

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 24 May 2012 commencing at 10.00 am and finishing at 1.50 pm

Present:

Voting Members: Councillor Dr Peter Skolar – in the Chair

District Councillor Dr Christopher Hood (Deputy Chairman)
Councillor Jim Couchman
Councillor Jenny Hannaby
Councillor C.H. Shouler
Councillor Lawrie Stratford
Councillor Susanna Pressel
District Councillor Rose Stratford
District Councillor Alison Thomson
Councillor John Sanders
Councillor Tim Hallchurch MBE

Co-opted Members: Dr Harry Dickinson
Dr Keith Ruddle
Mrs Anne Wilkinson

Officers:

Whole of meeting Claire Phillips, OCC

Part of meeting Dr Jonathan McWilliam, Joint Director of Public Health

Agenda Item	Officer Attending
10	Debbie Mars, John Nicholls and Aubrey Bell, South Central Ambulance Service
11	Riana Relihan, NHS Oxfordshire
12	Gareth Kenworthy, and Dr Peter von Eichstorff, Clinical Commissioning Group
13	Ben Threadgold, OCC
14	Adrian Chant and Sue Butterworth, LINK

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.

25/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillors Val Smith and Keith Strangwood. Councillor John Sanders substituted for Councillor Smith and Councillor Tim Hallchurch for Councillor Strangwood.

It was reported that Councillor Couchman would replace Councillor Seale on the Committee for 2012/13 and that Councillor Martin Barrett would replace Councillor Hilary Hibbert-Biles as the District Council member from West Oxfordshire.

The new members were welcomed and the outgoing members were thanked for their contributions to the work of the Committee.

26/12 ELECTION OF CHAIRMAN FOR THE 2012/13 COUNCIL YEAR

(Agenda No. 2)

RESOLVED – to elect Councillor Dr Peter Skolar as Chairman for the 2012/13 Council year

27/12 ELECTION OF DEPUTY CHAIRMAN FOR THE 2012/13 COUNCIL YEAR

(Agenda No. 3)

RESOLVED – to elect District Councillor Rose Stratford as Deputy Chairman for the 2012/13 Council year

28/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 4)

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 as a member of the British Medical Association and involved in the development Townlands Hospital in Henley.

29/12 MINUTES

(Agenda No. 5)

The minutes of the meeting on 19 January were agreed and signed.

30/12 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 6)

Dr Ken Williamson requested to address the meeting. The address was taken at the item, 12 Clinical Commissioning Group

31/12 PUBLIC HEALTH UPDATE

(Agenda No. 7)

Dr Jonathan McWilliam tabled a paper outlining Oxfordshire performance on key public health performance indicators. Dr McWilliam explained that Oxfordshire is now part of NHS South of England which extends from Kent to Cornwall and provides a wide base for comparing performance. He gave the committee an introduction summarising performance against key indicators. Councillors questioned Dr McWilliam and through the ensuing discussion the following points were noted;

- Cervical screening performance is poor this can be attributed to poor take up in the older student age group (20s), cultural issues – women are not in the habit of being screened and aren't aware of the importance of being screened.
- The importance of the practices in promoting take up of screening was emphasised.
- Members were surprised that there was no data about alcohol. Dr McWilliam explained that it is very difficult to collect good comparative data on alcohol, the most reliable measure being alcohol related deaths as alcohol related sclerosis can be skewed by the presence of a specialist unit in the area.
- Cllr Hood suggested that measuring smoking cessation at four weeks is not very reliable and would be better at 12 months. Dr McWilliam agreed but explained the difficulty in remaining in contact with quitters to continue to collect data.
- It was noted that in 2013 Public Health will move into the County Council but the responsibility for screening will remain in the NHS which will give local government greater ability to scrutinise.
- Oxfordshire performance on MMR immunisation is good but is not sufficient to create 'herd immunity' of the population for which 95% immunisation is required.
- Data on obesity is not included in the paper as this is an annually collected data set. It was noted that Oxfordshire has been bucking the national trend for childhood obesity.
- It was AGREED to provide the committee with the definition of teenage conceptions indicator following discussion on the range of circumstances in which teenage pregnancies occur.

32/12 JOINT HEALTH AND WELL BEING STRATEGY CONSULTATION

(Agenda No. 8)

Dr Jonathan McWilliam introduced the draft Health and Well Being Strategy which is being consulted on. He indicated that the strategy is a requirement on all upper tier local authorities and is designed to bring together the NHS and local government with the public voice.

The draft strategy has been developed through reviewing the Joint Strategic Needs Assessment, Director of Public Health's Annual Report and knowledge and views of board members. Proposed outcome measures have been drawn from the relevant national performance frameworks.

In the ensuing discussion the following points were made on the draft strategy,

- Input into the strategy from health providers is important – this is planned through the consultation phase
- Targets are only for one year – some would appear easy to achieve and others very challenging in the timescale
- Proposed targets for healthchecks for people with severe mental illness and learning disabilities are not equitable – more emphasise should be made on improving healthchecks for people with learning disabilities
- It was noted that Oxfordshire generally has high levels of satisfaction and interest in how carer satisfaction will be monitored. The satisfaction with provision of information was not considered to be a priority
- Poor performance on delayed transfers was noted as a priority and there were concerns about whether there is sufficient staffing for the reablement service
- The priorities for Children and Young People don't take into account the current bulge in primary age children and the potential impact on attainment in the future
- There was concern about the target to reduce the number of people permanently admitted to a care home which has a implications on those people who are kept at home who may be at risk of social isolation
- The proposed target to increase the number of schools rated good or outstanding by Ofsted was considered unachievable in the timescale
- The lack of data available on ethnicity makes it hard to set targets on inequalities
- Exercise referral and healthy schools should be seen as useful way to tackle obesity
- The focus of the strategy is public health and as such is not enough to provide a framework for commissioners. It was emphasised that the strategy is about what can be done in partnership rather than a strategy setting out what individual partners should do
- There was concern about what the Health and Well being Board would be able to achieve given that it only meets three times a year
- The importance of hearing public opinion through the Public Involvement Network and sub boards was considered.
- The challenge of holding commissioners to account was discussed and the benefit of pooling funds to enable effective joint commissioning

33/12 LEARNING DISABILITY HEALTHCHECKS

(Agenda No. 9)

It was noted that there was no-one available from the PCT to speak on the item and the intention to have an item on primary care at a future meeting where this could be picked up with GP practices.

It was agreed that Claire Phillips would circulate an email from My life My Choice about the PCT report to the committee.

34/12 SOUTH CENTRAL AMBULANCE SERVICE PERFORMANCE

(Agenda No. 10)

Debbie Mars, John Nicholls and Aubrey Bell from South Central Ambulance Service (SCAS) presented the report on performance of the service in Oxfordshire.

In the presentation the following points were made

- SCAS experiences 5/6% increased demand on their services year on year but demand is now back to its seasonal average having seen particularly high demand between January and March this year.
- South Oxfordshire performance has improved which reflects the steps that have been put in place. There is better linkage with resources at the southern border around Henley and Reading so it is possible to pull up a response vehicle from south of Oxfordshire.
- Targets are set nationally
- Ambulance services are provided more dynamically now than in the past where there was a reliance on fixed ambulance stations. The location of vehicles in the best locations to respond to calls is key. Crews now start and end their shifts at larger resource centres.
- SCAS are increasing their 'See and Treat' responses which reduce the pressure on Accident and Emergency departments and improves the service's availability to respond calls as the need to transport to hospital is reduced.
- The need to do more to reduce overall demand on the emergency care system was identified. The introduction of the 111 non-emergency number was to help in this respect.
- A recent campaign to warn people to use 999 appropriately had resulted in an increase in demand.
- SCAS has been working closely with the new Chief Matron and Chief Operating Officer at the Oxford University Hospitals Trust to address the issues that arose when demand remained so high at the start of the year which included at the back door as well as the front.

Following the presentation the item was opened up to questions and discussion with members. The following points were made,

- SCAS is involved in a pilot for 111 with Oxfordshire Health to handle calls. It was noted that there will be an item on 111 at the next HOSC meeting.
- SCAS will have access to all 111 services with the intention of reducing the need to go to hospital.
- The SCAS board will be considering how to manage volunteer first responders who currently do not get travel costs. The committee felt that this would be a useful incentive to encourage people in communities to volunteer for this service.

- The range and location of vehicles is improving coverage of the service and location in places close to likely events is helping to reduce response times.
- SCAS are reviewing rotas based on past demand patterns to ensure that they are best placed to meet demand but this must be balanced with HR regulations on reasonableness.
- There was suggestion from the committee that an effective 'see and treat' approach may lead to increased demand on 999 services as the public see this to be effective rather than using more appropriate services. In response SCAS said it hoped that the 111 service would mitigate this but that there is a risk.
- The committee was concerned that it could not see actual response times performance as this was concentrated on the 8 minute and 19 minute targets. Whilst performance against the 8 minute target appears poor in parts of Oxfordshire members were keen to see how much the target was missed by. SCAS AGREED to provide further detail of response times in graphical format.
- The committee were keen to encourage SCAS to do more than the national campaigns to inform the public about the appropriate use of 999. A recent You Tube video for young people and fleet advertising were cited.
- Cllr Couchman asked how big a problem nuisance calls were. John Nicholls responded that whilst all nuisance calls are unwanted this was not a big problem in Oxfordshire especially compared to the metropolitan areas. SCAS work with the Police and telephone companies to identify and prosecute offenders.
- SCAS noted that in the early days of the new GPs out of hours contract an increase in demand for 999 services was seen but that this has settled down. There are good relationships with the local out of hours service and activity is shared between each other.

35/12 COMMUNITY HOSPITALS IN BICESTER AND HENLEY

(Agenda No. 11)

Riana Relihan, Project Director NHS Oxfordshire updated the committee on the progress of the community hospital redevelopment projects in Bicester and Henley. She outlined that they are being consulted on with the public at the moment and that planning will be submitted in June/July.

In response to a question from Cllr Lawrie Stratford Riana Relihan confirmed that there would be one planning application and that there have been discussions with the district and county councils in particular on highways before the preferred bidder was selected.

It was confirmed that the model for these projects is different to that used in Chipping Norton in that service and building contracts are separate with service contracts already being in place.

36/12 CLINICAL COMMISSIONING GROUP

(Agenda No. 12)

Dr Ken Williamson, GP and co-chair of the Oxfordshire Keep our NHS Public Group addressed the committee. Dr Williamson welcomed the single clinical commissioning group for Oxfordshire. He spoke of the need to keep out private providers which are present in neighbouring areas. He was keen that the CCG adopt the principles of the Fair Commissioning Charter which include operating in a fair and transparent manner.

Dr Williamson spoke of the need for the CCG to take account of the relationship between GPs and their patients and the tensions that will become apparent when people find that some services are not available.

The committee thanked Dr Williamson for his comments.

Gareth Kenworthy, Interim Chief Finance Officer and Dr Peter von Eichstorff, Oxford Locality Lead for the Clinical Commissioning Group introduced the item by giving an outline of progress in developing the CCG.

They identified that 20% savings from Secondary Care are required in the next four years. They stated that these will be sought by moving services closer to home rather than cutting services. Further savings will be considered by reducing wastage for example in hip and knee operations where some people do not see any improvement as a result of the operation.

It was noted that satisfaction in Oxfordshire is high and the outlook is good. Clinical leadership and management from the PCT to support the work of the CCG is strong and the CCG is working to improve patient engagement.

The item was opened up to questions from the committee during which the following points were noted,

- In future there is the possibility that voluntary sector providers will bid to run services. These may include British Heart Foundation, Age UK. There was some concern about organisations potentially taking on too much. It was noted that NHS South is doing some mapping work to identify where the voluntary and community sector makes an impact.
- The Fair Commissioning Charter is currently being considered. The CCG is committed to working with the NHS charter and being as transparent as possible.
- GP referrals should include choice but this doesn't have to include private options.
- Enthusiasm of GP practices to engage is variable but the message that all have a responsibility to manage spending public money wisely is being pushed.
- The committee emphasised that the success of the new clinical commissioning model is yet to be seen when GPs become directly accountable for spending decisions. There will be a tension for GPs in dealing with the patient in front of them compared to the wider population for whom they are responsible for commissioning.
- The potential for savings in prescribing was raised in particular through rural dispensing practices. The CCG acknowledged that this would be looked at and that the performance of the medicines team is good.

- In response to a question from Cllr Barrett it was noted that this committee does not have direct responsibility for holding underperforming GP practices to account.

37/12 EQUALITY ACT AND EQUALITY DUTY

(Agenda No. 13)

The committee thanked Ben Threadgold for his report. It was noted that the report focused more on local government, members requested that Claire Phillips get details of the NHS approach to equalities legislation and circulate to the committee.

There was discussion about the NHS collection of ethnicity data and the difficulties in collecting this from GP practices.

It was noted that through the act the burden is on public bodies to prove that they are not discriminating.

It was AGREED that Claire Phillips would undertake to find out more about the NHS approach to equalities and circulate this to the committee.

38/12 OXFORDSHIRE LINK GROUP – INFORMATION SHARE

(Agenda No. 14)

Adrian Chant and Sue Butterworth from LINK presented the proposal for a review of maternity services to involve members of the HOSC.

There was discussion on the focus of the review and whether it should be on ante natal or post natal services. The committee emphasised that the report should not be based on anecdote and that there should be consultation/ feedback data available from the hospital which would avoid the need to do further consultation work.

It was AGREED that Cllr Jenny Hannaby and Alison Thomson would represent the HOSC in the review. LINK would arrange a meeting in the coming weeks to agree the scope of the review and report back at the next meeting.

The aim is for the review to be completed in six months as LINK will be transitioning to the new Healthwatch arrangements in 2013.

Sue Butterworth also reported that the feedback report and action plan from the mental health Hearsay event is being finalised with the commissioner and providers and will be available shortly.

It was also reported that LINK is working with the Clinical Commissioning Group to increase the number of patient involvement networks.

Sue Butterworth updated the committee on the development of Healthwatch. The specification for the service has been written but the contract will likely be delayed as the regulations are not likely to be published until July.

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A new local cooperative has been developed between Oxfordshire Rural Community Council, Oxfordshire Community and Voluntary Action and Oxfordshire Wheel.

It was noted that there is a military representative on the Public Involvement Network.

39/12 CHAIRMAN'S REPORT
(Agenda No. 15)

40/12 CLOSE OF MEETING
(Agenda No. 16)

13:50

..... in the Chair

Date of signing