

## OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 5 July 2012 commencing at 9.30 am and finishing at 13.50

**Present:**

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

District Councillor Rose Stratford (Deputy Chairman)  
Councillor Jenny Hannaby  
Councillor Jim Couchman  
Councillor C.H. Shouler  
Councillor Val Smith  
Councillor Keith Strangwood  
Councillor Lawrie Stratford  
District Councillor Martin Barrett  
District Councillor Susanna Pressel  
District Councillor Alison Thomson

**Co-opted Members:** Dr Keith Ruddle  
Mrs Anne Wilkinson

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

**By Invitation:**

**Officers:**

Whole of meeting Claire Phillips

Part of meeting Dr Jonathan McWilliam  
Angela Baker

**Agenda Item**  
5 **Officer Attending**  
Julie Waldron )  
Pete McGrane ) Oxford Health FT  
Heather Rice )

6 Amanda Cross )  
Nicky Wadely ) Oxfordshire PCT  
Dr Brett Sinson - Local Dental Committee

8 John Jackson - OCC  
Alan Webb )  
Rachel Coney ) Clinical Commissioning Group  
Dr James Price - Oxford University Hospitals

9 Lisa Gregory – OCC  
10 Sarah Bright - Oxfordshire PCT,

Pete McGrane - Oxford Health FT  
Fizz Thompson - South Central Ambulance Service FT  
Dr Angela Jones - GP and clinical lead  
Alan Webb – Clinical Commissioning Group

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*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.*

#### **41/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Apologies were received from Councillor Dr Christopher Hood and Dr Harry Dickinson.

#### **42/12 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 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 due to involvement in the development Townlands Hospital in Henley.

#### **43/12 MINUTES**

(Agenda No. 3)

The minutes of the meeting on 24 May were agreed and signed.

#### **44/12 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 4)

None

#### **45/12 OXFORD HEALTH**

(Agenda No. 5)

Julie Waldron, Chief Executive, Pete McGrane, Clinical Director for Oxfordshire Community Services, Heather Rice, Divisional Director from Oxford Health

Foundation Trust presented the report to the committee. The presentation highlighted the following points,

- Physical (community health) and mental health services were brought together three years ago.
- The integration of services is a three stage process: Transaction, Transition and Transformation. They are currently moving into transformation.
- Infection control has improved due to more consistency and specialists across mental health and community wards.
- There is an increasing health focus in mental health wards
- There is a focus on leg ulcers with the aim of improving the time for healing.
- Children's mental health is working closely with the Local Authority's new Early Intervention and hub model.
- Children's services have moved to be a locality based rather than a profession based service which enables better integration with other services and a single point of access to the team.
- Oxford Health is working with the Oxford University Hospitals to redesign the community nurses team.
- Oxford Health will be an early implementer of the new national health visiting approach

The item was then opened up to the committee for questions and discussion during which the following points were made,

- Oxford Health are looking for opportunities to invest in its estate as many of its inpatient facilities are in need of updating.
- Dementia is a 'full system' issue for action in Oxfordshire and Oxford Health are working with the County Council, Primary Care and Oxford University Hospitals to develop a joint bid for national dementia funding. Oxford Health is already working with GPs on early referral.
- Cllr Smith noted that housing has a large impact on mental health in particular the insecurity many people face around housing. Other agreed that housing was a key factor in health and that schools should ensure that housing associations are represented at child case conferences.
- There is the ability to self refer to services, such as the talking space which is delivered in partnership with MIND.
- Health visiting service much is provided alongside schools but includes going into people's home and includes the ability to refer straight into other services.
- District nursing service is to be reviewed in terms of structure of the service and how it links with primary care to provide the best support
- The end of life community matrons are supporting prescribing.
- Oxford Health has rolled out a single point of access to its services for GPs. Relationships with GPs are strong but more work is required to integrate with social care.
- It was noted that until now the incentives and penalties for providers were working against each other but new contracts are now better aligned and Chief Executive's are working closely together to tackle the issue of delayed transfers of care and recruitment which is a challenge that all providers face.
- In response to Dr McWilliam's question whether the integration of community and mental health services has created one large Cinderella service Julie

Waldron said that in bringing them together it has creating a stronger voice for these services and has enabled better use of resources and less wastage.

- There is a desire from Oxford Health to push for a different type of contract to block contracts in the acute sector as this do not reflect the range and type of work in the Community and Mental Health sector.
- The scope of the hospital at home service is for people who do not need bed based services such as those who require administration of medication which can be provided at home.
- It was noted that A+E experienced high demand in June which impacted on the delay transfers of care (DTC).
- The reablement service is not currently working at capacity but Oxford Health reassured the committee that it is on track to meet targets that have been set.
- In summary the committee were pleased with the progress being made but felt that they would be keen to see look out the outcomes as the report had been focused on management.

## **46/12 DENTAL SERVICES**

(Agenda No. 6)

Amanda Cross, Consultant, Nicky Wadely, Deputy Head of Primary Care Commissioning, PCT and Dr Brett Sinson from the Local Dental Committee (provider representative) presented a report on the current situation of dental health in Oxfordshire.

It was noted that in 2011 the committee was particularly interested in prevention and access to dental services for children. Oral health is improving and there is good child health through targeted intervention including varnishing. This has been helped by linking the dental health agenda to other health issues such as obesity and smoking.

There are now more out of hours services and those working longer hours to improve access.

Commissioners have been looking at social marketing and at what puts people off going to the dentist and as a result are offering free check ups to anyone who hasn't seen their dentist in two years and trying to make the experience of visiting the dentist more friendly and welcoming.

Councillor Couchman asked whether the water in Oxfordshire is fluorinated. No water in Oxfordshire is currently fluorinated due to the difficulties in limiting the water supply to Oxfordshire properties and the political difficulties in getting agreement to do this. It was noted that most people use fluoride toothpaste these days so should be getting fluoride this way.

It was felt that it is more appropriate to target hotspots as the cost benefit vs practicality argument is difficult.

The need to target care homes was agreed and continuing work with children's centres and schools which is very effective.

Greater awareness of the need for check ups for wider oral health including cancers was considered important to promote and there will be input into future diabetes advice

Members noted that the new dental contract will have a greater focus on prevention.

In response to a question from Councillor Skolar about the budget for dental health it was noted that Oxfordshire has successfully bid to the Strategic Health Authority and Department of Health for additional funds as core funding is based on figures from when dentistry originally became a PCT responsibility. And was doing as much as possible to maximise the use of budgets.

## **47/12 DIRECTOR OF PUBLIC HEALTH UPDATE**

(Agenda No. 7)

Dr Jonathan McWilliam, Director of Public Health and Angela Baker, Consultant in Public Health, Prevention & Protection updated the committee on the following,

### A. National health priorities

- Oxfordshire is healthier than the national average although this top line information masks some local issues.
- Deprivation and social indicators are broadly the same as last year.
- Cancer deaths are overall better than the rest of England
- Awaiting census ethnicity data but expecting Asian groups more likely to be admitted to hospital.
- Skin cancer melanomas remain high however there is good early diagnosis
- The data corresponds well with the director public health's annual report priorities.

### B. Teenage pregnancy

- Referred to additional data on trends that had been circulated to the committee
- This is relatively speaking a success story and Oxfordshire is now in the top 10% performing areas.
- A further report will be brought on this when new data is available.

### C. Tuberculosis

- The PCT has followed up on earlier discussions on this issue.
- There is no port health monitoring taking place – all medical information is sent to the PCT from the entry port.
- This process will be changing next year as people need to have a certificate of BCG health on entry to the UK.
- An awareness campaign with language schools is planned to address this issue as the universities are already working closely with the PCT on student health and TB.
- A progress report will be brought back to the HOSC later in the year.

## **48/12 ACCESSIBLE CARE FOR EVERYONE**

(Agenda No. 8)

John Jackson, Director for Social and Community Services, Oxfordshire County Council, Alan Webb, Interim Director of Partnerships, Oxfordshire Clinical Commissioning Group, Rachel Coney, Lead Commissioning Manager with responsibility for delayed transfers of Care (DTC) and Dr James Price, Clinical Director of Medicine, Oxford University Hospitals attended to discuss the ACE programme.

Officers noted that current DTC numbers have come down slightly after a spike in June.

In presenting the report to the committee a number of points were made,

- More people are being referred than there is capacity to accommodate
- More people in Oxfordshire are going into care homes than the rest of the country
- Recruitment is a challenge as many parts of the system are recruiting amongst the same pool of candidates.
- The new crisis service is working and the hospital discharge service at capacity by the end of July.
- A provider action plan has been agreed by the Chief Executives' group (CE's from provider and commissioning organisations).

The discussion was opened out to questions from members.

- In response to a question from Cllr L Stratford it was noted that the issue is about how community hospital beds are being used rather than simply increasing the number of beds
- The length of stay in a care home is increasing so the aim to support people to stay in their homes longer.
- The provision of housing for assisted living is key to having an impact. Whilst we were slow in Oxfordshire to develop this over 300 places will be available in the next year.
- The difficulty in encouraging people to move from their homes was acknowledged and the need to provide alternatives for older people.
- Officers assured the committee that there is absolute clinical buy-in to solving this problem and that we need to get to a point where it is natural that people go home from hospital
- There is a need to develop a flexible bed base to deal with the range of conditions and community hospitals need the ability to manage the greater complexity of inpatients. Councillors suggested that there is a need to review the scale and distribution of the community hospital bed base.
- A successful reablement service is key to enabling people to live successfully at home. Numbers currently waiting for this service have been reducing.
- Councillors were concerned that the one-off purchase of placements would not be an effective long term solution to the problem as there will probably be demand again in six months.
- Officers said that social care service delivery needs to adapt and modernise to be able to deal with the current situation.

- There is a need to promote the interest and specialisation of medical professionals in geriatric conditions.
- Councillors emphasised the delays people experience in getting the necessary assessments in order to go back into their homes. It was emphasised that the aim is to move to a position of discharge to assess so assessments happen promptly.
- It was noted that the affordability of housing in Oxfordshire was not known to be a factor in recruitment
- The use of payment by results was noted as an incentive to have successful outcomes and the need for contracts to be flexible.
- The peer review with Buckinghamshire has been useful in particular the learning from the discharge policy which will be developed for Oxfordshire.
- The committee suggested that single management of these services and budgets would make it easier to have an impact.

The committee thanked the officers for the report and open discussion and asked to be kept updated on progress of the programme.

#### **49/12 OXFORDSHIRE LINK GROUP – INFORMATION SHARE** (Agenda No. 9)

Lisa Gregory, Engagement Manager, Oxfordshire County Council provided an update on the Healthwatch commissioning process and invited councillors if interested to be part of the procurement panel. It was noted that there is still some uncertainty about the arrangements including what of the Patient Advice and Liaison Service will be part of Healthwatch and issues of TUPE (transfer of employees).

It was agreed to circulate the specification for Healthwatch.

Sue Butterworth and Adrian Chant from LINK were unable to attend but the LINK update was noted.

#### **50/12 111 NON-EMERGENCY NUMBER** (Agenda No. 10)

Sarah Bright, Oxfordshire PCT, Pete McGrane, Clinical Director, Oxford Health NHS Foundation Trust, Fizz Thompson, Director of Patient Care / Deputy Chief Executive, South Central Ambulance Service NHS Foundation Trust and Dr Angela Jones, GP and clinical lead presented the committee with details of the project.

The national 111 non emergency service will be launched in 2013 but Oxfordshire is going early with it in 2012. Soft launch is expected at the end of July.

The new service will provide a single access point for the public for NHS services and is different to NHS direct in that callers will speak to a non-medically trained call handler who will use a specifically developed triage tool to manage their issue. There will be medically trained staff in the call centres and training for call handlers is significant. The aim is to manage the number of people going to A+E or calling 999.

The aim is to avoid the need for callers to have to repeat their answers to the same questions multiple times as happens currently with NHS direct. There will be no delay if calls are deemed to require emergency assistance as they can be routed directly into the ambulance queue. There should be no impact on SCAS response times performance targets.

Patient safety is the top priority and the service will be reviewed to ensure that calls are not being inappropriately routed.

The new service builds on the links already established between the ambulance service and Oxford Health.

Dr Ruddle asked why the Oxfordshire service is launching in July given the national pilots have reported some issues and the national roll-out has been delayed. It was noted that these issues have been largely to do with practitioner involvement and support for the service which is very strong in Oxfordshire as GPs have been involved in the project from inception.

The key measures of success will be calls dealt with right first time and numbers diverted from SCAS emergency calls. The department of health will be setting certain benchmarking measures but each area is organising their 111 service differently.

Councillor Pressell suggested that it would be important to promote the 111 service to the hospitality sector as visitors to the county are often unfamiliar with how to access healthcare tending to end up at A+E even when it is not necessary.

Councillors noted that it is possible for GPs to log 'special notes' about patients on their records so that any calls to 111 do not conflict with known health issues/medication.

Councillors were keen to ensure that a large communications campaign promotes the new service.

## **51/12 CLINICAL COMMISSIONING UPDATE**

(Agenda No. 11)

Alan Webb, Interim Director for Partnerships and Development, Oxfordshire Clinical Commissioning Group (CCG) updated the committee on the current status of the CCG.

The appointments process for senior roles is in process and there are two lay applicants put forward to the national selection process by Chair of the CCG.

In response to a question as to whether the CCG would have to take on any outstanding PCT debt Alan Webb confirmed that Oxfordshire PCT does not have a recurring deficit.

Despite the reluctance of some GPs to the health service reforms Alan Webb confirmed that all GPs are willing to be part of the CCG which will be member led. Issues are currently being worked through with members.

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**52/12 CHAIRMAN'S REPORT**  
(Agenda No. 12)

The Chairman notified the committee,

- The Safe and Sustainable review into Child congenital heart services had found in favour of the proposal to keep the Southampton service open so the link to Oxford in terms of aftercare will remain
- We will pick up the issue of learning disability healthchecks in the item on primary care at the November meeting
- We will be holding toolkit meetings with the CCG to advise them on whether a couple of proposals require formal consultation.

**53/12 CLOSE OF MEETING**  
(Agenda No. 13)

13.50

..... in the Chair

Date of signing