OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 22 June 2017 commencing at 10.00 am and finishing at 2.10 pm

Present:

Voting Members:

Councillor Kevin Bulmer
Councillor Mark Cherry
Councillor Dr Simon Clarke
Councillor Arash Fatemian
Councillor Mike Fox-Davies
Councillor Laura Price
District Councillor Jane Doughty
District Councillor Monica Lovatt
District Councillor Andrew McHugh
District Councillor Susanna Pressel
Councillor Jenny Hannaby (In place of Councillor Alison Rooke)
District Councillor Lorraine Hillier (In place of District Councillor Nigel Champken-Woods)

Co-opted Members: Mrs Anne Wilkinson

Officers:

Whole of meeting — Strategic Director for People & Director of Public Health; Julie Dean and Katie Read (Resources)

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.

27/17 ELECTION OF CHAIRMAN - 2017/2018

(Agenda No. 1)

Councillor Fatemian was elected Chairman for the municipal year 2017/18.

28/17 ELECTION OF DEPUTY CHAIRMAN - 2017/2018

(Agenda No. 2)

District Councillor Monica Lovatt was elected Deputy Chairman for the municipal year 2017/18.

29/17 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 3)

Cllr Jenny Hannaby attended in place of Cllr Alison Rooke; District Cllr Lorraine Hillier for District Cllr Nigel Champken-Woods; and an apology was received from Keith Ruddle, co-opted member.

It was reported that Moira Logie, co-opted member, had tendered her resignation on account of her moving away from Oxfordshire. Members joined in thanking her for all her valuable work for the Committee.

30/17 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 4)

District Councillor Andrew McHugh declared a personal interest on account of his appointment as a short-term locum at West Bar GP Surgery, Banbury; also on account of his recent appointment to the Cherwell Community Partnership Network; and finally on account of his role as a non-voting attendee on the Cherwell Locality Network.

Councillor Jenny Hannaby declared a personal interest on account of her appointment as Chairman of the Wantage Hospital League of Friends.

Dr Simon Clarke declared an interest on account of his appointment as a public governor serving on the Council of Governors of the Oxford University Hospitals NHS Trust.

31/17 MINUTES

(Agenda No. 5)

The Minutes of the meeting held on 6 April 2017 were approved and signed as a correct record.

Matters Arising

In relation to Minute 24/17 ‘Quality Accounts’, page 8, bullet point 2, the Committee asked for an update on the Delayed Transfers of Care situation to include an update on recruitment.

32/17 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 6)

The following addresses from speakers had been agreed. Each speaker had elected to give their address prior to the item itself:

Agenda Item 9 – Oxfordshire Transformation Plan (OTP) Phase 1 – Consultation Outcomes

Joan Stewart – representing ‘Keep our NHS public’

Cllr Mark Ladbrooke – Oxford City Council

33/17 FORWARD PLAN

(Agenda No. 7)

The Committee considered the Forward Plan attached (JHO7).

The Committee **AGREED** the Forward Plan and that Anaesthetist training at the Horton General Hospital be added to the Plan. It was noted however that this would most likely be included within the broad Transformation programme for consideration by the Committee in the near future.

34/17 HEALTHWATCH OXFORDSHIRE - UPDATE

(Agenda No. 8)

The Committee welcomed Professor George Smith, newly appointed Chairman of Healthwatch Oxfordshire (HWO). He was joined by Rosalind Pearce, Executive Director. He spoke of the need for HWO to challenge Health authorities to provide a clear vision on a longer horizon than at present. His major concern was that Health's long term strategic plan was set at 2021 and not at the required 2031. In the current climate patients were being faced with cutbacks, for example, with reductions in bed numbers, thus causing a major mismatch between Health and the needs of the county. He added that the short-term message of the Oxfordshire Transformation Plan - Phase 2 was one of joint working, collaboration, integration was not visible in Oxfordshire. He made a plea, now there was a new County Council, for more partnership working and planning with the NHS. He believed that this was the way forward.

The Chairman asked if it was possible for the Committee to receive an update on HWO's findings in relation to their traffic/parking survey at the John Radcliffe site. Ros Pearce reported that they were in the process of drafting the report and when complete, would be placed on the HWO website. It would be submitted to the OCCG by the end of June. She undertook to send a copy to the Committee when it had been placed in the public domain. Professor Smith added that the Hospital had also authorised some of their employees to undertake some automated counting, to measure how long it took to find a parking space. However, it had also been recognised that the problems often started on the journey to the hospital on busy roads, and therefore it was important where the initial sensors were placed. Here lay the need for a level of engagement with the local authority.

Professor Smith was asked for his view with regard to the rise in population for the over 85's and the problem this would cause for the Health economy. He commented that the profound changes to the demographics in relation to the over 85's were now well known. However, what was less clear were the demographics of people moving into the county as a result of housing growth and its subsequent effect on Health services. These people would be likely to be younger and more economically active and the underlying planning assumption would then be to expect a rise in the birth rate, with respective health needs. This would require better career structures for Health staff and the integration, in the form of hubs, of care workers, of consultants (to provide diagnostic care) and specialist nursing staff, as had happened in the

Netherlands. His view was that community hospitals could best provide the source where services could coalesce.

Professor Smith and Rosalind Pearce were thanked for their attendance.

35/17 OXFORDSHIRE TRANSFORMATION PLAN (OTP) - PHASE 1 - CONSULTATION OUTCOMES

(Agenda No. 9)

Prior to the consideration of this item the Committee was addressed by the following members of the public:

Joan Stewart – 'Keep our NHS public'

Joan Stewart was of the view that there were many more questions that the Committee needed answers to before the OCCG meeting to make their decision on the Oxfordshire Transformation Plan – Phase 1 proposal. She listed her reasons for this as follows:

- The OCCG's response to this Committee's letter was 'evasive, disingenuous and high-handed'. They had ignored the Committee's misgivings about the 'domino effect' that phase 1 decisions would have on phase 2, particularly on services in the north of the county. Also, why 146 acute bed losses formed part of phase 1, but proposals to shift care into the community would not be seen until Phase 2, when the beds would be gone;
- Despite being the statutory, accountable body for the consultation, OCCG had attempted to 'shift responsibility' onto the Oxford University Hospitals NHS Foundation Trust (OUH) for solving access and car parking problems and for investment in the Horton Hospital. How this would be financed was in question;
- OCCG had also 'side stepped the fundamental question of whether proposals were workable and sustainable given the severe underfunding of health and social care, shrinking care home capacity, and chronic workforce shortages' in Oxfordshire;
- The OCCG's response to concerns voiced by this Committee about how inequalities would be tackled was 'the feeblest in their whole response';
- The findings in the full consultation report revealed a catalogue of 'concerns, misgivings and reservations' about the proposals. The findings also include 'strong criticism of the consultation process, not least of which was the decision to split the consultation in the way it was; the lack of options; and the leading nature of many of the questions'.

She concluded by stating that there were many more questions that this Committee required answers to before the OCCG decision – making meeting in August. She asked when this Committee would:

- be able to scrutinise the re-evaluation of the options for Obstetric services at the Horton?
- be able to evaluate the criteria and results of the integrated Impact Assessment, the conclusions of which would be 'critical' to the proposals?

- be able to assess the methodologies and quantitative and qualitative data being collected by Healthwatch and Mott McDonald on travel and parking: and
- how would the revision of these consultation proposals reverse the crisis in health and social care?

'Keep our NHS Public' wished to urge the Committee to schedule a further public meeting with OCCG prior to 10 August when the final decision would be made - or to refer to the Secretary of State for Health that day if it was not satisfied with OCCG's response to its concerns.

Cllr Mark Ladbrooke – Oxford City Council

Cllr Ladbrooke highlighted his concern that the health inequality issues in certain areas of Oxford were not being considered in sufficient proportion by the OCCG. He asked that the whole of Oxfordshire be considered in addition to the north of the county. He explained that he had recently met with people belonging to the Barton Community Association who told him that 36% of people living within that area were living below the poverty line and that fuel poverty was also prevalent in this area. Many were living in cold, damp and overcrowded homes without access to safe and reliable facilities. He expressed his concern that the proposed changes would have an unfavourable impact on people who had the least levels of resilience. Cllr Ladbrooke particularly highlighted the proposal to permanently close 194 beds without testing its impact on patients beforehand. He urged the CCG to do an impact assessment in order for the consequences of the proposals on health outcomes and health inequalities to be thought through, and, where appropriate, plans for mitigation to be proposed and scrutinised by this Committee. He brought the attention of the Committee to the proposal made by Simon Stephens that NHS units should apply a patient care test which would demonstrate sufficient alternative provision. He concluded that there was no evidence of such a test to date and that, on the basis of this, the Oxfordshire Transformation Plan should not be accepted.

In November 2016 the Committee reviewed and approved the Clinical Commissioning Group's (OCCG's) plans for consultation, and requested that:

- Information on any proposals relating to obstetric/midwife-led units in the north of the county that impact on surrounding services is included in Phase 1.
- Any proposals relating to the closure of other services at the Horton Hospital are included and considered together, and if they are not, then nothing in Phase 1 should prejudice Phase 2 proposals.
- Proposed delivery of planned care at the Horton would be included in the consultation and the impact of changes in GP delivery would be made clear;
- That the geographical detail be easily identifiable so that the public can be clear about proposed changes to be made to services in their locality; and
- There is clarity on the meaning of 'ambulatory' care.

This Committee scrutinised the detailed proposals in Phase 1 of the Oxfordshire Transformation Plan at a dedicated meeting on 7 March 2017 and its formal response and recommendations had been submitted to the OCCG before the end of the consultation period. David Smith, Chief Executive, OCCG and Catherine Mountford, Director of Governance, OCCG now attended to present the feedback from the consultation. The report was attached at JHO9.

David Smith stated that the CCG would be pleased to attend another meeting of this Committee prior to their decision-making Board meeting on 10 August. With regard to the points made by Cllr Ladbrooke, it was the responsibility of the Clinical Senate of NHS England to highlight the Patient Care Test. An integrated Impact Assessment was taking place on Phases 1 and 2 of the proposals and added to any of the options as required. Once complete, it would be looked at with the clinicians and then placed in the public domain. They added that if there were any other areas the Committee wanted the CCG to look at, then this would be welcomed. They then proceeded to introduce the paper.

Members of the Committee welcomed the opportunity to have another dedicated meeting to look at and discuss the impact assessments in detail, in order to conduct a meaningful intervention and do service to any issues that had crystalised with regard to, for example, the bed closures.

The Committee also expressed its concern to the OCCG that a number of significant changes had been made to services on a temporary basis and once the decisions were made on 10 August, all would be irreversible. David Smith reminded Members that the CCG had gone out to consultation on Phase 1 of the proposals with the agreement of this Committee, in the light of so much uncertainty around patient safety, as a result of, for example, problems with regard to the recruitment of doctors. He added that the CCG had also sought to make a decision on these issues of great concern as early as it could.

During a lengthy question and answer session, the Committee established the following:

- with regard to maternity services at the John Radcliffe Hospital, the issues highlighted would be addressed when the options for decision were documented. Some were currently undergoing analysis on how to utilise the funding allocations available. Moreover, the CCG's Quality Committee was regularly reviewing the impact on services. In relation to access to car parking, the CCG would continue to work with the local authorities on the transfer of people to the site, either via their own cars or via the Park & Ride services. All options were being looked at;
- The Committee would be provided with a copy of the specification on the Impact Assessments;
- Oxfordshire had a very substantial pooled budget process with the County Council and this meant that solutions to a whole range of issues could be considered on a joint basis. These included issues around health inequalities. It was pointed out that the CCG could not use this consultation as a means of dealing with everything. The Oxfordshire Health &Wellbeing Board also had a role in addressing some issues such as health inequalities and its Strategy

was the mechanism with which to do this. The mantra of the pooled budget arrangement with the CCG was to pool money where it could be demonstrated that the best outcomes could be achieved, such as in relation to the re-design of the reablement service, the purchase of care beds, spending on care homes and equipment;

- The CCG Board would be seeking a level of clarity on decisions, such as the proposal to close the Obstetric Unit at the Horton Hospital. It would be asking for assessment of the knock on effects;
- The importance of hearing what the clinicians had to say about the proposals and what their advice was. This would be shared with the Committee. All responses received from the CCG Board and from the various organisations and the public would be made public;
- The consultation contained a number of 'confusing' comments and references that made some of the proposals unclear, such as mention of 'high risk' births, when 40% of births would take place in an acute hospital because anaesthetics could not be administered at a midwife-led unit;
- What had to be delivered would be delivered at local level. However commissioning of some services, such as cancer care, would be undertaken at a higher, regional level. The Committee was concerned that Oxfordshire's very effective joint working and savings delivered, via pooled budgets, would be derailed by the Sustainability and Transformation Plan (STP) across multi-authorities, all of whom had differing financial profiles. David Smith gave his assurances that the STP was about trying to achieve the right level for some services;
- In answer to a question that if all failed due to outside influences, such as Brexit, who would be liable, David Smith responded that the biggest challenge across the whole of the system was the workforce. He added that collective action would be required across Oxfordshire with other organisations to resolve this issue, for example, looking at low-cost housing for the workforce.

In his summing up, the Chairman raised a concern that there was a substantial amount of work to be completed in a very short space of time which could give rise to the danger of a 'box-ticking' exercise that would show all bases had been covered, rather than exploring alternative options. He further commented that the decision to split the consultation meant that it lacked clarity. It was recognised however that partly this was due to concerns that the Committee had over the Horton Hospital. He referred to a number of points raised during the discussion which the Committee were keen to see addressed within the final CCG report. These were:

- The outcomes of the patient care test;
- Options for the future of the obstetrics service at the Horton Hospital;
- The outcomes of the Mott MacDonald parking analysis and Healthwatch Oxfordshire qualitative travel and parking survey at the Oxford University Hospitals sites. Officers to seek advice as to whether the County Council could assist with this work and the CCG to share information which they had commissioned;
- Inclusion of the outcomes of the Integrated Impact Assessment; and
- Addressing of the points raised by Professor Smith, Chair of Healthwatch Oxfordshire in Agenda Item 8 regarding population growth and a consequential rise in the number of births.

The Committee **AGREED** to request the Officers to seek the specifications for each of the further analyses commissioned by the OCCG to understand their remit; also a timetable from the CCG to ascertain when the final reports would be available; and then to hold a special meeting of the Committee to scrutinise the final proposals before the CCG Board meets to make its final decisions.

36/17 DEMENTIA SERVICES

(Agenda No. 10)

Early diagnosis for people with dementia had been shown to have benefits in terms of patient and carer quality of life and independence. There was also evidence to show that there was a financial benefit as a result of a delayed need for care.

The following representatives from Oxfordshire Clinical Commissioning Group, Oxfordshire County Council's Adults Social Care and the Dementia Support Service attended to share with the Committee how they were working together to support people with dementia and their families, with particular reference to recent changes to other services such as daytime support:

- Sonja Janeva – Oxfordshire Clinical Commissioning Group (OCCG)
- Mandy Carey – Dementia Oxfordshire
- Nicola Luxton – Dementia Oxfordshire
- Benedict Leigh – Oxfordshire County Council

A slide presentation was given to the Committee which provided an overview of dementia diagnosis, the dementia pathway, dementia support services and end of life care for dementia patients.

During the question and answer session that followed, the Committee established the following:

- Representatives were unaware of any new drugs on the market except for ones which allowed the slowing down of the degeneration process, which had appeared in recent years;

- In recent years there had been a significant emphasis put on research and funding;

- All care homes specialising in dementia came under Sonja's remit;

- There were benefits from the early diagnosis of dementia. It was important to know who had been diagnosed with dementia within a locality, so that need could be planned and support given. Furthermore early diagnosis also presented circumstances where personal preference would be taken into consideration alongside support;

- There were two types of mental health services, one for older people, which largely focused on dementia, and one for working age people suffering from illnesses such as depression or psychosis. Those of a younger age diagnosed

with dementia were automatically referred to the working age team. The cut-off age from one to the other was 65. Currently Oxford Health was exploring all age mental health teams and more teams focused on the frail elderly;

- There was no strong evidence to suggest that a person's existing mental health condition could be masking dementia, even though they could be suffering from other mental health problems. However, there was an increased prevalence for people with a learning disability to develop dementia at a younger age than the norm. Ideally they should be offered an annual GP health check;

- Many people suffering from dementia lived alone. This was dependent on how the person felt about that. Services such as 'Phone Friends' were available to them and there were other means of support given, such as dementia friendly aisles in Sainsbury's. The Alzheimer's Society also ran a 'dementia friends' service and Carers Oxfordshire, which came under the auspices of Age UK, also ran a 'Guideposts' service;

- In response to a question about how we can prevent people with dementia being placed out of county, Benedict Leigh explained that the Orders of St John and other partners were exploring the possibility of building specialist dementia care homes in Oxfordshire. A key challenge was sourcing an organisation equipped to run a good care home for specialist placements. They were also looking at existing provision in Oxfordshire, with a view to it becoming more specialised in favour of dementia patients. He agreed to return to a future meeting of this Committee with the case for investment in specialist units;

- Dementia funding was a challenge that was increasingly being picked up by local authorities and Oxfordshire was one of the lowest funded authorities per individual. This was a significant issue that had not however been picked up as part of the discussions around the Oxfordshire Transformation Plan. More funding was needed particularly around the County Council's ability to provide community support. Oxfordshire was very fortunate in having a large pooled budget which met the majority of patient needs. Sonja reminded the Committee that Continuing Health Care funding was available for dementia patients. She also informed the Committee that some work on the dementia pathway and diagnostics had been undertaken as part of the Phase 2 proposals of the Oxfordshire Transformation Plan. Health were at a stage where testing was required to ascertain if further work was needed. A workshop with users was being held in July to look at how the pathway was working for them;

- Health were keen to enable other services to care for people with dementia, rather than develop dementia specialist services. District nurses were being trained in giving support to dementia patients living in the community, with the support of a dementia adviser (of which there were 9 fte in Oxfordshire) should a person require a clinical input. A large number of sessions had already taken place on raising awareness of dementia. Advisers, who each had background in casework and were trained to NVQ level, had been assigned GP surgeries

and follow-up clinics from which to work. They were also happy to post information out to people via their computer;

- With regard to a question about the extent to which people could be supported in their own home and what the tipping points were for a family when coping with a relative's dementia, Benedict Leigh recognised the importance of respite care. Respite could be accessed through nursing and care homes nursing home. However, he recognised the difficulties experienced by families of self-funders as care homes tended to favour long-term clients. Furthermore, patients and families did not tend to want bed-based care. He undertook to provide a briefing on respite care.

The Committee recognised the importance in assisting society to better understand the different stages of the illness and the kind of support required for that person. It followed that as society aged then there would be less anxiety and concern about the kind of support that would be given. To this end it was hoped that the 'Dementia Friends' course would become more valued in the years to come. It was also noted that the local Fire Station in Witney had also rolled out this course.

The Committee **AGREED** to thank the representatives for attending, commenting that they looked forward to their return to the Committee at a future date to present on the:

(a) outcomes of work being undertaken with the Orders of St John to explore the use of land within the county to develop dementia specialist units; and
(b) provide a briefing on respite care for patients.

37/17 HEALTH & WELLBEING BOARD (HWB) AND STRATEGY PRIORITIES 2018/2019

(Agenda No. 11)

Tan Lea, Benedict Leigh and Jackie Wilderspin, Oxfordshire County Council, attended to present an overview of the performance against targets in the Oxfordshire Health & Wellbeing Board's Strategy 2016 – 17 and proposals for new outcome measures for new outcome measures in the revised 2017-18 Strategy for discussion and comment. All comments would be shared with the Oxfordshire Health & Wellbeing Board (HWB) at their meeting in July.

The Committee's comments for the HWB are listed below:

Overarching comments

- A graphical representation of the data and trends for these indicators could be helpful – to show how big the issue is and whether it's getting better or worse.
- Ensure the wording of targets makes it clear what is being measured.
- Need a way demonstrate whether performance is improving over time, to show that we are always moving forward – i.e. if we're always using last year's performance as a baseline.
- It was important for the Health & Wellbeing Board to do a regular 'deep dive' on a chosen target in order to ascertain where the issues lie.

Comments on each priority in turn were:

Priority 1

- Child and Adolescent Mental Health Services (CAMHS) – the focus on lead times should continue.
- It would be useful to have some context alongside the data that is presented.
- The targets seem to be very low – should we be more ambitious?

Priority 2

- 2.3 – Educational Attainment – The Committee requested feedback once the baseline had been agreed.
- 2.6 – out of county placements. The target should be reviewed and should be achievable – the numbers have been increasing steadily, rather than reducing as planned.
- Should we be monitoring the rate of care leavers to compare with the number of people entering care and monitor how they fare on leaving care? It seems important to tell the whole story.

Priority 3

- 3.3 and 3.4 – Children in need or on Child Protection Plans. The Committee asked why we would want to reduce the number of children subject to a Child Protection Plan or the number of social care referrals – should the focus instead be on the nature of the circumstances behind the referral and on tackling the factors affecting this at a much earlier stage?

Priority 4

- 4.1 – Narrowing the gap in school attainment. The Committee suggested that the national average be made available when published to see how Oxfordshire compares. If there has been a reduction in the rating, then this needs to be made clearer.

Priority 5

- 5.6 – 18 week waits. The waiting time for treatment following a referral is very long – should we have a more ambitious target? It would be more valuable to look at the number of people where the 18 week deadline has been breached.

Priority 6

- 6.5 – People with mental illness in employment. This seems a very low target, but if we're doing better than the national average, should we display this on the table? Also need to be clear whether the percentage target represents the people in employment or the target rate of increase.

Priority 7

- How do the DTOC figures compare nationally?

Priority 8

- Clarified that OCC is responsible for reporting on 8.2 & 8.3 (NHS Health Checks) because Public Health commission this – perhaps this can be made explicit?

Priority 9

- 9.1 – Childhood obesity. Expand on which districts are good performers and which are below the target. Suggestion that this Committee should hear from district councils on the work of Health Improvement Partnership Board.

Priority 10

- Clarified why the indicator for fuel poverty is still to be decided.

Priority 11

- 11.4 – Immunisation for Human Papilloma Virus. We should be able to see previous year's data, including first dose uptake, on HPV.

..... in the Chair

Date of signing