



## **ADDENDA**

### **7. Director of Public Health's Annual Report (Pages 1 - 2)**

The comment of the Oxfordshire Joint Health Overview & Scrutiny Committee on 2 July 2015 is attached.

### **10. Revised Joint Health & Wellbeing Strategy and proposed Performance Framework for 2015-16**

The comment of the Oxfordshire Joint Health Overview & Scrutiny Committee on 2 July is attached.

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## Comments from Oxfordshire Joint Health Overview & Scrutiny Committee to Oxfordshire Health & Wellbeing Board, 16 July 2015

### Director of Public Health's Annual Report 2014/15

The following are the comments which the Committee would be sending to Cabinet and would like to share with the Health & Wellbeing Board.

The Committee felt that the report was very comprehensive, very readable and explained how services were to be delivered in each section thus enabling scrutiny to be conducted effectively. The Committee expressed the hope that future reports would continue to be approached and written in a similar way. It was satisfied that major areas such as Mental Health and Child Poverty continued to be given a high prominence. The Committee, in particular, endorsed the following factors:

#### Chapter 1 – The Demographic Challenge

The Committee was keen to flag up that more detailed information was required on the plans to commission a countywide dementia support service (page 10 of the report) to help patients and families throughout the disease and to help plan and navigate a path through services to make care less disjointed.

The Committee strongly endorsed recommendation 4 (page 13 of the report):

‘OCCG, OCC, OUHT, OH and NHS England should develop, as a priority, their joint work to collaborate in transforming the local health system. This is in order to provide new models of care closer to home, care focused on prevention and early detection of disease, improved care for carers, prevention of hospital admission and speedy hospital discharge through improved community services, the modernisation of primary care and the funding of primary prevention services by the NHS.’

The transformation programme is of major interest to the Committee and the subject of scrutiny at its September meeting.

#### Chapter 2 – Health, Houses and Roads

The Committee also endorsed strongly recommendation 2 (page 21 of the report).

‘The NHS should become a consultee for local planning decisions and the CCG should be offered membership on key planning groups. Planning and health infrastructure should be considered when developer contributions are considered.’

HOSC has already highlighted a disconnection between local authority planning and Health when planning large housing developments. Scrutiny of this issue forms part of the Committee's Forward Plan and it is hoped that there would be a full response to these issues from NHS England at the Committee's September meeting.

In addition it endorsed recommendation 4 (page 22 of the report):

‘Cycling should be seriously encouraged in new road developments which are likely to attract high usage. Alternative cycle-only commuter routes using features such as rivers and canals should be considered.’

The Committee recognised the Government’s increased input into the provision of cycle paths and provision being made in the forthcoming Local Plan 4. It was their view however that local authorities should also be consulting with CCGs with regard to the provision of cycling routes for the purpose of improving the health of the local community, and advocated a policy to be put in place to ensure input into S. 106 contributions.

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### **Oxfordshire Health & Wellbeing Draft Strategy and Draft Indicators**

HOSC felt generally that that the manner in which the Strategy had been laid out was good but there were instances where some accompanying statistics had been quoted, but others where they were not. Furthermore, reference to how organisations will respond to changing circumstances was not apparent. For example the impact on projected numbers of children taking up early education, given that there was going to be changes to the services offered by Children’s Centres, and if any specific booster action had been identified in instances where progress is not being made. A further example of this would be to clarify what the plans are to improve the low numbers of carers receiving carers breaks (1,027) given that there are 16, 000 carers now identified in the county, Members were keen to understand the impact on the volume and the need for care from activity relating to the aim to ‘Reduce the number of people delayed in hospital (DTC) from an average of 147 per day in 2014/15’ (page 18).

The Committee were pleased to see that the improvement of ambulance rural response times had been included in the list of issues which had been agreed for organisations to work on (page 8/9 of the report). This has been an ongoing major concern for HOSC and it asks the Health & Wellbeing Board to play its part in helping to achieve improved response times. It has found, for example, that the SN postcode is often read by SCAS as Wiltshire and not Oxfordshire, which has affected response times.

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Finally, the Committee felt it to be an advantage to view both reports on the one Agenda as it gave an opportunity to see an overview of what had been achieved and what was intended for the County.