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## OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 19 January 2012 commencing at 10.00 am and finishing at 1.40 pm

**Present:**

**Voting Members:** Councillor Dr Peter Skolar – in the Chair

District Councillor Dr Christopher Hood (Deputy Chairman)  
Councillor Jenny Hannaby  
Councillor Don Seale  
Councillor C.H. Shouler  
Councillor Val Smith  
Councillor Lawrie Stratford  
Councillor Hilary Hibbert-Biles  
Councillor Susanna Pressel  
District Councillor Rose Stratford  
District Councillor Alison Thomson  
Councillor Ian Hudspeth

**Co-opted Members:** Dr Harry Dickinson  
Ann Tomline  
Mrs Ann Wilkinson

**Other Members in Attendance:** Councillor (for Agenda Item )

**By Invitation:**

**Officers:**

Whole of meeting Claire Phillips  
Jonathan McWilliam

Part of meeting

**Agenda Item**

6 **Officer Attending**  
David Bradley (Chief Operating Officer), Jackie Thomas (Head of Service and Business Development) and Dr Rob Bale (Clinical Director) , Oxford Health

7 Maria Godfrey (Early Intervention Manager; Children, Education and Families)

8 Dr Stephen Richards (Chief Executive), Alan Webb (Director of Partnerships and Transition) Oxfordshire Clinical Commissioning Group (OCCG) and Francis Fairman (Clinical Effectiveness Principal from the NHS Cluster (PCT)

*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.*

## **1/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Apologies were received from Councillor Keith Strangwood. Councillor Ian Hudspeth substituted for Councillor Strangwood.

## **2/12 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 Dr Peter Skolar declared an interest as a member of the Townlands Hospital League of Friends.

Councillor Jenny Hannaby declared an interest as a member of the Wantage Hospital League of Friends

Alison Thomson declared an interest as a member of the Faringdon Health and Social Care Group and as having family members with Coeliac's disease/gluten intolerance.

## **3/12 MINUTES**

(Agenda No. 3)

The minutes of the meeting on 10 November were agreed and signed subject to minor corrections.

It was agreed to circulate the response from the Leader of the Council to the Committee's letter about a Cabinet member for Health.

## **4/12 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 4)

Bryan Mitchell and Tracey Taylor from My Life My Choice gave a presentation on the subject of Annual Healthchecks for people with Learning Disabilities.

The presentation noted that Annual Healthchecks for people with Learning Disabilities were introduced in 2008 as a result of the 2007 MENCAP's report "Death by Indifference" and subsequent public enquiry "Health Care for All". The take-up of these healthchecks in Oxfordshire stands at 41% which is below the national average

of 49%. The benefit of these healthchecks is that they often uncover previously unknown health issues.

My Life My Choice is a charity which works to improve the quality of life for people with learning disabilities in Oxfordshire. It has worked with to provide free consultancy and training to GP practices on this issues but has found practices, the PCT and Strategic Health Authority not to be responsive to calls to improve take-up of these healthchecks.

Tracey Taylor posed the following questions to the committee and asked for its support in gaining answers to them from the PCT.

1. What is the Action Plan of NHS Oxfordshire to improve the quality and take up of health checks?
2. Who is responsible for leading NHS Oxfordshire in this?
3. What are GPs doing to increase the take up of health checks in Oxfordshire practices?

The committee thanked Tracey Taylor for her presentation and supported the issue wholly, committing to press NHS Oxfordshire to bring a report in response to a future meeting.

## **5/12 PUBLIC HEALTH** (Agenda No. 5)

Dr Jonathan McWilliam (Director of Public Health) presented his fifth Annual Report. In his presentation he highlighted;

- The demographic challenge and breaking the cycle of deprivation remain the two major priorities
- Obesity – we are bucking the national trend reflecting good partnership working
- Good progress on mental health commissioning
- Alcohol consumption continues to increase. Last year the focus was on harm minimisation as people are not yet ready to hear the prevention message.
- Reduction in killer diseases has seen an improvement
- Persistence in partnership working is needed

In response to questions from members of the committee the following points were noted;

- GP commissioning through localities and the integration with social care provide the opportunity for rural proofing services
- Breaking the cycle of deprivation remains hard to shift due to the persistence of issues within the target families. The commitment of large organisations to target this is crucial and the mainstreaming happening through the new Early Intervention Service is very positive.
- The Health and Well-being Board will set out plans for how different organisations can work together to tackle the issues related to demographic change

- The success of local healthwalks was acknowledged but concerns were noted about the awareness and publicity of these especially through GPs.
- There was some discussion about whether we should be campaigning for a higher minimum alcohol unit price, taxing sugary drinks and to encourage the Police to prosecute licensees who continue to serve those who are already drunk.
- Rates of TB are quite stable and that we have improved at early identification and completing treatment.
- The lack of healthchecks entry points was a factor potentially affecting the number of cases being brought into the country.
- Judgements on mental health in the report appeared complacent but partners had been consulted.
- There were concerns about the number of people prescribed medication for depression and hyperactive children.
- Clear targets for breaking the cycle of deprivation are needed
- The role of partnerships is important especially the evolving Local Enterprise Partnership.
- The need to work closely with Education to have an impact on the prevention agenda was emphasised.
- There is nothing in the report about drugs as figures from the Drug and Alcohol Action Team are good and the area of concern is alcohol.
- Strong prevention messages were thought to often be more effective as shock tactics change behaviours but acknowledged that such messages take a long time to have an impact.

Jonathan McWilliam undertook to circulate recent documents on the role of Public Health in Local Authorities and the Integration of Health and Social Care.

He also agreed to provide more information on Teenage pregnancy hotspots.

It was **AGREED** that the Director of Public Health's report would come to the HOSC prior to Cabinet in future years.

## **6/12 COMMUNITY MENTAL HEALTH TEAMS; UPDATE ON PROGRESS AND FUTURE PLANS**

(Agenda No. 6)

David Bradley (Chief Operating Officer), Jackie Thomas (Head of Service and Business Development) and Dr Rob Bale (Clinical Director) from Oxford Health presented the report which provided an update on the restructuring of the community mental health teams.

Members expressed serious concerns about the impact of the changes on the services. In response to questions from members there was discussion of the following points,

- Co-location of teams is to try and reduce the spend on premises. The consolidation has been around administrative bases.

- The model of care has not changed with people continuing to be seen in their homes. Though the need to balance the number of people coming into clinics and those being seen at home.
- The variation in size of locality teams reflects consideration of issues other than just population size such as deprivation.
- In response to concerns about the lack of information about psychology or psycho-therapy services it was noted that the paper is not a mental health strategy and therefore does not cover all elements of the service.
- Oxford Health was attempting balance the issue of consistency of services between inpatient and CMHTs. It was felt that the new way of working was improved as there are fewer consultants working on inpatient wards enabling more consistency on the in-patient side.
- Referrals from GPs to memory clinics and access to consultants is being made very easy.

It was **AGREED** to bring a report with performance and outcome information to the July meeting when audited figures for the service will be available.

## **7/12 EARLY INTERVENTION HUBS AND HEALTH MATTERS** (Agenda No. 7)

Maria Godfrey (Early Intervention Manager; Children, Education and Families) presented the report. She highlighted that the service started in September so is still in its early days but that the aim has been to build on earlier work to integrate work with families and deliver services for vulnerable children from one place.

It was noted that Health Service colleagues had been involved in the service from the beginning and that further work is planned with health and social care colleagues in the spring to test care pathways.

Members asked to have more information about the performance of the service and it was **AGREED** that a report would be brought to the July meeting.

It was noted that the specification for Children's Centres will measure outcomes and will continue to integrate with the work of the Early Intervention Service including at management level.

Members were keen that Children's Centres and the Early Intervention Service work with midwives and health visitors.

It was noted that a number of voluntary groups had successfully bid for Big Society Funding to establish community run youth facilities.

## **8/12 QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP) PROGRAMME AND PLANNED CARE DISINVESTMENT** (Agenda No. 8)

Dr Stephen Richards (Chief Executive) and Alan Webb (Director of Partnerships and Transition at OCCG) from the Oxfordshire Clinical Commissioning Group (OCCG) and Francis Fairman (Clinical Effectiveness Principal from the NHS Cluster (PCT)) introduced the report. The presentation emphasised that the QIPP proposals were clinically led and aimed at ensuring spending has most impact. It was noted that Oxfordshire is already very efficient and there is a lot of integration between providers for example in the Older People's pool.

Dr Richards noted that this year proposals must have clinical sign up therefore informal consultation is already underway with

The committee requested early sight of the proposals for disinvestment in order to make a judgement as to whether they constituted major service change requiring consultation.

Cllr Hannaby asked what the likely timescale to bring delayed transfers of care down to which it was confirmed that the aim is still to bring numbers down to 40 by March 2012.

Cllr Seale questioned why health funding per head of population in Oxfordshire is so low. The response to which was that central government calculations take into account the health and wealth of the population and that the focus should be on making most effective use of the resources we have.

There was some discussion on the proposal to review the prescription of gluten free foods. It was noted that consultation with the Coeliac society and other users was underway.

The committee was reassured to hear that quality and patient concerns are an important part of proposals as well as value for money considerations.

Ann Tomline highlighted the over provision of medicines as a potential area for savings to be made.

It was **AGREED** that the Chairman would discuss with CCG/PCT how to manage the committee's involvement and consideration of the QIPP proposals.

## **9/12 OXFORDSHIRE LINK GROUP – INFORMATION SHARE** (Agenda No. 9)

Lisa Gregory updated the Committee on the latest position regarding HealthWatch implementation of which has been delayed until April 2013. Comments on the recent Oxfordshire discussion document are welcomed up to mid February.

It was confirmed that the intention is to keep to the same timescale for developing the specification as originally planned.

The regular LINK report was presented by Sue Butterworth and Adrian Chant. Outcomes of the mental health Hearsay event which will be outlined in a report to

feed into the mental health strategy and a new piece of 'enter and view' work around care homes.

Members asked to see the mental health report when it is available.

The upcoming Oxfordshire Wheel personalisation event at the Kassam stadium in March was publicised.

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

The Chairman reported on the following meetings in which he had taken part:

- First meeting of the Informal Shadow Health and Wellbeing Board
- Feedback session on the outcome of listening exercise on the new Healthwatch
- Informal progress meeting with the Clinical Commissioning Group Chief Executive and senior officers on the new organisation and development.
- Regular catch up meeting with the Chief Executive and Senior officers from Oxford Health about funding priorities and community hospitals.

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

The meeting closed at 13.40.

..... in the Chair

Date of signing .....

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