OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 30 June 2016 commencing at 10.00 am and finishing at 1.30 pm

Present:

Voting Members:	Councillor Yvonne Constance OBE – in the Chair
	Councillor Surinder Dhesi District Councillor Jane Doughty Councillor Tim Hallchurch MBE Councillor Laura Price Councillor Alison Rooke Councillor Les Sibley District Councillor Nigel Champken-Woods District Councillor Susanna Pressel District Councillor Nigel Randall
Co-opted Members:	Moira Logie, Dr Keith Ruddle and Mrs Anne Wilkinson
Officers:	
Whole of meeting	Katie Read and Julie Dean (Corporate Services)
Part of meeting	Director of Public Health

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 and agreed as set out below. Copies of the agenda, reports and schedule are attached to the signed Minutes.

31/16 ELECTION OF CHAIRMAN 2016/2017

(Agenda No. 1)

Cllr Yvonne Constance was elected Chairman for the forthcoming municipal year 2016/17.

32/16 ELECTION OF DEPUTY CHAIRMAN - 2016/2017

(Agenda No. 2)

District Cllr Nigel Champken-Woods was elected Deputy Chairman for the municipal year 2016/17.

33/16 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 3)

Apologies for absence were received from Cllr Kevin Bulmer and District Cllr Monica Lovatt.

34/16 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 4)

There were no declarations of interest.

35/16 MINUTES
(Agenda No. 5)

The Minutes of the meeting held on 21 April 2016 were approved and signed as a correct record subject to the following amendments:

Minute 23/16 – public address made by Cllr Hilary Hibbert-Biles – bullet point 1 – to delete the words 'and did not have' to read:

'The 2011 contract had made clear that the beds were defined as 'sub-acute intermediate care status.'

and in bullet point4 - to delete the words 'staff expertise' to read:

'This constituted a waste'.

36/16 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 6)

The Chairman had agreed to the following speakers:

Maggie Swain (Secretary of the Wantage Hospital League of Friends and a member of 'Save Wantage Hospital Campaign Group' and Julie Mabberley a member of 'Save Wantage Hospital Campaign Group'; and Cllr Jenny Hannaby as local member for Wantage – all in relation to Agenda Item 12 – Chairman's Report; and

Joan Stewart 'Oxfordshire keep our NHS Public' – in relation to Agenda Item 8 'Health & Care Transformation in Oxfordshire Update'.

Maggie Swain and Julie Mabberley, speaking together, stated that, in their view, there had been much misinformation about the status of Wantage Hospital and wished to make the following points in addition to the facts already known:

- The Hospital was scheduled to close its doors to in-patients the next day. Staff and patients appeared to be unaware of the closure and it also appeared to be the imminent closure that the Trust had stated it was trying to avoid;

- Nearly 10,000 people had signed a petition and over 400 people had marched through Wantage Town Centre recently to demonstrate support for keeping the hospital open;
- Although bacteria had been present in the water system last year, action had been taken and no bacteria had been detected this year – there was currently no risk to patients. The bacteria was eradicated in January without moving the patients;
- In their view Legionella bacteria had been detected in other hospitals within the Trust, but there had been no other imminent closure;
- Although the Trust had stated that they would that they would keep Physiotherapy and Maternity services at the Hospital open, the doors of the Physiotherapy services 'were locked and the lights were out';
- In their view, because of the lack of maintenance in the Hospital over the years, there was a large amount of remedial work that needed to be done to the building; and it would be easier and cheaper to do this at the same time as replacing the water pipes. The Trust had informed them that the £300k that it was believed would be the cost of the renovations, was currently available;
- They believed that the handling of the situation had been 'badly managed', staff were worried about their jobs and without sufficient staff the Trust would seek to close the facilities.

They asked the Committee to confirm that there was no imminent risk to the patients and therefore no reason to close the hospital on safety grounds. They asked that the Hospital be kept open to in-patients until the results of the consultation were known.

Cllr Jenny Hannaby, local member for Wantage, referred to the letter from this Committee sent to Oxford Health following discussion at the February 2016 meeting, seeking clarification on a number of areas. The letter, Oxford Health's reply and their subsequent press release was attached the Agenda as part of the Chairman's report (Agenda Item 12). She stated her belief that the Committee had not devoted sufficient time to scrutinising the associated issues surrounding the problems experienced at Wantage Hospital, adding that more questions could have been asked and more information sought. She stated also that it was only when pressure from the Campaign Group intensified, that the Trust softened its approach and decided to keep Physiotherapy and Maternity services open. Cllr Hannaby asked again why the Trust continued to admit patients after January if they were so concerned about the bacteria. She appealed to the Committee to ensure that everybody has their say when the consultation got underway. She concluded that, in her view, Oxfordshire was closing down a safe hospital in order to save money, amidst a situation in which Oxfordshire had one of the worst bed blocking problems in the country.

Joan Stewart expressed concern that there was no accompanying paper on the Health & Care Transformation Plan in Oxfordshire on the website and only 2 of the 67 slides were given over to the footprint; adding that this was one of the most significant changes in Health and Social Care since the 2012 Act. Thus, in her view, the public were not being permitted to take part in the public debate. She stated also her view that this Committee were being given only selective key messages. Joan Stewart informed the meeting that research had shown that cost savings were unlikely in Oxfordshire and very little reductions in bed days. The purpose of the Plan

was ultimately to bring an already underfunded NHS into balance by introducing new models of care which would give £22b in efficiency savings. She therefore asked that the opportunity be taken up to inspect, assess, risk assess and scrutinise the Plan in its entirety be taken up.

37/16 FORWARD PLAN

(Agenda No. 7)

The Committee had before them the draft Forward Plan (JHO7).

It was **AGREED** that business for the 15 September 2016 meeting be as follows:

- Rebalancing the System – Pilot Evaluation
- Transformation – Consultation Outline and next steps
- Director of Public Health's Annual Report and observations
- Quality of and Availability of Care in Private Care Homes

It was noted that the item on travel and access to Hospitals would be postponed to November to take account of the County Council's travel plans which were due to be published in the Autumn.

38/16 HEALTH & CARE TRANSFORMATION IN OXFORDSHIRE UPDATE

(Agenda No. 8)

The Chairman welcomed Stuart Bell, Chief Executive, Oxford Health & Chair of Oxfordshire's Transformation Board to the meeting. He was accompanied by:

- Dr Joe McManners, Clinical Chair, Oxfordshire Clinical Commissioning Group (OCCG);
- Damon Palmer, Transformation Programme Director, OCCG;
- Dr Barbaria Batty, Dr Shelley Hayles and Dr Kiren Collison, OCCG (leads for the work on Urgent & Emergency care, Planned Care and Maternity, respectively).

Andrew Stevens, Director of Planning & Information, Oxford University Hospitals NHS Foundation Trust (OUT) was also in attendance.

Stuart Bell gave a presentation entitled 'Health & Care Transformation in Oxfordshire, copies of which were attached to the Addenda for the meeting. Also attached was the 'Oxfordshire Health & Care Transformation Communications & Engagement Strategy 2016 – 2017.' He emphasised that there was a need for a proper discussion with stakeholders about how the consultation was to be undertaken before a formal consultation was embarked upon. Moreover, that the OCCG, who represented formal leadership of the Plans, recognised this also. There was also a need to secure the support of NHS England to the Plan, whose role it was to take a clinical view across the whole of the Thames Valley region.

The Chairman noted that the Transformation Programme, as presented in June, was now on the web. Damon Palmer undertook to circulate the web link to members of the Committee.

Following the presentation, members asked a number of questions.

Stuart Bell noted a plea for the consultation to be undertaken in a properly transparent manner, using clear, jargon - free language and any specifics to be clearly bullet-pointed in the final report also. Stuart Bell explained that it was the intention to make clear the options at the outset and the specifics would then follow. He welcomed suggestions on running the consultation and that an impact assessment would be completed. Furthermore, that the engagement of hard-to-reach communities and minority ethnic communities had been considered as a critical part of the consultation process.

A Committee member commented that sufficient transport networks to accessible venues for consultation meetings were also of great importance, particularly in light of reduced bus services. A member also advocated that the Team should go into schools to demonstrate the use of smart phones, particularly for use by young people suffering from mental health problems. To make the consultation more comprehensible to the public, it was suggested that the consultation could include visits to GP/Hospital waiting rooms, where people could be informed of the plans (a very simplified version) and asking for views together with any problems encountered. Specific instances could then be added to the consultation. Stuart Bell agreed that consultation in waiting rooms and schools had been recognised as a good idea and had been put forward previously.

A member commented that it was paramount that the public understand the need for cultural change, and it was also crucial to bring with it the trust of the public by being open and transparent. Any swell of public opinion needed to be listened to. Mr Bell responded that in his view it would be dishonest to say that all could be achieved, and then to find that it could not be done. Moreover there was therefore a need to be clear at the outset about any constraints and potential consequences of keeping the status quo, adding that a balance would need to be set. Furthermore that planning would be undertaken on the basis of the amount of money available and on the basis of the steer given by the public. He stated that he had already taken on board the Committee's messages about workforce issues and also about the need for cultural change and due consideration would be given to devoting more emphasis to these issues. Mr Bell added that he saw his role as one of stewardship for the development of services to accord with the needs of the population. It was also his intention that services were to be in the best position for future generations. He felt that now was the opportunity for change in a more strategic way.

A member of the Committee commented that now was the time for local NHS to come up with an exciting vision to tackle the challenges and that particular emphasis was required on prevention and the need to follow healthy lifestyles. Dr McWilliam responded that discussions were being held with GPs about new approaches to their work which would include more telephone consultations, for example, and a more rapid access to diagnostics and assessment. In addition the six locality forums were working up plans for improvement such as practices working together and more staff working across practices.

A member asked for reassurance that the people's voice would be built into all work streams as part of the development, in the form of, for example, access to patient advisory groups. Stuart Bell responded that the key was to ensure that voluntary sector partners were brought into a model of commissioning, adding that if this was successful, it could be lodged in the OTP process.

A Committee member asked if it was felt to be a disadvantage to have to cover such a wide area as BOB (Buckinghamshire, Oxfordshire, Berkshire). Stuart Bell reported that David Smith (OCCG) was giving attention to this.

The Chairman then invited Cllr Nick Carter, OCC Cabinet Member for Local Government, Business, ICT & Customer Services up to the table. He explained that the Chairman of this Committee had asked him to initiate a conversation on the lack of data sharing across systems which were very diverse and separate in character, thus making for much duplication. He asked if there was an ambition for a single and unified IT system, what were the current blockages, and what improvements could one expect to see in the short term. Stuart Bell responded that he was a member of a sub group that had looked into this issue and it had been found that the scale of the task was too large due to the complexity of the systems. Issues such as confidentiality breaches had become apparent. There was, however, a strong ambition to connect the systems together, adding that this came back to the importance of cultural change. When asked by Cllr Carter whether case studies had been undertaken, Stuart Bell stated that they had, using digital scales, adding that the potential was growing along with the growing availability of apps. Mr Bell also stated that he would be happy to engage on this issue outside of the meeting, as it was his belief that there was value to be had in sharing data.

A member asked about the use of agency staff and was reassured that currently there were no problems in this area.

Mr Bell was asked if there were staff specifically allocated to responding to any concerns that staff may have regarding the changes. He responded that there were people assigned to this, but recognised that more could be done in this area. He added that it needed to be carried out in conjunction with information given on the broader picture of the STP and its benefits. Barbara Batty pointed out that there had been a much closer working relationship between staff in the liaison hub and in the community health team. This had the benefit of them feeling more a part of a bigger team. Damon Palmer also added that there was a project team sitting behind the main project team who were looking at workforce recruitment and retention and other issues. He offered to come back to Committee with a piece of work on this subject.

A member asked if the intention to go live with the consultation on 1 October this year would place a straightjacket on how much money would be available over the next four years, adding that there was much concern that Wantage, Chipping Norton and Henley Hospitals would be operating with less money per head, in light of an increased demand for services. There was thus a need for very clear information on how services would be organised in the localities. Dr McWilliam clarified that there was a need to ensure that the public was given proper choices to consult on and that until the Committee was informed about what it would mean for local hospitals, it would not be a valid consultation. Stuart Bell explained that the size of the pot in

relation to expected funding up to 2021 was in the OCCG's domain and this had already been made public. This was the basis that the Team were already working on. The Chairman confirmed that the Indicative Allocation had been announced and that it was part of the work of the OTP. The Team, however, had not yet reached a position whereby they could publicise their conclusions. She added that to her knowledge, if there was a reliance on 2% efficiency savings, then the gap could not be closed and financial problems and workforce issues would remain. Stuart Bell explained that the aim was that by the time the consultation started, discussions would have taken place and conclusions drawn about the financial consequences of different options. Currently the Team were at the stage of looking at it in terms of components in a system rather than specifically in terms of what could be done. There would be questions of scale and consideration given to what could be moved out to localities. There was also the need to look at all pathways and what would best lend itself in order for patients to receive the best quality of service and to receive value for money.

A member of the Committee commented that it was important to ensure that interim arrangements were shored up, as staff morale appeared low and the system appeared to be losing more staff. There should be a focus made on short term work to support staff within the current system.

On the conclusion of the discussion the Chairman thanked all for attending. In summing up the wishes of the meeting the Committee **AGREED** that:

(a) there was a need for separate chapters on proposed services in each locality to be included in the consultation document, as well as the need/rationale for change, so that the public could consider easily how the consultation impacted on them;

(b) the need for changes to IT systems be placed firmly on the agenda for consideration; and

(c) progress reports be submitted to each committee meeting for the foreseeable future on how the Trust was meeting the challenges relating to demographics, workforce and finance.

39/16 HEALTHCARE COMMISSIONING IN OXFORDSHIRE PRISONS AND IMMIGRATION REMOVAL CENTRES IN THE COUNTY

(Agenda No. 9)

The Chairman welcomed Sue Staddon, Head of Health & Justice Commissioning, NHS England South. She was accompanied by the following representatives:

Nikki Luffingham, Deputy Director of Health & Justice Operations and Delivery, NHS England
Victoria Kurrein, Regional Service Manager, Thames Valley Prisons Cluster, IRC & SARCs – Care UK

The Committee had before them a report (JHO9) entitled 'Health & Justice Commissioning in Oxfordshire Prisons & Immigration Removal Centres (IRC) in Oxford.' Sue Staddon gave a presentation on healthcare in custody in Oxfordshire. At the end of the presentation the meeting was opened out to questions from members of the Committee.

A member asked whether smoking had been banned generally in prisons to bring them in line with the ban on smoking in public places, in light of concerns raised about passive smoking. Sue Staddon responded that there had been a move to implement a non-smoking policy in prisons, but there had been concerns expressed by staff with regard to how it would impact on some priority prisoners.

A member asked what the flashpoints were in terms of assessment for vulnerable prisoners released back into the general population, for example, older prisoners, and prisoners with a learning disability. It was explained that the County Council commissioned and was responsible for the social care of prisoners. Victoria Kurrein stated that it was a challenge to get prisoners assessed for their physical needs. However, on their release, they would have been assessed prior to their release.

In response to a question asking who was responsible for the scrutiny of NHS England delivery, it was explained that this was undertaken by Public Health England, the Home Office and the Ministry of Justice. A national Board regulated the Partnership Board of South and London. There were regular contact meetings with providers to look at performance, key performance indicators and Health Justice performance indicators. A national Quality workstream in NHS England paid regular quality visits. Inspections were undertaken by HMI of Prisons, and Care Quality Commission inspectors who worked with the Independent Monitoring Board (IMB).

A member asked what constituted success in judging how much health care to give a person, particularly to those in Bullingdon prison, and what constraints were there in commissioning care and support for people with a mental health condition, for example. Sue Staddon responded that people in prisons were entitled to exactly the same health care as a people outside of the service would receive. For example, there was strong scrutiny given in the event of a death of a prisoner. A probation report was commissioned, as was a clinical review. The aim was to reduce deaths whilst in prison and good health outcomes were looked for. She also stated that it was about keeping offenders safe but the reality was to try to provide the best environment possible within the constraints. Moreover, the specification was set nationally and was very strong in its emphasis on the same measurement of primary and secondary care for prisoners. She added that some care such as mental health care and cancer care had a higher focus, as often, needs were greater in the prison environment (for example, offenders were more likely to smoke and there was a higher incidence of mental health problems). More work was required on, for example, IAPT Psychology intervention, as it was a national requirement that offenders now had the same right to treatment. She stressed that the service recognised the importance of implementing new services and understood that the provider would be held strongly to account if this did not take place.

Sue Staddon confirmed that offenders had the same rights to health screening – all who were eligible received screening on arrival – and there were key performance

indicators in place for it. She also confirmed that the 18 week waiting time for surgery also applied to offenders and facilities available to them on discharge were the same.

When asked about how much support was given to offenders suffering from autism and mental health conditions, Sue Staddon stated that a primary and secondary care mental healthcare service had been commissioned and the prison and health care providers worked hard to provide a fairly stable environment for them. She added that a piece of research had indicated that at least 70% of offenders had some form of mental health issues whilst in prison.

Sue Staddon was also asked how the transition from prison to release was managed. She explained that currently the medical IT system for prisons was closed, however, every attempt was made to contact GPs. Community teams were responsible for the transition (for those who were on probation). Locally every appointment was kept where possible, and those who were not registered with a GP would be registered on release. Victoria Kurrein added that a release plan was made into the community service to ensure a degree of transition.

When asked about how drug misuse was handled and what care was given, members heard that the responsibility for the use of illegal substances was with the Ministry of Justice who provided a substance misuse service, which included clinical and psycho-social assistance. Health needs assessments were undertaken and support via focus groups was given. Providers were required to ensure that friends and family tests were undertaken and there was a satisfactory survey completed once a year, when feedback was sought.

A member asked if health screenings were also undertaken at the IRC coupled with screenings for signs of torture. It was explained that a 2 hour screening was given on the day of entry and a second one 24 hours later. All were advised that they could declare any issues relating to torture if they wished and a report under Rule 35 completed if appropriate. Referral was then made to the Home Office if suitable to be detained.

The Chairman thanked all for attending.

She ascertained that Healthwatch Oxfordshire had highlighted this as an area for future review.

The Committee **AGREED** to request the following:

(a) copies of the latest annual or monthly reports which gave an indication of performance in Oxfordshire compared with other localities; and

(b) information on causes of deaths in custody.

40/16 HEALTH & WELLBEING BOARD - STRATEGY AND PRIORITIES FOR 2016/2017

(Agenda No. 10)

The Chairman welcomed Jackie Wilderspin, Public Health Specialist, OCC and Ben Threadgold, Policy & Performance Service Manager, OCC to the meeting. The Committee had before them a proposed, revised draft for 2016 of the Joint Health & Wellbeing Strategy for Oxfordshire (JHO10) which was scheduled to be considered at the 14 July 2016 meeting of the Oxfordshire Health & Wellbeing Board. The views of the Committee were sought.

Following discussion it was **AGREED** that the following comments be conveyed to the Board:

- The Board consider a major revision of the Strategy next year (2017-18). The Strategy was first agreed in 2012 and had been reviewed on an annual basis;

- There were examples of repetition within the document;

- Consideration needed to be given to the wider impact of wider changes, for example, the impact of changes to bus services on the likelihood of people being lonely, the effect of funding changes to housing related support, or the result of changes to Children's Centres;

- The information on reablement was likely to be incomplete as it did not include people who were self-funding their care;

- Some proposed outcomes appeared to be reducing the level of ambition – including some topics where proposed targets were lower that they were last year;

- The Delayed Transfers of Care target appeared to be too low;

- It would be helpful for an Executive Summary to be included for ease of reference. In addition a full summary of the previous year's performance be included within the strategy document so that the context for the proposed outcomes could be more fully understood;

- There was too little detail on who implemented the work to meet the outcomes and how they were held to account;

- It was unclear what the plans were to meet the ambition/targets;

- There was no information on how the Strategy linked to the Sustainability and Transformation Plan;

- There was insufficient information on why some targets were not met last year, for example, smoking cessation, drugs treatment; and

- The narrative on physical activity did not refer to active travel, though there is a cross reference within the Local Transport Plan proposals. This should be cross referenced.

41/16 HEALTHWATCH OXFORDSHIRE - UPDATE

(Agenda No. 11)

The Chairman welcomed Carol Moore, Chief Executive of Healthwatch Oxfordshire up to the table. The Committee had before them the latest update report on Oxfordshire Healthwatch activities (JHO11).

With reference to HWO's report on their work with refugees at source and the proposal, which had been refused, to expand it to include detainees, a member encouraged the Committee to work with HWO in order to assist in the collation of information.

The Committee thanked and congratulated Carol Moore, who was leaving HWO, for all her much appreciated work in bringing some very important information to the Committee and wished her well for the future.

The Committee **AGREED** to:

(a) thank HWO for the report; and

(b) request HWO to follow up with the OCCG whether the work of outreach workers for the gypsy traveller sites was picked up either by temporary staff or by health visitors, in the event of long term sickness and how much emphasis was given to public health issues for children living in the private sites.

42/16 CHAIRMAN'S REPORT

(Agenda No. 12)

The Committee received the update from the Chairman on meetings attended since the last meeting (JHO12).

Members took this opportunity to both welcome a new member to the Committee, District Cllr Jane Doughty, representing West Oxfordshire District Council, and to thank Hannah Iqbal, Policy Officer, who had since left the County Council, for all her hard work for the Committee and wished her well in her future employment.

43/16 FOR INFORMATION ONLY

(Agenda No. 13)

The Committee noted the following:

- Oxfordshire Health Inequalities Commission – Briefing; and
- Oxford Health NHS Foundation Trust: Striving to improve care briefing 2016

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JHO3

..... in the Chair

Date of signing