Councillor Couchman pointed out that there was also a further consultation opportunity for older people to contribute to the Local Transport Plan (LTP3).

Q At the moment the Council is coping financially, but are you confident that you will be able to sustain your aims and objectives in the future?
R (John Jackson) We recognise the scenario and, to this end, we are working hard to adhere to our aims and objectives, to reinforce the importance of joint working and to have a clear Strategy in response to it. The problems will centre on rising demand and resources and on the question about how to reduce the need for more expensive forms of care? The paper prepared by Dr McWilliam addresses part of the discussion, focussing on the prevention agenda.

Alan Webb stressed the importance of the healthy living agenda, adding that the Strategy would enable partnership organisations to do that. He cited as an example the work of the Falls Service and of stroke prevention. All were crucial, enabling the partners to focus on reducing the level of resources to ensure that people who really require the acute services and residential care, received it.

Marie Seaton added that in the longer term there would be a generation of people coming through with differing expectations from the current older generation. On this basis, the Strategy was achievable, though its impetus would be on the financial pressures on the public sector moving forward.

Q How can volunteers help to keep older people stimulated and healthy, for example, those suffering from early dementia, particularly those living in the rural areas?

R (John Jackson) The Healthy Walks Scheme has proved successful to date, as has the jointly funded training, for example seated exercise classes. There are also Memory classes held in Wantage and the Oxfordshire Loans Collection (heritage services) are both designed to keep people's minds and bodies as active as possible.

Alan Webb pointed out that the PCT were working with Oxfordshire GPs to find ways of diagnosing dementia earlier so that patients could embark on a course of treatment earlier.

Individual members of the Committee put forward the following issues which they felt to be of direct relevance:

- Older people living in both rural and urban areas tend to worry about lack of transport available to them when they cease driving. There were many community transport providers who operated in a flexible and creative way by tailoring their services towards the needs of the community. Could there be more of this? ;
- Older people also worried about isolation and the loss of companionship resulting from the policy of more care in the home and less emphasis on residential care. Many people's zest for life was reignited on entry to a residential home. More 'halfway houses' offered by providers such as those by McCarthy Stone, offered independence and activities could be the answer; and
- Subsidies for rural bus services as part of the Strategy (via the LTP3) could be the key.

John Jackson pointed out that the above issues were considered within Age Concern's 'Age and Social Care Plan'. He added that this was a very significant issue and more work was to be undertaken on it. Older people would be encouraged to make their points heard from a local perspective and to get involved. He cited a voluntary link-up scheme which was jointly funded by OCC as an excellent example of a the way in which a pot of money could be taken and used successfully.

The Committee thanked Councillor Jim Couchman, Cabinet member for Adult Services; Marie Seaton, Head of Joint Commissioning (Older People); Alan Webb, Director of Service Redesign, Oxfordshire PCT; John Jackson, Director of Social & Community Services; and Dr Jonathan McWilliam, Director of Public Health for their attendance and for responding to questions from the Committee. The Committee gave their support to the ongoing work and requested that they be given a further progress report in a maximum of 12 months time.

22/10 ACCESS TO PRIMARY PHYSICAL HEALTH CARE FOR PEOPLE WITH MENTAL HEALTH PROBLEMS LIVING IN RURAL AREAS

(Agenda No. 9)

The Committee noted that the working group were due to meet shortly with the Oxfordshire & Buckinghamshire Mental Health Care Foundation Trust to consider in

more detail the work to be undertaken. A report would be given to the next meeting on 20 May 2010.

23/10 CHAIRMAN'S REPORT
(Agenda No. 10)

The Committee noted reports given by the Acting Chairman in relation to meetings he and Mr Edwards had attended with the following Health organisations:

- Community Health Oxfordshire (CHO);
- The Nuffield Orthopaedic Centre NHS Trust; and
- The Ridgeway Trust.

24/10 INFORMATION SHARE
(Agenda No. 11)

The Committee noted that the next meeting on 20 May 2010 was likely to be an all day meeting.

The meeting closed at 12:52 pm.

..... in the Chair

Date of signing .....