

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 6 February 2020 commencing at 10.00 am and finishing at 3.55 pm

Present:

Voting Members:

Councillor Arash Fatemian – in the Chair

Councillor Mark Cherry

Councillor Jeannette Matelot

Councillor Laura Price

Councillor Alison Rooke

District Councillor Paul Barrow

City Councillor Nadine Bely-Summers

Dr Alan Cohen

Barbara Shaw

Councillor Nick Carter (In place of Councillor Hilary Hibbert-Biles)

Other Members in Attendance:

Councillor Liz Brighthouse (for Agenda Item 9)

Officers:

Whole of meeting

Ansaf Azhar, Corporate Director for Public Health; Sam Shepherd, Senior Policy Officer; Colm Ó Caomhánaigh, Committee Officer

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 additional documents are attached to the signed Minutes.

1/20 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from the following Committee Members:

Councillor Mike Fox-Davies

District Councillor Sean Gaul

Councillor Hilary Hibbert-Biles (substituted by Councillor Nick Carter)

District Councillor Neil Owen

Apologies were also received from Tracey Rees, Chair of Healthwatch.

2/20 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Dr Alan Cohen declared a personal interest as a Trustee of Oxfordshire Mind.

3/20 MINUTES

(Agenda No. 3)

The minutes of the meeting on 21 November 2019 were approved and signed with the following amendments:

Items 64/19 and 67/19: replace "NHS Private" with "NHS Public"

Item 67/19, Agenda Page 6, fourth paragraph: replace "Laura" with "Louise" and second last paragraph, replace "David Bretherton" with "Paul Barrow"

4/20 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following requests to speak at this meeting:

Agenda Item 6 OX12 Planning for Future Population Health and Care Needs Framework

Julie Mabbaley, Chair, Stakeholders' Reference Group
Bill Falkenau, Clerk, Wantage Town Council
Maggie Swain, Save Wantage Hospital Campaign Group
Councillor Jenny Hannaby, Grove and Wantage

Agenda Item 7 OCCG Update

Liz Peretz, Oxfordshire Keep Our NHS Public
Councillor Stefan Gawrysiak, Henley-on-Thames
Town Councillor Ian Reissmann, Henley-on-Thames

It was agreed to take two of the speakers on Item 7 at this point.

Councillor Stefan Gawrysiak stated that there had been no consultation with the community over the closure of the Sue Ryder hospice at Nettlebed. He asked the Committee to support his view that this was a major change of service requiring a statutory consultation period. Alternatively, the Committee must ask the CCG to look at providing alternative hospice care.

Town Councillor Ian Reissmann added that the hospice had been rated "Outstanding". He believes that it needs to be explained to the public how the needs of the area will be met. He also believes that this change in service required a public consultation process, as services for people in the area were moving location to the Royal Berkshire Hospital. He called on the CCG to engage with the community and HOSC on the matter.

5/20 FORWARD PLAN

(Agenda No. 5)

The forward plan was agreed.

6/20 OX12 PLANNING FOR FUTURE POPULATION HEALTH AND CARE NEEDS FRAMEWORK

(Agenda No. 6)

Julie Mabberley, Chair of the Stakeholders' Reference Group, stated that she had circulated a letter to members of the Committee earlier. She was disappointed in the process. There is a wealth of data on current needs but nothing of future needs. The report did not provide a basis for future decisions and she supported the Town Council call for it to be withdrawn.

Brian Falkenau, Clerk, Wantage Town Council, had already circulated the views of the Town Council to Members of the Committee. He stated that the report's contention that the area was well served was not credible. He called for the beds to be re-opened. The figures used to justify them remaining closed were superficial and took no account of seasonal demand. The Town Council had not been invited to take part in the process. They would like to participate and access the data but, in the meantime, they asked for the report to be withdrawn. Grove Parish Council supported this request.

Maggie Swain, Save Wantage Hospital Campaign Group, noted that the only definite proposal in the report was not to re-open the beds – everything else was suggestions. She disputed the figure of 12 beds, saying that there were 18 when she last worked in the hospital. Given the problem with bed-blocking and shortage of care workers in the county, the hospital could assist with that problem.

Councillor Jenny Hannaby, Grove and Wantage, stated that she had agreed to go along with the Stakeholders' Reference Group when it was proposed by HOSC, as she wanted an outcome to help with primary care in the town which had a growing population but was losing infrastructure. She believes that Oxford Health had already decided that they wanted to close the beds and she has no confidence in any consultation process. She asked that the report be withdrawn until there was a county-wide strategy for community hospitals.

Councillor Alison Rooke introduced the report from the Task & Finish Group. She thanked the members of the group for their hard work, especially the Chair, Councillor Mike Fox-Davies, and the policy officers, Sam Shepherd and Martin Dyson.

The Chairman welcomed Louise Patten, CEO, to her final meeting with HOSC before she leaves her post. He stated that she had built a very good relationship with the Committee, despite disagreeing on certain areas. He wished her well.

Louise Patten described the background to the report. The Framework had been agreed by the Health and Wellbeing Board after consultation with HOSC. This report described current needs. No decisions had been made. The next step would be

consultation. She said that services and beds were separate issues. There was still a lot of work to do to draw out further information on community assets. There are no plans to close the facility – it could be adapted for other uses.

Jo Cogswell, Director of Transformation at OCCG, added that it was the first time this Framework had been used and they have learned a lot from it. She felt that the Task & Finish Group had been a healthy challenge. The team had met with the Stakeholders' Reference Group to walk them through the report. It was clear that they were disappointed and that the key question for the local community was the reinstatement of the closed beds.

Councillor Alison Rooke outlined the recommendations from the Task & Finish Group, highlighting the five points under Recommendation 14. She added that their work was not finished and that they should continue as long as HOSC decides is necessary.

Ansaf Azhar asked if the terms of reference of the Task & Finish Group needed to be discussed if it is to continue.

Louise Patten said that she shared the frustration that this community asset is not being fully utilised at a time when Wantage is short of space for health services. The extension for GPs has not been signed off yet. There are different ways in which these beds could be used – either for specialised services or more general services. More work will need to be done before consultation.

Jo Cogswell noted the criticism that their questionnaire lacked questions about people's experiences of health services. That will be part of the next phase. The question of the beds remains open but this report suggests that needs are being met in other facilities.

The Chairman noted that after countless meetings, the needs assessment and recommendations from the Task & Finish Group, this meeting was having the exact same conversation as before. He believed that a county-wide needs assessment is needed. That would take 18 months to two years and he proposed that the money ring-fenced to deal with Legionnaire's disease in the building be used in order to re-open the beds in the meantime.

Louise Patten stated that there was an operational strategy on how to use beds. She believed that there was enough information to go to consultation. This could be scoped together with the Task & Finish Group.

Councillor Laura Price noted that there had been a motion passed six years ago to have a cross-county examination of community beds. This is still needed. Community services have been dogged by problems with resources and staffing. There is a big problem with Delayed Transfers of Care. She asked if the hospital could not contribute to a solution.

Louise Patten responded that there is a lot of interest in different uses of the facility. However, if all of these are taken up now, it would be seen as pre-empting the

decision on beds. That decision needs to be made before looking at which services should go in.

Dr Alan Cohen asked how long it would take to complete an Oxfordshire-wide community services plan in order to put the OX12 area in context.

Jo Cogswell responded that the strategic vision is there to drive solutions. The Primary Care Network for OX12 is already using the team's intel to help in targeting patients.

Councillor Alison Rooke asked what evidence there was to back up the suggestion to locate dialysis in the hospital. She had only seen it mentioned in one questionnaire response. If it was intended to service people outside OX12, the lack of public transport will be a problem.

Jo Cogswell responded that it was just a suggestion – she didn't have detailed figures on it to hand. They looked at much more than the questionnaires. A business case would be needed to proceed. Louise Patten added that it could be part of a wider network of services.

Councillor Jeanette Matelot recalled that there had been a similar debate in Thame. They had a pilot scheme to bring in an orthopaedic surgeon which worked out well. Louise Patten agreed that the situation was similar – a change of service was proposed which was hard for the community to accept. There was a level of distrust but confidence is growing and the new service in Thame has the support of the League of Friends.

Councillor Laura Price expressed concern that the lack of a county-wide strategy was undermining the work done for the report. The issue of beds in one hospital should not be dealt with in isolation.

Louise Patten proposed that they move to consultation on Wantage Community Hospital to address the question of beds – possibly including wider uses. She was confident that enough county-wide information is there – if they find anything missing, they can move to cover that.

The Chairman summarised the situation. They have been through the assessment with input from the Stakeholders' Reference Group and the Task & Finish Group. He thanked all involved. The Committee had fought hard for the officer resource needed.

He proposed that the Committee support recommendations 1 to 13 for which a response will be required from the health system. He also proposed that they support recommendation 14 for the Health and Wellbeing Board.

He understood the strength of feeling behind the calls to withdraw the report. He had to balance that with the Healthwatch report on the process which indicated that all views had been aired. He noted though that they said that they saw no tangible change and there was learning to be taken from that.

He recommended that the Task & Finish Group continue their work. The Terms of Reference allow it to continue scrutiny until implementation.

He made a request to the CCG that if they find that they need more information by September/October and more time to research it, that they re-open the beds in the interim. Louise Patten responded that it would be for the Health and Wellbeing Board to decide but it would consider that request. They would have to take the financial situation into account. The capital money is ring-fenced but service funding would still be a question.

Councillor Laura Price asked how proceeding with the consultation sat with recommendation 14 b) on the development of a county-wide strategy. The Chairman responded that it was not a finite process. Needs would be assessed one area at a time. It would be an ongoing process which the Committee would continue to scrutinise.

Dr Kiren Collison, Clinical Chair at OCCG, thanked the Committee for the scrutiny and challenge. She said that it put them in a good place for taking the Framework elsewhere. She added that it was important to remember that research had shown that only 20% of health outcomes come from the health service while 80% relate to environmental factors such as transport, loneliness etc.

RESOLVED:

- **to agree Recommendations 1 to 14 in the report of the Task & Finish Group along with an additional Recommendation 15: *In the event that, by September or October 2020, more time is needed to gather information, the Committee requests that the CCG take a Board decision that the beds in Wantage Community Hospital be re-opened in the interim.***
- **that the Task and Finish Group continue to scrutinise the process.**

7/20 OXFORDSHIRE CLINICAL COMMISSIONING GROUP UPDATE
(Agenda No. 7)

Liz Peretz, Oxfordshire Keep Our NHS Public, stated that winter pressures were leading to long queues and early discharges. Some people discharged under Home First have been sent back to the hospital queue because they are not assessed at the hospital but at home. Although 10 more reablement staff are being recruited, she asked if it will be possible to recruit them or if they will end up being agency staff? She urged the Committee to review the system in three months.

Sue Ryder Joyce Grove Hospice

Louise Patten stated that the hospice had reported the number of requests had reduced significantly leaving them with empty beds and staff that could be better used in Hospice at Home. It was a decision of the Governors to close. The CCG was working with them to identify alternative beds. There is capacity at the Duchess of Kent Hospice in Reading. The CCG will monitor the situation going forward with full transparency.

Councillor Laura Price asked about the advice line and day services run by the provider. Louise Patten responded that the CCG is still in active dialogue on those points.

Barbara Shaw asked if the reduction in hospice need was related to slow discharge from hospital. Louise Patten responded that it was a challenge getting patients out of hospital. The final stages are funded by Continuing Healthcare. The numbers are relatively low. The CCG will look at this with Sue Ryder.

Councillor Alison Rooke noted that not all care homes are equipped for hospice care and asked how many were. She also asked how many in the Home First programme were re-admitted to hospital.

Louise Patten responded that the report is referring to where a care home is treated as a person's home. Hospice at Home is more appealing to clinicians and therefore easier to recruit to. On Home First, there is an assessment before discharge. People can be disempowered in hospital but gain more independence at home. She didn't have the figures for re-admissions but it is monitored.

The Chairman accepted that it was the charity's decision to close and there was no requirement for a formal consultation.

It was **AGREED** that the Committee needs to look at hospices and how they are funded. This was timetabled for the June meeting.

Horsefair Surgery

Councillor Mark Cherry asked for assurances that everything is moving in the right direction and the crisis situation will not happen again.

Louise Patten stated that the contract has transferred to a local provider with a strong reputation. The action plan is progressing and the CCG continues to monitor.

MSK Services

Alan Cohen thanked her for the information provided on Healthshare's quality of care. He noted though that there was little data on improvement. He asked if an independent review would be helpful. Louise Patten responded that she would consider it and that a conversation outside of the meeting could assist with determining how best this could be achieved.

Winter Plan

Barbara Shaw noted information on staffing at Oxford University Hospitals indicating numbers in 2019 had dropped from 4,090 to 3,344. She asked if this was due to the drop in numbers coming from EU countries.

Louise Patten responded that the CCG monitors the situation. EU workers had been assured and helped in practical ways. Oxfordshire has a challenge with high living expenses whereas pay scales are fixed nationally.

It was **AGREED** that HOSC should discuss this with health providers.

8/20 MENTAL HEALTH
(Agenda No. 9)

Stephen Chandler, Corporate Director for Adult Services, summarised the reports. He introduced Karen Fuller, Deputy Director for Adult Social Care, who is on the Joint Management Group that has oversight and provides assurance on the budget.

The report includes an overview of S117 funding which relates to aftercare for people who have been detained in hospital under the Mental Health Act. Responsibility rests with the psychiatrist who consults with the Multidisciplinary Team. Performance has been mixed with some cases not reviewed for several years. Under a joint protocol, Oxford Health is ensuring that reviews are conducted regularly and the LAS system is up to date.

Councillor Liz Brighouse, Chair of the Performance Scrutiny Committee, gave a summary of that Committee's discussion on the same issues. The Committee welcomed the wider overview of mental health partnerships. It heard about the clarity being given to individual cases that may come under S117 and/or NHS funding. The Committee was also pleased to see that health issues are not being moved over to the Adult Social Care area.

There was discussion of Looked After Children (LACs) including concern at the numbers and that many may involve mental health issues of the parents.

On the Outcomes Based Contract (OBC) the Committee welcomed greater Council engagement, especially to ensure that young people with autism receive appropriate services. The discussion highlighted the extent of reliance on the voluntary sector – something many Members were unaware of until last year's budget discussion.

The Committee discussed the two-year extension of the contract and is keen that the Council plays a role in ensuring greater scrutiny and transparency. They were pleased to hear of the improved processes being followed to ensure that the system was not so reliant on individuals.

Councillor Liz Brighouse added that investment in mental health was less than what was needed – all of the money is being used to avoid crisis point. Any extra money needs to be matched by the NHS. Directors and councillors need to be involved in reviewing to discuss funding issues and clarify management costs.

Stephen Chandler stated that, while the contract has been extended for two years, there will be a review which will involve both Council and CCG officers. The budget about to be discussed by Full Council includes three items under mental health: one-off support; transformation work and the reversal of the reduction to the mental health staffing contribution.

Louise Patten stated that the review was agreed along with the two-year extension. It is important that goodwill is not lost in advance of negotiations on the next contract.

Alan Cohen noted that the delivery of some statutory services was dependent on the voluntary sector which often struggles to raise funds. He recalled hearing in a briefing in February 2019 that more funding was expected from the NHS. He asked if that had happened and if it went to statutory services.

Louise Patten responded that a benchmarking exercise indicated that services were underfunded. The CCG is in contractual discussions to decide how much more money is needed. The voluntary sector does provide some statutory services but also wider support. Those organisations are generally very innovative. The CCG covers costs appropriately. Oxford Health have agreed to work with the CCG on improving support.

Debbie Richards, Managing Director of Mental Health at Oxford Health, added that the voluntary sector is involved in different contracts – not just OBC. All are signed up to the Centre for Mental Health's (CMH) recommendations on transparency and sustainability.

Oxford Health's finances are in deficit and the OBC is driving that deficit. Such losses take away from front-line services. There is a joint commitment to work on this and look at a strategy for the contract extension. She is looking forward to the Long Term Plan which will bring significant money into mental health.

City Councillor Nadine Bély-Summers thanked Stephen Chandler for proposing the reversal in cuts. There is still a shortage of funding and the City Council has written to the Secretary of State to raise this at a national level.

She expressed disappointment that users and carers were not involved in the CMH review. Louise Patten said she was surprised by that challenge as she was satisfied that there was input from stakeholders but she **AGREED** to clarify that.

Councillor Laura Price asked if the reference to the improvements around the LAS system on Agenda Page 68, paragraph 16, dealt with reporting rather than delivery. She had asked at Cabinet if they could track the impact on the number of children on plans or in care but they did not have the information.

Stephen Chandler responded that it was about the system and practice. There are two systems – LAS and the Trust has its own system. There is now a clearer picture with records being entered as close to real time as possible. However, LAS is now an old system. He would welcome anyone lobbying for better technology. LAS is the same system as used for Children's Services so cross-referencing is possible. Ways of tracking impact can be included in the review.

Barbara Shaw stated that she was dismayed to see that there was no increase in funding to the subcontractors in the financial review. Costs were going up all the time. She is aware of only one voluntary sector organisation that is running without a

deficit. She asked why there were no KPIs in the contracts. She said that additional funding provided did not go to partners.

Debbie Richards agreed regarding the flat cash contract and said that Oxford Health will work with the partners on this. The additional money was for core services. The OBC is not a risk contract – there is no sharing of losses. Louise Patten added that it was intended to be a flat cash contract but they had put additional money in and expect to put more.

Barbara Shaw noted that the KPI on four-hour assessments has not been met since November 2016. Debbie Richards responded that there was increased demand and complexity in acute mental health services. They are not retaining staff and therefore have a reliance on agencies. This shows why partnerships are important.

The Chairman noted that Oxfordshire has historically spent less per head than our peers and the national average. Louise Patten responded that funding was related to prevalence in the area. Mental Health standards are being maintained. The next step is to move funding around – GPs are looking after increased numbers.

The Chairman asked about the patient experience of services as outlined in the bullet points on Agenda Pages 81 and 82. Louise Patten said that this may vary from clinician to clinician. They are working with providers on how to support low level needs such as anxiety.

Ansaf Azhar noted that those with mental health issues have a lower life expectancy. Many have issues with drugs, alcohol and smoking. There is a need to work on prevention. Smoking is highest in those with mental health issues.

Debbie Richards responded that their efforts so far to reduce smoking had not made good progress. A refreshed approach is needed in the community.

The Chairman asked if separate reporting on OBC will take place in the contract extension. Debbie Richards reiterated their commitment to that.

It was **AGREED** that the Committee should receive a report on the review of the contract.

Stephen Chandler noted that staff working in social welfare have a very positive impact that is not recognised sufficiently – including those in the voluntary sector. He asked members of the Committee to remind people of that whenever they can.

9/20 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

(Agenda No. 10)

Ansaf Azhar presented a draft of his annual report. It is a statutory requirement for the Director of Public Health to deliver an annual report by the 31 March. Traditionally this has been a rich set of data but this year he is taking a different approach and using the report to signal a new direction – a focus on inequalities.

While across Oxfordshire most performance indicators are green, if you look at the ten wards that contain areas that are among the most deprived in the country, you see a lot of red ratings. There is a 15-year life expectancy gap in some cases.

The new approach will be driven by a prevention framework. This year the Joint Strategic Needs Assessment (JSNA) will take the three most deprived wards and create a ward profile which will include health data, community insight and mapping of community assets. This will help identify solutions particular to that area. The first to be profiled will be Banbury Ruscote and then Blackbird Leys.

The Chairman thanked the Director for his presentation. He noted the success of the FAST Card in Banbury which is encouraging more physical activity in areas where this was lacking. Ansaf Azhar added that the card's success has led to it being expanded to Bicester and Kidlington.

Councillor Alison Rooke asked how progress will be measured. Ansaf Azhar said that there are recommendations from various bodies on what to measure and these will be included in the plan.

Councillor Nadine Bély Summers asked if Littlemore will be included in the ward profiles. Ansaf Azhar responded that the second area may not be just Blackbird Leys but all of the Leys.

Councillor Mark Cherry said that he looked forward to meeting the Director in Banbury Ruscote. The difficulties there included a lack of social housing and educational attainment. Ansaf Azhar agreed that they needed to take the community with them. This would involve culture change.

Barbara Shaw stated that they need to work closely with education to get the message out, to change the aspirations of people who currently have to focus on living day to day. She asked how the plan would be rural-proofed.

Ansaf Azhar responded that they would work with Town Councils to understand the problems in their areas. He also believed simply walking around the areas was very useful.

District Councillor Paul Barrow welcomed the development of healthy new towns but asked how existing communities can be 'retrofitted'. Ansaf Azhar responded that every place had a different solution. It's about community activation.

Councillor Alison Rooke asked if there was any duplication between the ward profile work and the needs framework as used on OX12. She also noted that tangible changes of this kind can take a long time – perhaps 10 or 20 years.

Ansaf Azhar gave the example of Banbury which, as a town, is not much different from the national average. However, at ward level there are big differences. He believed that there were some quick wins in prevention. The measurements of success will include qualitative information from the public.

Councillor Nick Carter stressed the importance of housing where district councils have a big responsibility. The quality of housing has a bearing on health issues.

Ansaf Azhar said that he recognised the importance of other organisations – this was not just a County Council responsibility. He concluded by notifying the meeting that on 11 March the County will announce a commitment to make Oxfordshire smoking-free by 2025.

The Chairman thanked the Director for his report. The Committee **AGREED** that the final version of the report should be produced in portrait format for ease of reading.

10/20 HWB VOLUNTARY SECTOR NETWORK

(Agenda No. 11)

Rosalind Pearce reported on the network meeting. Over 100 people attended from 75 organisations. The issues that most affect wellbeing emerged as being: isolation, transport, access and information.

The event was not as successful as hoped at reaching communities that are seldom heard. The next event will be in Blackbird Leys and will be more community focused. Healthwatch is engaging with community groups to plan the event. In the meantime contacts continue electronically and by phone.

District Councillor Paul Barrow asked if district councillors were invited. Rosalind Pearce confirmed that they were and a few attended.

Alan Cohen asked about voluntary organisations at risk. Rosalind Pearce responded that they were doing a lot of good work but are coming under pressure to deliver more. The problems are not unique to Oxfordshire.

Barbara Shaw noted that fundraising was becoming more difficult and local authorities need to think carefully about their reliance on the voluntary sector to deliver services. Many organisations are running on deficits.

The Chairman **AGREED** that this issue is something the Committee needs to find time to discuss in its packed agenda.

11/20 HEALTHWATCH REPORT

(Agenda No. 12)

Rosalind Pearce summarised the report. Their report on Mental Health will be published by March 2020. They compiled a lot of information from users and staff in services under the Mental Health Partnership. The report on boaters and bargers will be published by the end of February. They continue to monitor Healthshare and plan to visit in March. Social care and pharmacists will be the focus next year.

Councillor Alison Rooke asked where professional scrutiny is with pharmacists, to ensure that they are giving good advice. The Chairman **AGREED** to request a report on that.

Barbara Shaw asked about work with the Traveller community. Their health outcomes are among the poorest. Rosalind Pearce responded that they had tried a few years ago. It is their intention now to focus more on communities that are harder to reach.

12/20 CHAIRMAN'S REPORT

(Agenda No. 13)

Barbara Shaw stated that she was impressed with the responses on CAMHS. She noted the increasing levels of mental health needs among children and expressed concern that this was eventually going to feed through to higher demands on adult mental health services which are already stretched.

The Chairman responded that it was unclear whether there was really an increase in mental health problems or whether more issues were emerging because people are more comfortable talking about their mental health now.

..... in the Chair

Date of signing