OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 1 May 2014 commencing at 10.00 am and finishing at 1.25 pm

Present:

Voting Members:	Councillor Lawrie Stratford – in the Chair
	Councillor Kevin Bulmer Councillor Pete Handley Councillor Mark Lygo Councillor Laura Price Councillor Alison Rooke Councillor Les Sibley District Councillor Martin Barrett District Councillor Susanna Pressel District Councillor Rose Stratford Councillor Yvonne Constance (In place of District Councillor Alison Thomson)
Co-opted Members:	Dr Keith Ruddle
Officers:	
Whole of meeting	Ben Threadgold and Julie Dean (Chief Executive's Office); 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.

10/14 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

District Councillor Yvonne Constance substituted for District Councillor Alison Thomson and apologies were received from District Councillor Dr Christopher Hood, Mrs Anne Wilkinson and co-opted member Moira Logie.

11/14 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest submitted.

12/14 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 27 February 2014 were approved and signed as a correct record subject to 'Councillor Susanna Pressel' being amended to '***District*** Councillor Susanna Pressel' in the list of those present at the meeting.

With regard to Minute 7/14, it was confirmed that further information on the falling ambulance response times across the county would be presented to the next meeting on 3 July 2014.

13/14 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

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

14/14 OXFORDSHIRE HEALTHWATCH

(Agenda No. 5)

Larry Sanders, Chairman and David Roulston, interim Director of Healthwatch Oxfordshire (HWO) presented their report (JHO5) and updating the Committee on the various matters which had arisen since it had been written.

The Committee noted that recent recruitment process had not produced a suitable candidate for the permanent post of Director despite the high level of interest

Mr Sanders highlighted the various projects supported by HWO Project Fund, the findings of the research, which was funded by HWO and carried out by a team of students into the healthcare experiences of students of Oxford University; ongoing work on the initial priorities set by Healthwatch; current work to increase awareness of HWO and to establish contacts; future events to be held during 2014 and matters to be called to the attention of Oxfordshire's Health & Wellbeing Board.

Mr Sanders added that project work to date had mainly concentrated on work with user and carer groups relying significantly on their vast knowledge and experience. The problem was that the information required was not always fully available from people who had experienced problems with systems – consequently HWO were calling for experts by experience' to come forward. To illustrate this HWO were putting together a paper on the unnecessary death of Connor Sparrowhawk who died in the care of Southern Health NHS Trust.

Members of the Committee commented on the value of HWO as an important contributor to the work of the Committee, particularly in light of their decision to prioritise the smaller groups whose needs could often be overlooked. To this end they commended their priorities listed in the report as very pertinent. Mr Sanders was asked if the questionnaire that had extrapolated patient experiences with regard to access to GP services had included people's access to their chosen GP. He

responded that this was a one of the more detailed factors that were planned for future consideration.

Members discussed with Mr Sanders and Mr Roulston how this Committee could work together in an effective way. The Chairman reported that his recent meetings with HWO had gleaned a number of ways of working including regular meetings between the Chairman and HWO, the Committee reinforcing any recommendations made by HWO with the groups involved as it saw fit, and the possibility of Committee members and HWO working together on particular issues of interest to both.

A member suggested that the Benefits system and how the recent changes had affected the mental and physical health of service users and carers could be looked at by HWO . Mr Sanders agreed that it was important to look at it from across the board, adding that HWO had certain statutory powers which would enable it to ask what was being done for people affected by the changes. Part of its role was to bring together the various groups involved in research locally and, if it was shown to affect a significant proportion of people in the county and there was a large volume of response to an issue of concern, to refer it to Healthwatch England as an issue of national concern or to deal with it locally.

Mr Sanders and Mr Roulston were thanked for their report.

15/14 PRIORITIES FOR NEXT DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

(Agenda No. 6)

The Director of Public Health asked for the Committee's views on his early thoughts for the topics to be included in his forthcoming sixth independent Annual Report. The proposed topics were:

- A better start in life – with particular focus on maintaining the pressure for high levels for breast feeding and immunisation services within the county. Also to continue to maintain the current downward trend in childhood obesity levels.

- Improving the quality of life for all –with particular focus on reviewing and thereafter keeping a watching brief on the status of people suffering with mental health problems in Oxfordshire. In the past this had often been highlighted by organisations as a difficult aspect to measure, thus placing it in danger of being overlooked. Other themes to this topic would include adult levels of obesity; a close watch on issues associated with drug and alcohol use; to keep a watch on smoking status and the health conditions which can ensue such as heart disease and cancer etc; and Ageing Well – keeping good physical functioning;

- Reducing inequalities and disadvantages - to look at the increasing diversity of the county with regard to ethnic mix ensuring that Oxfordshire's services

met demands; to keep a close watch on the levels of thriving families and ensure that troubled families continue to get the help they need; to ensure that vulnerable groups were kept high on the agenda, to include the homeless, people who are hard of hearing, carers needs and people living in rural isolation;

- Protecting and maintaining current levels of good health in the county – to include the traditional topics on infectious diseases such as Tuberculosis and to keep an eye on sexual health such as the levels of syphilis; to ensure that health checks in the county were as good as they could be in light of such diseases becoming more resistant to current medicines; and finally to report on what is the role of health prevention in an acute hospital.

Members congratulated Dr McWilliam on an excellent list of ideas and added their thoughts during the ensuing discussion. These included :

- As part of the role of health prevention in acute hospitals to look at the length of time between the first and second outpatient appointment;

- To look at the wider issues of homelessness such as poor accommodation and insecure housing, living in damp environments, bad landlords and air pollution;

- More stress on earlier interventions at school, for example school nurses do not give a service until the child is 3 years old. Also, to give some thought to how parenting classes could be provided from birth and earlier identification of those families who were struggling the most;

- The possibility of doing some work on how having a child in local authority care affects their families and some work around help for young carers.

With regard to the comment on earlier intervention, Dr McWilliam reported that the Health Visitor service was to transferred over the local authorities in September 2015 which would afford a major opportunity to address this. Also in relation to earlier work needed before families get to the troubled families stage, this county was doing some work with Public Health England looking at indicators on the possibilities for prevention before families get to that stage.

In response to a question about the lack of data for the mental health service, Dr McWilliam reported that his department were working with MIND on how to quantify this via comparative data. He added that there was good data available on hospital admissions and GP prescribing, but less of an opportunity to build up data on the less serious levels of mental health such as self-harm. He added that perhaps Healthwatch Oxfordshire could help with this.

Dr McWilliam pointed out that in the last 5 years much sharper tools had arisen with which to measure outcomes in the form of the Health & Wellbeing Board , in

particular its sub - Board, the Health Improvement Board, which was, for example, looking specifically at the effect of bad housing on health than previously. There was also much better access to sharper contracts.

Dr McWilliam was thanked for his report.

16/14 OXFORDSHIRE HEALTH & WELLBEING STRATEGY 2014 - 2015 (JHWBS)

(Agenda No. 7)

Dr Jonathan McWilliam, Ben Threadgold and John Jackson formed a panel to respond to questions on a report (JHO7) which updated the Committee on the process for refreshing the Oxfordshire Health & Wellbeing Strategy, a revised version of which was due for submission to the Oxfordshire Health & Wellbeing Board on 17 July 2014 for approval. It also set out at Appendix 2 the current priorities and indicators which were used to measure progress/demonstrate improvement for performance management purposes at each meeting of the Oxfordshire Health & Wellbeing Board.

The views of the Committee were sought on some initial ideas for the revised version to include:

- Better Care Fund indicators to be included so that progress could be measured in implementing joint plans;
- Partnership issues that are included in the Clinical Commissioning Group 5 Year Strategy;
- Other priorities raised by other groups or organisations or through the period of consultation.

The Committee commented that there was a real question of where realism (due to financial constraints as a result of the ageing population) met aspiration on the plan. It was felt that the current configuration of Health could be a real issue over the next 5 years and would require more integration of Health and Social Care to support it. It was also felt that the Committee should think about creating a tool kit to ascertain where the real issues were for scrutiny.

A member commented that access to services could also be an issue, pointing out that one third of those people using self directed finance suffered from dementia. Those who were the most vulnerable mentally could have problems accessing services and one stop shops were required for everything. Another member added it was important to be clear on outcome-based commissioning for frail and elderly people with mental health problems.

In response to a comment on the requirement for data on age ethnicity, Dr McWilliam pointed out that standard of data was improving continually. Information on ethnicity was gleaned from the census and GPs were now recording information.

A member of the Committee commented that the number of targets in the current Strategy was too high, in particular those on educational attainment. Dr McWilliam responded that these fell into one of the most important categories which was to provide a good start in life.

A member voiced concern in relation to priority 8.3 – 'At least 65% of those invited for Health checks will attend (aged 40 – 74)' – asking why the maximum age was only 74. Dr McWilliam responded that the age limit had been set by the Government. Actuaries would be reviewing the outcomes in the future in order to ascertain whether the health of the population had improved as a result of undertaking the health checks.

The Director for Social & Community Services responded to a question about how it was ensured that the optimum numbers of extra care housing was built into the district council planning process. He explained that there was district council representation on the Health & Wellbeing Board and the targets were agreed by them also. He added that there had been effective working between the County and District planning teams and significant progress had been made since 2009 when there were 200 extra care housing places, currently there were over 900.

The Committee **AGREED** to:

(a) note that a report would be submitted to the 3 July 2014 meeting which will include the draft JHWBS to be presented to the Health and Wellbeing Board on 17 July 2014; and

(b) note the current priorities as set out in Appendix 2 of the report together with the indicators currently used to measure progress / demonstrate improvement: and to note that any suggestions and comments for changing and developing the current list of priorities and indicators would be noted as part of the revision process***.***

17/14 OXFORDSHIRE CLINICAL COMMISSIONING GROUP (OCCG) STRATEGY 2014-19 AND IMPLEMENTATION PLAN FOR 2014/15 - 2015-16

(Agenda No. 8)

Ian Wilson, Interim Chief Executive, OCCG, gave a presentation which invited the Committee's views on the OCCG's strategic and Implementation Plan. For ease of reference a copy of the 'Plan on a Page' was attached at JHO8. He stressed that the objectives did sound a little aspirational but as the OCCG and Social Care moved towards an even more integrated service, and practices becoming integrated, it made the plans realistic. He added that the Plan centred on the premise that care should be in the community and not in hospital if at all possible. He agreed that issues remained concerning access to GPs which needed addressing in spite of efforts being made in the last two years.

In response to a query asking why the OCCG had less spent on patients per head compared to CCGs in other parts of the country, Mr Wilson responded that the amount spent depended upon the health of Oxfordshire's demographic. Oxfordshire was deemed quite a healthy county compared to most.

In response to a question about how the overall waiting times for planned hospital care would be improved, Mr Wilson explained that issues had emerged in the last quarter and it was the CCGs intention to bring them back. There were 67 specialities

counted within the 18 weeks referral time for treatment and he had received assurances from the Oxford University Hospitals NHS Trust that all but 6 of these would be back on track very soon; and the remaining 6 were working hard to be back by July. He added that Oxfordshire's statistics in this area were comparable with the best in the country.

In response to concerns expressed about the continuing Delayed Transfers of Care problem, Mr Wilson commented that a downward trend had begun to manifest itself for the first time in 4 years due to the multi - agency approach bearing fruit. This multi-agency approach had the effect of bringing a focus to it and there was a determination on all parts to solve the problem. He added that statistics showed that rural areas tended to be higher than those of the rural areas. Realistically then, next year's targets aspired to getting out of the bottom quartile and thereafter to continue the improvement.

A Committee member commented that this was a very commendable but ambitious Plan and its financial sustainability would depend upon achieving the targets it had set. One which would require much focus and a great deal of capability. On being asked if there was a multi – agency contingency plan, Mr Wilson responded that a project management structure would be put in place which would take a much tougher approach to business cases, the testing of them and the driving and implementation of them. He added that generally plans were much more realistic now and lessons had been learned during the first year of operation. The likelihood of plans not being drawn to a conclusion was small. Mr Wilson stated that it would prove very difficult to have an entire contingency plan but the work structure would ensure that risk registers were completed, together with plans to mitigate those risks if they should arrive. With regard to the current financial deficit, the deficit was now thought to be substantially less than previously thought.

A Member asked how far the CCG had progressed with their plans for a 7 day a week Health service. Mr Wilson informed the Committee that a significant amount of progress had been made on this in Oxfordshire as it was deemed to be a very important issue to patients and their relatives. For example, changes were being made to contractual arrangements with providers and with Social Care to enable week-end discharge, when convenient for the families and carers.

Mr Wilson was asked how the CCG were approaching the difficult task of reducing Accident & Emergency activity over the next five years. He advised that three substantive reports had been completed on the subject within Oxfordshire. It had been recommended that one third of patients attending would be dealt with and diagnosed within the community, via, for example, same day GP appointments and via increased use of patient transport. He undertook to send Members links to the reports.

A Member expressed his concern about the downward trend of the statistics relating to the Ambulance Service based on his own personal experience. He also pointed out that if there were concerns, then it would be necessary for stringent performance measures to be put in place quickly. Mr Wilson responded that in his experience that there was a need for non-adversarial confidence and support to be given in such an event and that it would only be a final sanction to put financial penalties in place. With

regard to comments regarding the Ambulance Trust, he stated that he had found the Trust to be highly professional and of a high quality adding that it was a difficult challenge for the Trust to provide a prompt response for patients living in rural areas. The Chairman commented that this issue had been included on the Committee's Forward Plan as a matter of concern and would be looked at again in a future meeting.

It was **AGREED** to thank Mr Wilson for his presentation and to note the regular update from the OCCG (JHO8).

18/14 BETTER CARE FUND

(Agenda No. 9)

Ian Wilson and John Jackson, Director for Social & Community Services presented plans for the proposed use of the Better Care Fund in Oxfordshire and its alignment with other key plans covering Health and Social Care within the county. Plans had now been submitted to NHS England (as an integral part of the OCCG's Strategic and Operational Plans) on 4 April 2014 following agreement by the Oxfordshire Health & Wellbeing Board, Oxfordshire County Council and the OCCG.

A member asked if it would threaten the £37m funding if performance was not reached. John Jackson responded that there was an element in terms of the way the Scheme works which was dependent upon performance, but it did not depend on the success rate as a whole, but the success of each of the different targets set out in the proposals. He added that there had been much debate nationwide about this and it had been concluded that money would not be lost from the system. In relation to 2015/16 monies, this would not be known until national guidance was refreshed.

In response to a question asking what proportion of visits did the short visits of 15 minutes or less amount to, Mr Jackson informed the Committee that it was 20 – 25% and it would only apply to those clients receiving intimate care (approximately half of the 20 – 25%).

A Committee Member asked how did they see the pathway through it for a GP and for a Councillor. Mr Wilson responded that part of the new GP contract was to focus on the top 1% of patients in the most need and then to take steps to cluster services, such as district nurses, social care etc around them. Mr Jackson added that one of the targets in the existing Health & Wellbeing Strategy was to develop integrated working at local level. Social Care teams would work together with community based staff, including GPs, to enable different professionals to come into play. If a Councillor had concerns about a particular service then there would be a single point of contact via Customer Services.

In response to a question about cross boundary issues in Oxfordshire, Mr Wilson commented that there was a significant amount of work in progress on this, particularly in relation to the ambulance services. Apart from the usual cross border issues there was the added complication that two GP practices who were part of the OCCG were situated outside of the border.

The Committee **AGREED** to note the report.

19/14 OXFORD UNIVERSITY HOSPITALS NHS TRUST (OUH) DRAFT QUALITY ACCOUNT 2013/14

(Agenda No. 10)

Dr Tony Berendt, Acting Medical Director, and Dr Ian Reckless, Assistant Medical Director of the Oxford University Hospitals NHS Trust presented the Trust's Quality Account for 2013/14.

Mr Threadgold reported that he had also received a draft Quality Account from Southern Health for comment and that he was expecting more from the other main providers.

Members discussed the means by which their views could be conveyed to the Trust in order to meet the deadlines required.

It was **AGREED** that the full document, and the full documents of the other main providers when they arrived, be circulated to all members of the Committee for comment and that the responses received be compiled by the Officers and sent to the Trust on behalf of the Committee, following consultation with the Chairman.

20/14 PRE-CONSULTATION ON PROPOSED CHANGES TO NON-EMERGENCY PATIENT TRANSPORT SERVICES

(Agenda No. 11)

Ian Wilson and Matthew Staples, OCCG, presented the proposed changes to the eligibility criteria for Patient Transport Services and outlined proposals for the approach to consultation and engagement, to which the Committee's views were sought.

Members of the Committee were content with the approach to consultation and engagement. They asked that the OCCG begin disseminating information about the changes as quickly as possible. That way there would more of a likelihood of people commenting.

Ian Wilson undertook to send a list of proposed consultees to officers for circulation to members of the Committee for further suggestions.

Comments and suggestions made by members during discussion were as follows:

- Consultation should take place with the Older People's champions in the City and in the other District Councils;

- There should be provision of transport in the City for those people who were unable to reach bus stops due to disability, or were unable to use public transport.

- Address the issues with the Ambulance Service first.

- The current criteria as quoted in the paper was more succinct than that quoted in page 69, which is more woolly; and

..... • Try to combine the best pieces of each criteria into Oxfordshire's.

Mr Wilson and Mr Staples were thanked for their attendance.

21/14 CHAIRMAN'S REPORT AND FORWARD PLAN

(Agenda No. 12)

The Chairman gave a verbal update on meetings he had attended since the last formal meeting of the Committee. These were:

- An informal meeting with Dr Joe McManners, Clinical Lead of the OCCG;
- Two meetings with Healthwatch Oxfordshire;
- A meeting with Southern Health.

Members also had the opportunity to discuss the Forward Plan and decided to add the South Central Ambulance Service issues into the agenda for the July 2014 meeting. Further suggestions from members for additions to the list were the changes to the Health Advocacy Service and to report back on the Sexual Health Service one year on.

Members were asked by Healthwatch Oxfordshire to give some thought to topics which might be included in their Awareness Day to take place in January.

22/14 DATES OF FUTURE MEETINGS 2014/15

(Agenda No. 13)

The Committee noted the following meeting dates for the 2014/15 municipal year:

- 3 July 2014
- 18 September 2014
- 20 November 2014
- 5 February 2015

..... in the Chair

Date of signing