

Public Document Pack
**Oxfordshire Joint Health Overview & Scrutiny
Committee**
Thursday, 24 May 2012 at 10.00 am
County Hall

Membership

Chairman - Councillor Dr Peter Skolar

Deputy Chairman - District Councillor Dr Christopher Hood

<i>Councillors:</i>	Jim Couchman	C.H. Shouler	Keith Strangwood
	Jenny Hannaby	Val Smith	Lawrie Stratford

<i>District Councillors:</i>	West Oxfordshire - TBC	Rose Stratford
	Susanna Pressel	Alison Thomson

<i>Co-optees:</i>	Dr Harry Dickinson	Dr Keith Ruddle	Mrs A. Wilkinson
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N.B. District councils to confirm membership for 2012/13.

Notes:

Date of next meeting: 5 July 2012

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Dr Peter Skolar E.Mail: peter.skolar@oxfordshire.gov.uk
Committee Officer	-	Claire Phillips, Tel: (01865) 323967 claire.phillips@oxfordshire.gov.uk



Peter G. Clark
County Solicitor

May 2012

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking ‘outwards’ and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 6 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. **Apologies for Absence and Temporary Appointments**
2. **Election of Chairman for the 2012/13 Council Year**
3. **Election of Deputy Chairman for the 2012/13 Council year**
4. **Declarations of Interest - see guidance note on the back page**
5. **Minutes**

To approve the minutes (**JHO3**) of the meeting held on 8 March 2012 and to note for information any matters arising from them.

6. **Speaking to or Petitioning the Committee**

7. **Public Health Update**

10.20

The Director of Public Health will provide the committee with his regular report on matters of relevance and interest to the committee, including the Health and Well-being Board and public health performance.

8. **Joint Health and Well being Strategy Consultation (Pages 1 - 22)**

10.40

Jonathan McWilliam will present the draft Joint Health and Wellbeing Strategy for Oxfordshire. The consultation started on 15th May and will run until the 22nd June 2012.

Members are asked to comment on the priorities identified and the draft strategy.

9. **Learning Disability Healthchecks (Pages 23 - 24)**

12.15

A report (**JHO9**) from Angie Eachus Programme Manager, Primary Care Contracts, PCT in response to the committee's questions on the issue of Healthchecks for people with Learning Disabilities that was brought to the committee's attention at its meeting in January.

Any subsequent questions from the report will be taken back to the PCT for them to respond to.

10. South Central Ambulance Service performance (Pages 25 - 36)

11.00

Duncan Burke, Director of Communications & Public Engagement, South Central Ambulance Service, John Nicholls, Operations Director, Aubrey Bell, Area Manager (Oxfordshire) and Debbie Marrs, Assistant Director for Patient Services will present a follow up report (**JHO10a**) on performance of the Ambulance Service in Oxfordshire in response to the discussion and request for more information at the last meeting and present the quality account and priorities (**JHO10b**) for the Trust for the new year.

11. Community Hospitals in Bicester and Henley (Pages 37 - 46)

12.30

Progress update from the Primary Care Trust on the programme of new community hospitals in Bicester and Henley. Attached as background are recent press releases and consultation details (**JHO11a, b and c**)

12. Clinical Commissioning Group (Pages 47 - 50)

12.40

Brief report (**JHO12**) on the progress of the clinical commissioning group arrangements in Oxfordshire. Dr Peter von Eichstorff from the Clinical Commissioning Group will attend the meeting to answer questions.

13. Equality Act and Equality Duty (Pages 51 - 54)

13.00

Ben Threadgold, Senior Policy and Performance Officer, Chief Executive's Office, will provide an update on the Equality Act 2010 and the Equality Duty and its relevance to scrutiny (**JHO13**).

14. Oxfordshire LINK Group – Information Share (Pages 55 - 64)

13.15

Adrian Chant and Sue Butterworth from the LINK will be in attendance to provide an update on the work of Oxfordshire LINK and answer any questions that members may have. They will also present a paper on the planned piece of work on maternity services (**JHO14a**). The Oxfordshire LINK Spring newsletter is attached (**JHO14b**). Lisa Gregory will provide an update on the development of Healthwatch.

15. Chairman's Report

13.30

The Chairman and other committee members will give a verbal update on meetings attended since the last formal meeting of the Health Scrutiny Committee in March. These include,

- Oxford Health quality account and priorities meeting
- Chipping Norton community hospital visit
- Oxford University Hospitals Trust informal meeting
- Quality Innovation Productivity and Performance /Clinical Commissioning Group informal meeting

16. Close of Meeting

13:40

Declarations of Interest

This note briefly summarises the position on interests which you must declare at the meeting. Please refer to the Members' Code of Conduct in Part 9.1 of the Constitution for a fuller description.

The duty to declare ...

You must always declare any "personal interest" in a matter under consideration, i.e. where the matter affects (either positively or negatively):

- (i) any of the financial and other interests which you are required to notify for inclusion in the statutory Register of Members' Interests; or
- (ii) your own well-being or financial position or that of any member of your family or any person with whom you have a close association more than it would affect other people in the County.

Whose interests are included ...

"Member of your family" in (ii) above includes spouses and partners and other relatives' spouses and partners, and extends to the employment and investment interests of relatives and friends and their involvement in other bodies of various descriptions. For a full list of what "relative" covers, please see the Code of Conduct.

When and what to declare ...

The best time to make any declaration is under the agenda item "Declarations of Interest". Under the Code you must declare not later than at the start of the item concerned or (if different) as soon as the interest "becomes apparent".

In making a declaration you must state the nature of the interest.

Taking part if you have an interest ...

Having made a declaration you may still take part in the debate and vote on the matter unless your personal interest is also a "prejudicial" interest.

"Prejudicial" interests ...

A prejudicial interest is one which a member of the public knowing the relevant facts would think so significant as to be likely to affect your judgment of the public interest.

What to do if your interest is prejudicial ...

If you have a prejudicial interest in any matter under consideration, you may remain in the room but only for the purpose of making representations, answering questions or giving evidence relating to the matter under consideration, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise.

Exceptions ...

There are a few circumstances where you may regard yourself as not having a prejudicial interest or may participate even though you may have one. These, together with other rules about participation in the case of a prejudicial interest, are set out in paragraphs 10 – 12 of the Code.

Seeking Advice ...

It is your responsibility to decide whether any of these provisions apply to you in particular circumstances, but you may wish to seek the advice of the Monitoring Officer before the meeting.

Oxfordshire Health & Wellbeing Board

Oxfordshire's Joint Health & Wellbeing Strategy

2012 - 2016

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Summary for public consultation – May/June

Agenda Item 8

Oxfordshire's Draft Joint Health & Wellbeing Strategy

Oxfordshire's draft Joint Health & Wellbeing Strategy aims to say what we want to do to improve the health and wellbeing of children, young people, families, adults and older people in the county. It explains how the Health & Wellbeing Board plans to do this by working with people in different organisations, like health services and local authorities. We have chosen 11 of the most important issues because we think that if all organisations work together on these, as a priority, we can make a real difference.

Why now?

The aim is to make sure we work better together to improve everyone's health and wellbeing, especially those who have health problems or are in difficult circumstances. There has been a new Health and Social Care Act which says that everyone should be more involved in making these decisions – not just a few people or those that 'shout loudest'! So we want your views and ideas about the priorities we're suggesting.

What do we already know?

We have collected lots of useful information which tells us who lives in Oxfordshire, what we are doing well and what the problems are. This report, called the Joint Strategic Needs Assessment (JSNA), tells us what we need to be planning for. It tells us which parts of the population are growing the most, how we are doing compared to other parts of the country and where we need to improve. For instance, we know we need to plan for an increasing number of older people and their carers in Oxfordshire so we can make sure people are cared for well. The JSNA also tells us that some areas of the county and some people have poorer health and poorer opportunities in life and that there are some persistent problems which we need to tackle. We use this knowledge to improve how people who live in Oxfordshire get help with health, care and education.

Who decided that these were the priorities?

The new Health & Wellbeing Board has decided the priorities after lengthy discussions. The Board includes councillors, GPs, directors of services and the Chair of the Local Involvement Network (representing the views of the public in Oxfordshire). It is chaired by the Leader of the County Council, and the Vice Chair is the Lead GP for the Oxfordshire Clinical Commissioning Group (which plans and pays for health services). We have also used information from consultations which tell us what's important for you, and what helps you most.

We want your views and ideas about the priorities we're suggesting



So, what are the proposed priorities?

For adults . . .

1. Joining up of health and social care services to improve services for older people and their carers.
2. Supporting older people to live with dignity whilst reducing their need for care and support through, for instance, reablement services which increase independence and enable people to stay in their own homes.
3. Supporting adults with long-term health conditions, physical or learning difficulties or mental health problems to live independently and achieve their potential, for instance through independent living, self-management of their disability/illness, education opportunities etc.



For children and young people . . .

4. Keeping all children and young people safe.
 5. Raising achievement for all children and young people – at primary, secondary and special schools, colleges and for school leavers.
- Making sure our most disadvantaged and vulnerable children and young people, do as well as they can.
Making sure all children have a healthy start in life and stay healthy into adulthood, by, for instance, preventing self-harm and supporting those with mental health problems.



For health improvement . . .

8. Preventing early death and improving the quality of life in later years, e.g. by reducing the numbers of smokers, and increasing numbers of people having health checks.
9. Preventing chronic disease by tackling obesity, (unhealthy weight), for instance, by increasing the numbers of people who take regular exercise.
10. Improving housing as poor/overcrowded housing is linked with poor health.
11. Preventing infectious disease through immunisation.



There are also some issues that cut across all of our priorities such as mental health, housing and poverty.

To make sure we know whether we're improving, we have set ourselves some targets for each of the priorities. These can be seen in the Joint Health & Wellbeing Strategy consultation draft on pages 8 to 16 at the following link: <http://bit.ly/health-wellbeing-strategy>

So – we'd really like to hear your views on the following questions:

a) Have we got our priorities right?

b) Have we got our targets right?

c) What else should we include?

d) Are there any other comments that you would like to make?

To find out more and let us know your views ...

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Give us your feedback and have your say on the proposed Joint Health & Wellbeing Strategy by completing our survey, attending a workshop, or commenting on the full strategy document.

You can complete the questionnaire or find out more at: <http://bit.ly/health-wellbeing-strategy> or, by contacting us:

Email: talking.health@oxfordshirepct.nhs.uk

Phone: **01865 323625**

You can also write to us with your views at:

Communications & Engagement
FREEPOST RRRKBZBTASXU

NHS Oxfordshire, Jubilee House, 5510 John Smith Drive
Oxford Business Park South, OXFORD OX4 2LH

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Oxfordshire's Joint Health & Wellbeing Strategy

2012 - 2016

Consultation Draft May 2012

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1. Foreword by Chairman and Vice-Chairman of Oxfordshire's Health and Wellbeing Board

We are delighted to launch this consultation of our first Health and Wellbeing Strategy for Oxfordshire and we believe this document is a significant step forward for health in the County.

We are used to positive partnership working between Local Government and the NHS in Oxfordshire and we are also used to working hand in hand with the public. This document finds us all speaking with one voice on behalf of the new Health and Wellbeing Board in an attempt to tackle the most pressing health problems our County faces today.

Health and Wellbeing in Oxfordshire is good overall, but we are determined to make it better still by working together for the long term.

It is important that we can measure the changes to services we intend to make and the positive changes in health outcomes we hope to achieve. We have therefore included progress measures throughout the document. All of these measures are ambitious and we intend to achieve them all or use any near-misses to focus our attention on these areas further.

We have set out our ambitions and we now need your help. Please do respond to this consultation and have your say. We are eager to know whether your views agree with ours and we want to use the consultation to improve the strategy.

We look forward to hearing from you and to having you join us in this joint venture.

Keith Mitchell CBE, Chairman of the Board
Leader of Oxfordshire County Council

Dr Stephen Richards, Vice Chairman of the Board
Chief Executive of the Oxfordshire Clinical Commissioning Group

2. Introduction

A Health and Wellbeing Board has been set up in Oxfordshire to make a measurable difference to the health and wellbeing of the people of Oxfordshire. Oxfordshire has a rich history of partnership working to improve health care. This new Board is, therefore, very much the next logical step for Oxfordshire to take and through it we also fulfil a key requirement of the Government's new Health and Social Care Act.

The Health and Wellbeing Board is the principal structure in Oxfordshire responsible for improving the health and wellbeing of the people of the County through partnership working.

The Board is a partnership between Local Government, the NHS and the people of Oxfordshire. Members include local GPs, Councillors, the Local Involvement Network and senior Officers from Local Government.

Early tasks for the board have been to look at the biggest challenges facing the wellbeing of Oxfordshire's people and to set out the Board's initial ideas in a draft strategy for improving the situation.

This document is that draft strategy, (technically called the 'Draft Joint Health and Wellbeing Strategy') and the Board now wishes to consult with the people of Oxfordshire and a wide range of organisations in a debate to refine and improve these initial proposals.

We are seeking the answers to four questions:

- 1) **Have we got our priorities right?**
- 2) **Have we got our measures right?**
- 3) **What else should we include and why?**
- 4) **Are there any other comments that you would like to make?**

Once the priorities are agreed following this consultation, they will be the main focus of the Health and Wellbeing Board's work. The consultation will also help us to create the detailed action plans we will need if these changes are to become a reality.

We expect this to be a 'living document'. As priorities change, our focus for action will need to change with it. We want to make sure that our planning stays 'alive' and in touch with the changing needs of Oxfordshire's people.

3. Vision

The vision of the Health and Wellbeing Board is outlined below:

By 2016 in Oxfordshire:

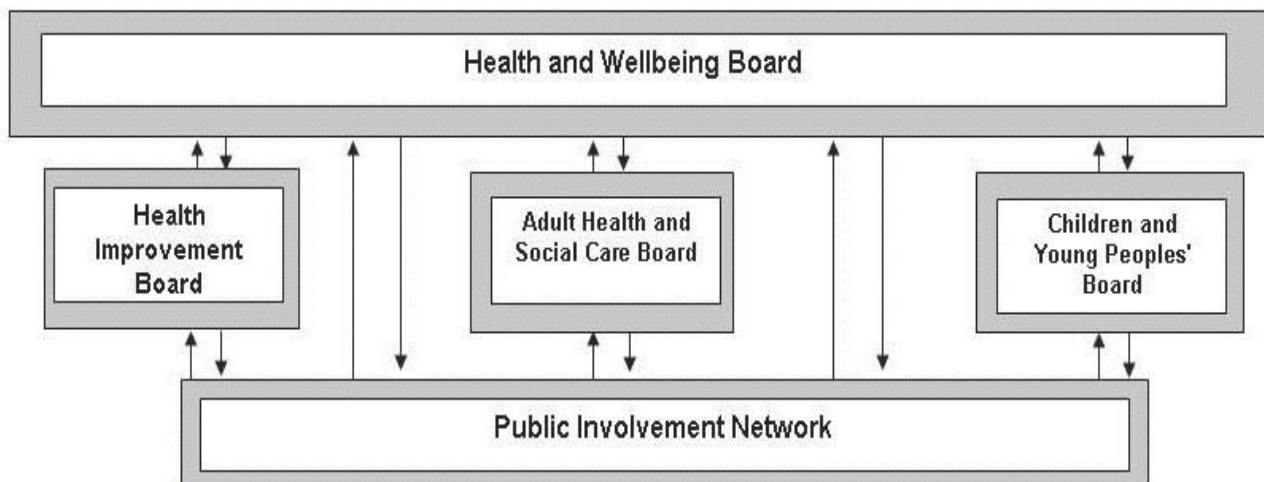
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services;
- everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
- the best possible services will be provided within the resources we have, giving excellent value for a public who use them appropriately.

The priorities set out in this document put flesh on these themes. The priorities are intended to run to 2016 while the measures and targets set out within each priority are for the financial year 2012/13.

4. The structure of the Health and Wellbeing Board

4.1. What does the Health and Wellbeing Board look like?

The Health and Wellbeing Board has three Partnership Boards reporting to it and a Public Involvement Network; each with responsibilities as outlined below:



The purpose of each of the Partnership Boards and the Network are outlined below:

Adult Health and Social Care Board

To improve outcomes and to support adults to live independently with dignity by accessing the support and services they need while achieving better value for money.

Children and Young Peoples' Board

To keep all children and young people safe; raise achievement for all children and young people and improve the life chances for our most disadvantaged and vulnerable groups

Health Improvement Board

To add life to years and years to life, focusing on the factors underpinning wellbeing, while levelling up differences in the health of different groups in the County

Public Involvement Network

To ensure that the genuine opinions and experiences of people in Oxfordshire underpin the work of the Health and Wellbeing Board.

4.2. How will decisions get made?

The Health and Wellbeing Board is ultimately responsible for making decisions jointly about health and wellbeing. Its members are committed to working with its three Partnership Boards and its Public Involvement Network to make those decisions. They will also be accountable to their constituent organisations – the Oxfordshire Clinical Commissioning Group, County, District and City Councils and HealthWatch.

In turn, the Partnership Boards are committed to working with a wide range of health care providers, voluntary agencies and advocacy groups. In this way, the decisions of the Health and Wellbeing Board will be truly inclusive.

The Health and Wellbeing Board will meet in public three times a year. Each of the three partnership Boards will also meet in public three times each year and will also host workshops which will include many more service providers, partners, voluntary sector representatives and advocacy groups.

While the Health and Wellbeing Board will listen carefully to the views of many groups of stakeholders and of the public as a whole, it has to be acknowledged that:

- a) they will want to take careful account of the evidence base provided by the Joint Strategic Needs Assessment and

- b) given that there will never be enough resources to meet all of people's needs, it will be the duty of the Health & Wellbeing Board to balance needs carefully and to make difficult decisions about priorities.

The terms of reference for each of the boards and the membership can be found at the links below-

<http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=776&MId=3447>
<http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=776&MId=3410>

5. The Bedrock of our Decision-making: Oxfordshire's Joint Strategic Needs Assessment

5.1. What is the Oxfordshire Joint Strategic Needs Assessment (JSNA)?

The Oxfordshire Joint Strategic Needs Assessment is a report that includes a huge wealth of information and intelligence from a number of different sources that cover the health and wellbeing of the population in its broadest terms. This information is shared between the NHS locally and Local Authorities and is available to the public. When added to local knowledge of services, it gives Oxfordshire a common and consistent evidence-base which allows us to pinpoint gaps and target improvements.

The analysis set out below is rooted in the JSNA, amplified by five Director of Public Health annual reports and the views and experience of members of the Health and Wellbeing Board.

5.2. What does this analysis tell us?

Oxfordshire is mainly a rural County in which approximately 649,000 people live. The County is the most rural in the South East region. Over 50% of the population live in settlements of less than 10,000 people. However, there are also urban areas, such as Oxford and Banbury. Future population growth is expected to be concentrated around the major towns of Banbury, Bicester, Didcot, Witney, Grove and Wantage, where several thousand new homes will be built over the next 15 to 20 years.

Health and wellbeing in Oxfordshire has been improving for many years. In general the population is healthy and compares well with the rest of the country. The growth in the number of people aged 85+ is roughly the same as the England average but the growth in the number of older people is not uniform across the County. It is highest in the rural areas.

The Child Poverty Strategy shows there are 15,660 children living in poverty, which is almost 12% of all children in the County. Four out of five children living in poverty live in our towns and in Oxford City.

In addition, there are important groups in society whose needs must not be forgotten, including those with mental health problems, physical disabilities and those with learning disabilities.

Although Oxfordshire is relatively well-off overall, the distribution of income among the local population is very uneven. There are pockets of relative 'social deprivation' scattered across

the County in both rural and urban areas but mostly affecting Oxford and Banbury, where physical and mental health are poorer, school results are lower and life chances are generally less good. The same group of wards tends to come to the forefront as having the poorest health and wellbeing. In general, many of these areas tend to be the ones with the highest proportions of people from minority ethnic groups and are the wards with the greatest levels of social deprivation.

The Joint Strategic Needs Assessment also shows that there are an increasing number of people engaged in caring for elderly friends and relatives and many more people volunteer their help. Many of these people are elderly themselves. We are dependent upon these friends, relatives and volunteers to continue caring.

5.3. What are the specific challenges?

- **Demographic pressures** in the population, especially the increasing number and proportion of older people, many of whom need care. This is markedly higher in our more **rural districts** than in the City.
- The **proportion of older people** in the population also continues to increase which means that every pound spent from the public purse has further to go.
- There are a growing number of people with **dementia** in the County who require access to new emerging treatments.
- The persistence of small geographical areas of **social deprivation containing high levels of child poverty**, especially in Banbury and Oxford but also in parts of our market towns.
- The increase in **'unhealthy' lifestyles which leads to preventable disease**.
- The need to ensure that services for the **mentally ill and those with learning disabilities and physical disabilities** are not overlooked.
- **Increasing demand** for services.
- The need to support **carers to care** and the need to encourage volunteering.
- An awareness that the **'supply side'** of what we provide does not 'mesh' together as smoothly as we would like - (e.g. hospital beds, discharge arrangements, care at home and nursing home care).
- The recent **tightening of the public purse** which has knock-on effects for voluntary organisations.
- The need to work with and through a **wide patchwork of organisations** to have any chance of making a real difference in Oxfordshire.
- The changing face and **roles of public sector organisations**.

5.4. What are the overarching themes?

A number of overarching themes required to improve health in Oxfordshire have been identified as follows –

1. The need to shift services towards the prevention of ill health.
2. The need to reduce inequalities, break the cycle of deprivation and protect the vulnerable.
3. The need to give children a better start in life.
4. The need to reduce unnecessary demand for services.
5. The need to make the patient's journey through all services smoother and more efficient.
6. The need to improve the quality and safety of services.

7. The need to streamline financial systems, especially those pooled between organisations, and to align all budgets more closely.

These themes will be overseen by the Health and Wellbeing Board and will be tackled by all of the three partnership boards.

6. What are the priorities for Oxfordshire's Draft Health and Wellbeing Strategy?

The priorities are based on the analysis set out previously. We have also used the following checklist to help us focus our priorities:

- 1) Is it a major issue for the long term health of the County?
- 2) Are there some critical gaps to which we need to give more attention?
- 3) Where are we most concerned about the quality of services?
- 4) Where can the NHS, Local Government and the public come together and make life better for local people?

A summary of the priorities can be found in Annex 1 on page 16.

A. Priorities for Adult Health and Social Care

Priority 1: Integration of health and social care

Integrating health and social care has been a goal of public policy for the past 40 years. The successful integration of health and social care offers important benefits e.g.

- More efficient use of existing resources and a reduction in the demand on expensive health and social care services by avoiding duplication and ensuring people receive the right care, in the right place at the right time
- Improved access to, experience of, and satisfaction with, health and social care services

The County Council and Oxfordshire Clinical Commissioning Group are committed to integrating health and social care further – this is what the people of Oxfordshire have said they want. Integrating health and social care is a priority because it gives us the chance to improve services, make better use of resources and meet the stated desires of the public.

We are proposing the following targets for achievement during 2012/13:

Integration of health and social care

- a single point of access to fully functioning integrated health and social care community services will be provided by Oxfordshire County Council and Oxford Health NHS Foundation Trust by 31st October 2012
- moving towards a single Section 75 agreement to cover all the pooled budget arrangements with substantial progress made by April 2013
- an older people's commissioning strategy implemented by the County Council in April 2012. The intention is to develop a joint older people's commissioning strategy and joint commissioning arrangements by December 2012
- Oxfordshire's Clinical Commissioning Group will be authorised by April 2013

- More than 60% of people who use social care services in Oxfordshire will say they are very satisfied with their care and support (currently 59.4%)
- Establish a baseline for measuring carer satisfaction of services by May 2013
- Achieve above the national average of people satisfied with their experience of hospital care (when the nationally sourced information for Oxfordshire is available)
- Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (when the nationally sourced information for Oxfordshire is available).
- 800 carers' breaks jointly funded and accessed via GPs (currently 709)

Priority 2: Support older people to live independently with dignity whilst reducing the need for care and support

We know that the proportion of older people in the population continues to increase and that the cost of caring for older people increases markedly with age. This is true for both health care and social care.

We also know that living at home with dignity is key to the quality of life that older people want to enjoy and that older people and their carers require access to good quality information and advice.

For all these reasons our priority is to support older people to live at home whilst reducing the need for care and support. For this reason we are proposing targets to reduce the number of people permanently admitted to nursing homes, to provide additional extra-care housing units and to make sure older people find the information they need more easily.

Another key issue is the increase in the number of people with dementia who need access to newly emerging treatments. To enable us to develop high quality care for people with dementia we need to diagnose it earlier. This gives us another of our priorities. Currently only 38% of people with dementia in Oxfordshire have a diagnosis. This is below the national average of 42% (within a range of 27% - 59%). We would welcome views (especially from GPs) on what target should be set. We have suggested a target of 50% for this year which would be a step increase in performance but would still leave performance in Oxfordshire below the best achieved elsewhere.

In 2011/12 we had the highest level of delayed transfers of care between the NHS and social care in the country. All organisations are committed to improving the situation and one of the best ways of doing this is to provide services which help people to learn or re-learn the skills they need to live more independently. These services are called "reablement services". We are committed to offer these to more people.

We are proposing the following targets for achievement during 2012/13:

Support older people to live independently with dignity whilst reducing the need for care and support

- a reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)
- No more than 400 older people permanently admitted to a care home (currently 546)
- 50% of the expected population with dementia will have a recorded diagnosis (currently 37.8%)
- 3,250 people will receive a reablement service (currently 1,812)
- 55% of the people completing the reablement service will be successfully supported so

that they need no on-going care (currently 47%)

- By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930
- 55% of older people who use adult social care say that they find information very or fairly easy to find (currently 52.2%)

Priority 3: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential

Adults living with physical disability, learning disability, severe mental illness or another long-term condition consistently tell us that they want to be independent, to have choice and control, and to be able to live “ordinary lives” as fully participating members of the wider community. This priority aims to support adults of working age to meet their full potential.

Both nationally and locally, people tell us that living ordinary lives means:

- Having improved access to information that supports choice and control
- Having improved access to housing and support
- Having improved access to employment, study, meaningful activity and involvement in the community and wider public life
- Having access to responsive, coherent services that help people manage their own care
- Having improved support for carers, to help them to help the people they care for to live as independently as possible

We are, therefore, proposing a series of targets which aim to:

- ensure that information is easy for service users to find
- increase the number of people with mental health conditions who are in employment
- ensure that people with long term conditions feel supported
- ensure people with severe mental health problems or learning disabilities receive good care for their physical health

The detailed targets for achievement during 2012/13 are:

Living and working well: Adults with long-term conditions, physical disability, learning disability or mental health problems living independently and achieving their full potential

- 55% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 54.2%)
- 15% of people with severe mental illness using secondary mental health services are in employment (currently 10.7%)
- 86% of people with a long-term condition feel supported to manage their condition (currently 84%)
- 95% of people living with severe mental illness will have an annual physical health check by their GP (currently 93.7%)
- 50% of people with learning disabilities will have an annual physical health check by their GP (currently 40%)

B. Priorities for Children and Young People

Priority 4: Keeping all children and young people safe

This is a key priority because children need to feel safe and secure if they are to reach their full potential in life.

Safeguarding is everyone's business and many different agencies work together to achieve it. The aim is to make the child's journey from needing help to receiving help as quick and easy as possible.

Practitioners in all agencies work together to prevent harm and to identify and protect children living in abusive and neglectful situations. There is excellent joint work around domestic abuse aimed at reducing its impact on children.

We know nationally the number of children who have Child Protection Plans has increased. The 0-4 year olds are the largest single age group with Child Protection Plans and in Oxfordshire we have more children with a Child Protection Plan, compared with previous years. Our priority in Oxfordshire is to reduce the number of children who need a subsequent Child Protection Plan (following a previous completed plan) to no more than 15%.

To improve this situation, we are proposing the following targets for achievement during 2012/13:

Keeping all children and young people safe

- No more than 15% of children who become subject to a child protection plan have previously had a plan (in 2010/11 18.2%)
- A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire Safeguarding Childrens Board covering the following agencies: children's social care; children and adult health services; early intervention services; services provided by the police. Over 50% of interventions showing positive overall impact (baseline to be confirmed in 2012/13)

Priority 5: Raising school achievement for all children and young people

This is a priority because, in Oxfordshire, school exam results are often poorer than expected. In 2011 GCSE results were disappointing. Overall, the picture shows gradual improvement but there is inconsistency between Districts and for certain groups of children.

Early Years results are better than the national average and this can be built upon. However we know that specific pupil groups in Oxfordshire do not do as well as their peers in similar Local Authorities. This includes children receiving free school meals, children from some Black and Minority Ethnic Groups and those with special education needs. The attainment of children whose first language isn't English is lower than that of their peers at Key Stage 4, and the attainment of boys is lower than that of girls at both Key Stage 2 and 4. There is currently also a specific concern about reading standards at Key Stage 1 in some primary schools.

The Health and Wellbeing Board aspires to see every single child being successful and reaching their potential, thriving in an outstanding learning environment throughout their

education wherever they live across the County. We aim for every single school to be rated at least as 'good' and to be moving towards 'outstanding'.

We are proposing the following targets for achievement during 2012/13:

Raising achievement for all children and young people

- 63% (3,900) of young people achieve 5 GCSEs at A*-C including English and Maths (currently 57.4%)
- 80% (4,880) of children achieve Level 4 or above in English and Maths at the end of Key Stage 2 (currently 74.8%)
- 76% (5,000) children achieve Level 2b or above in reading at the end of Key Stage 1 (currently 74.3%)
- Reduce the number of young people not in education, employment or training to 5% or 864 young people (currently 5.7%)
- 88% (204) primary schools and 86% (28) secondary schools will be judged by Ofsted to be good or outstanding (currently 61% of primary schools and 65% of secondary schools)

Priority 6: Narrowing the gap for our most disadvantaged and vulnerable groups

This is a priority because we know that outcomes for children from vulnerable groups and disadvantaged communities are much worse than for their peers.

Poverty and deprivation are known to be strongly linked to poor outcomes and so work focused on reducing the gap between the most disadvantaged and most advantaged groups is seen as a key way of improving outcomes for children. There is a renewed national focus through the 'Thriving Families' programme working with families to reduce worklessness, antisocial behaviour and crime and to increase school attendance. This will be a vital strand in the ongoing work locally to 'narrow the gap'. Reducing the number of teenage pregnancies in the County has proved to be useful overall focus for this work.

Performance at Key Stage 4 is an area of further work: in 2010/11, 8% of Oxfordshire's looked after children achieved 5 or more GCSE A* to C including English and Maths compared to 6.4% in 2009/10. There are also more boys than girls who are Not in Education, Employment or Training (NEET).

We are therefore proposing the following targets for achievement during 2012/13:

Narrowing the gap for our most disadvantaged and vulnerable groups

- A sustainable decrease in the teenage conception rate (in 2010 this was 251 young people)
- Thriving Families programme targets will be available from the Department of Communities and Local Government framework when published
- Targets for improving achievement at school are included within priority 5

Priority 7: All children have a healthy start in life and stay healthy into adulthood

A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life. Where problems occur, we aim to provide the wide range of services that parents need to support them.

This section should be read together with priorities 9 and 11 below which propose the promotion of breastfeeding and improved immunisation for children as further priorities.

In addition to breastfeeding and immunisation, we have selected a number of areas where things could be improved. We know that there is a year on year increase in the number of children and young people admitted to hospital as an emergency. The most common causes of emergency admission to hospital for young children (under 5) are respiratory tract infections, viral infections and gastroenteritis. We propose to reduce this number.

Another common cause of emergency admission for young people (11-17 years old) remains 'ingestions and poisoning' (both alcohol and drug related). We propose to reduce this number also.

Young people tell us that there is much more we could do to improve the transition between young people's services and younger adults' services. We are determined to act on this.

We are therefore proposing the following targets for achievement during 2012/13:

Having a healthy start in life and staying healthy into adulthood

- Reduce the number of young people admitted to hospital for episodes of self-harm by 5% year on year. This means reducing by approximately 10 young people every year (currently 156)
- Reduce the number of young children admitted to hospital with infections by 10% year on year. This means reducing emergency admissions to 2,890 children (currently 3,100)
- Review and redesign transition services for young people with mental health problems. This would mean there would be a new service in place from 1st April 2013

C. Priorities for Health Improvement

Priority 8: Preventing early death and improving quality of life in later years

This priority aims to add years to life and life to years – something we all aspire to. The biggest killers are heart disease, stroke and cancers. Some of the contributing factors to these diseases are beyond the influence of the individual or of health services but we can encourage healthier lifestyles and prevent disease through early detection and screening.

The following priorities for action are proposed:

- To reduce levels of smoking in the county by encouraging more people to quit as smoking remains a major cause of heart disease and cancer.
- To boost our cancer screening programmes so that more people are protected, focusing on the new bowel cancer screening programme.
- To promote the new 'Health Checks' programme which offer adults a full health 'MOT' and looks at many lifestyle factors such as obesity, exercise, smoking, blood cholesterol levels, diabetes, blood pressure and (soon), alcohol consumption.
- Reversing the rise in the consumption of alcohol is another priority of the Health and Wellbeing Board. It is being taken forward by the Oxfordshire Community Safety Partnership and progress will be monitored by the Health Improvement Board.

In addition to this our work must focus on those who are most at risk. The Joint Strategic Needs Assessment shows that there are differences between different groups of people and

different places in the County, with some faring better than others both in terms of their life expectancy and in their chances of living healthy lives into old age.

We are proposing the following targets for achievement during 2012/13:

Preventing early death and improving quality of life in later years

- 100 smoking quitters above the national target (the nationally set target for Oxfordshire is 3,476)
- 2,000 adults receiving bowel screening for the first time (the nationally set target is 60% of 60-69 year olds)
- 30,000 people invited for Health Checks for the first time (currently 25,000)

Priority 9: Preventing chronic disease through tackling obesity

After smoking, obesity is the biggest underlying cause of ill health. It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be.

Director of Public Health annual reports show that there is an upward trend in prevalence of obesity in adults in Oxfordshire, though this is still slightly below the national level. Chronic disease associated with obesity, such as diabetes, is also increasing.

To tackle obesity we have set targets in the following areas:

Promoting breastfeeding

Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. Increasing the number of breastfed babies is the foundation of an obesity strategy for the County. The national figure for breastfeeding prevalence at 6-8 weeks is 47% but in Oxfordshire we are setting a stretching target of 60% and aiming to address inequalities issues.

Halting the increase in childhood obesity

Children in Reception class and Year 6 are weighed and measured every year and results show that around 8% of reception year and 15% of Year 6 children are obese. This feeds through into every increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to. Levels of obesity are also linked to social deprivation, with more deprived parts of the county showing higher rates of obesity, so some targeting of effort is called for here too.

Promoting physical activity in adults

Physical activity is an important component of maintaining a healthy weight for all ages and there is local encouragement here, with Oxfordshire topping the latest 'Active People' survey as the sportiest and most active county in England. The survey showed that 26% of the population participate in regular activity each week. Maintaining this position will be critical to good health in the County.

We are proposing the following targets for achievement during 2012/13:

Preventing chronic disease through tackling obesity

- Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2011 this was 14.9%)

- 60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)
- 5,000 additional physically active adults (2010/11 information will be available in July 2012)

Priority 10: Tackling the broader determinants of health through better housing

The interdependent relationship between health and housing is well known. Many of the most significant gains in health have stemmed from Local Authority public health measures, such as clean water, sanitation, reduction in overcrowding and reduced exposure to extreme cold. We need to maintain our focus on the contribution that decent housing makes to health improvement and especially on the needs of more vulnerable communities. We propose to approach this issue in several ways:

a. Reducing Fuel poverty:

A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to keep warm. The calculation takes account of household income, fuel prices and energy efficiency of the home. Often the most vulnerable people, the elderly, the disadvantaged and those in poverty, are the most likely to be affected. All types of housing in both rural and urban areas can be affected. Helping people to escape from fuel poverty will do a great deal to improve the health of the worst off in the county. Latest figures show over 1 in 10 households in Oxfordshire are in fuel poverty, with some rural wards having rates as high as 1 in 5.

b. Inequalities

These housing issues also have to be tackled in partnership. Work is currently underway to determine the specific focus for this work and to identify and recommend outcomes and indicators. These will be advised in due course.

We are proposing the following targets for achievement during 2012/13:

Tackling the broader determinants of health through better housing

- 250 households per year helped to escape fuel poverty as a pilot (the baseline is not available until the pilot is complete)
- A second outcome measure relating to inequalities will also be agreed

Priority 11: Preventing infectious disease through immunisation

Immunisation is the most cost-effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire continue to improve but it is imperative that this is maintained. Constant vigilance is needed to make sure that individual children have access to immunisation. This means working closely with GPs, community nurses and individual families.

The Oxfordshire Joint Strategic Needs Assessment shows high levels of coverage but some targets are still not being met and there are early signs that our high rates have begun to slip a little.

We are proposing priorities for improving immunisation levels across the board, focussing on childhood immunisation, immunisation of teenage girls to protect against cervical cancer and flu vaccinations in the elderly.

We are proposing the following targets for achievement during 2012/13:

Prevent infectious disease through immunisation

- 8,000 children immunised at 12 months, maintaining the high coverage (the national target is 96.5%)
- 7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2 (the national target is 95%)
- 7,300 children receiving MMR booster by age 5 (the national target is 95%)
- 3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (the national target is 90% of 12-13 year old girls)
- 80,000 flu vaccinations for people aged 65 or more (the national target is 75% of people aged 65+)

Annex 1: Summary of Priorities for the Oxfordshire draft Health and Wellbeing Strategy

Adult Health and Social Care

Priority 1: Integration of health and social care

Priority 2: Support older people to live independently with dignity whilst reducing the need for care and support

Priority 3: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

Children and Young People

Priority 4: Keeping all children and young people safe

Priority 5: Raising achievement for all children and young people

Priority 6: Narrowing the gap for our most disadvantaged and vulnerable groups

Priority 7: All children have a healthy start in life and stay healthy into adulthood

Health Improvement

Priority 8: Preventing early death and improving quality of life in later years

Priority 9: Preventing chronic disease through tackling obesity

Priority 10: Tackling the broader determinants of health through better housing

Priority 11: Preventing infectious disease through immunisation

Annex 2: Glossary of Key Terms

Terms

Carer	Someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment.
Child Poverty	Children are said to be living in relative income poverty if their household's income is less than 60 per cent of the median national income.
Child Protection Plan	The plan details how a child will be protected and their health and development promoted.
Commissioning	The process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.
Delayed Transfer of Care	The national definition of a delayed transfer of care is that it occurs when a patient is medically fit for transfer from a hospital bed, but is still occupying a hospital bed.
Director of Public Health Annual Report	http://www.oxfordshirepct.nhs.uk/about-us/publications/public-health-annual-report.aspx
Extra Care Housing	A self-contained housing option for older people that has care support on site 24 hours a day.
Fuel Poverty	Households are considered by the Government to be in 'fuel poverty' if they would have to spend more than 10% of their household income on fuel to maintain an adequate level of warmth.
Joint Health and Wellbeing Strategy	The strategy is the way of addressing the needs identified in the Joint Strategic Needs Assessment and to set out agreed priorities for action.
Joint Strategic Needs Assessment (JSNA)	A tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning.
Local Involvement Network (LINK)	Oxfordshire LINK is made up of individuals and community groups who care about our health and social care services and work together to make improvements. http://oxfordshirelink.org.uk/

Not in Education, Employment or Training (NEET)	Young people aged 16 to 18 who are not in education, employment or training are referred to as NEETs.
Oxfordshire Clinical Commissioning Group	The Oxfordshire Clinical Commissioning Group is the new organisation in Oxfordshire that has the responsibility to plan and buy (commission) health care services for the people in the County. It is currently in shadow form until it takes over from Oxfordshire Primary Care Trust in April 2013.
Oxfordshire Safeguarding Childrens Board	Representatives from the main statutory agencies who ensure there are suitable robust arrangements for protecting children in Oxfordshire.
Pooled budget	A mechanism by which the partners to the agreement bring money to form a discrete 'fund'. The purpose and scope of the fund is agreed at the outset and then used to pay for the services and activities for the relevant client group.
Quality Assurance Audit	A process that helps to ensure an organisation's systems are in place and are being followed.
Reablement	A service for people to learn or relearn the skills necessary for daily living.
Secondary Mental Health Service	Services for adults with more severe mental health problems and needs requiring the specialist skills and facilities of mental health services.
Section 75 agreement	An agreement made under section 75 of National Health Services Act 2006 between a local authority and PCT(s), NHS trusts or NHS foundation trusts. This can include arrangements for pooling resources and delegating certain functions to the other partner if it would lead to an improvement in the way those functions are exercised.
Thriving Families Programme	A national programme which aims to turn around the lives of 'Troubled' families by 2015.
Transition	This is the process through which a person with special needs transfers from children's services to adults services.

Learning Disability Annual Health Checks Directed Enhanced Service

The short report below outlines uptake and actions taken by Oxfordshire PCT to increase uptake of Annual Health Checks for people with Learning Disability. It answers four questions put by the Health and Overview Scrutiny Committee following a presentation by My Life My Choice at the committee's January meeting.

- **Details from the PCT on the uptake of healthchecks by people with learning disabilities**

2010/11	40%
2011/12	46% (latest data available locally but not yet nationally)

We are encouraged to see an increasing trend of uptake across the county and with input as described below look forward to a further increase this year.

- **Comparison data where possible**

The link below shows uptake for 2010/11 across the whole country for comparison. We do not have more up to date data as yet.

<http://www.improvinghealthandlives.org.uk/numbers/checks/maps2011/>

South Central region average for 2010/11	36%
National Average for 2010/11	49%

- **Why this is reported to be low in Oxfordshire**

The provision of a Health Check for people with a Learning Disability is provided by way of a Directed Enhanced Service. While the PCT must make this service specification available to all practices in Oxfordshire, as with all enhanced services, whether local or national, it is entirely up to individual practices to decide whether they want to offer it to their patients. However, last year 78 out of the total 83 practices signed up to offer this health check to their patients and 73 practices actually took part and were paid for completed checks.

- **Details of if/how this is written into GPs contracts and how compliance is monitored/enforced**

This service is not written into GP contracts and compliance cannot be enforced. As explained above it is offered to practices through a Directed Enhanced Service and is up to individual practices whether they offer the service to patients or not. Writing it into national GP contracts is outside the remit of PCTs. However, Oxfordshire PCT encourage practices to participate in enhanced services as they demonstrate good practice.

- **What action is in place to increase the number of healthchecks offered/provided**

We are fortunate to have three Learning Disability Trust (Ridgeway) GP Liaison nurses available specifically to help Oxfordshire practices maximise uptake of the health checks by providing support with the patients registers together with additional staff training and general help. The nurses have been in post since June 2011 and they have since contacted 90% of all GP practices in Oxfordshire offering to check the GP LD registers.

In addition their work includes:

- Resources being made available to Practices re access to Learning Disability Teams/ Eligibility to access services
- Provider services and carer groups starting to be offered refresher training on importance of Annual Health Checks
- Accessible Information offered to Primary Care Practices
- Accessible Annual Health Check letters
- Supporting Practices to identify 'hard to reach' or more vulnerable people on their register
- Providing support for Practices to source alternatives to other Annual Health Check models/ templates

Our Patient Advice and Liaison Service has previously made an offer through relevant organisations that any person having difficulty getting a health check should ring the helpline at the PCT and we will arrange for a health check to be made available. To date, no requests have been made.

With the resource as described above, we are pleased to note that this has increased uptake across the county and we will continue to work towards even more patients being offered health checks in 2012/13.

9.5.2012
Angie Eachus
Programme Manager, Primary Care Contracts
Buckinghamshire and Oxfordshire Cluster



Report to Oxfordshire County Council PHOSC 24 May 2012

Response Standards and Demand – Full Year 2011/12

South Central Ambulance Service NHS Foundation Trust achieved the required performance standard for Red calls, both corporately and at PCT “Cluster” level.

There are three PCT clusters, being:

- 1 Hampshire, Portsmouth and Southampton
- 2 Berkshire East and Berkshire West
- 3 Oxfordshire, Buckinghamshire and (albeit outside of the Strategic Health Authority area) Milton Keynes

This standard was achieved at the Oxfordshire PCT level.

Whilst not commissioned to achieve this standard at any geographical level below “Cluster”, SCAS continues to work closely with individual PCTs and their associated Health and Social Care economies to consider and introduce methods and processes to improve our ability to respond quickly to our patients irrespective of where they are across our whole geography.

The table below shows our response performance, by year, for Oxfordshire County Area as a whole and by individual Oxfordshire District Council areas. Note that this area is not quite co-terminus with Oxfordshire PCT area. More detailed monthly information is attached as an appendix.

The information shows the percentage of “Red” calls with a response within 8 minutes (the national standard is 75%) and the percentage of occasions a suitable transporting ambulance is on scene within 19 minutes (the national standard is 95%).

	2009/10		2010/11			2011/12		
	Red 8	Red 19	Red 8	Red 19	Growth	Red 8	Red 19	Growth
Oxon	72.82%	92.16%	77.24%	93.85%	4.7%	77.69%	95.29%	5.3%
Cherwell	79.95%	93.93%	83.85%	96.55%	6.8%	84.12%	96.87%	8.5%
Ox City	86.73%	96.39%	89.58%	99.72%	2.3%	90.04%	99.035	7.1%
S Ox	58.96%	90.05%	65.99%	90.57%	1.4%	60.87%	93.26%	6.2%
VoWH	69.17%	91.99%	72.4%	92.59%	9.8%	71.42%	93.58%	5.7%
West Ox	53.65%	83.5%	61.86%	84.59%	5.6%	70.48%	90.62%	14.1%

Under 25% of our emergency demand is categorised as being Red (potentially life threatening).

Last year, in Oxfordshire, demand rose by 6.65% for “Red” calls and rose overall by 8.6%.

More specifically, this demand increase was concentrated in the last quarter where we experienced nearly 12% more overall emergency demand than the equivalent quarter the previous year. Red demand was up just over 11% using the same comparison periods.

Both Oxford and Cherwell Districts performed well and good progress has been made in West Oxfordshire.

The increase in demand has shown itself in a slight reduction in performance across both Vale of White Horse and South Oxfordshire District areas.

There has been a continued improvement in our ability to provide our patients with the right care first time. This is evidenced through a steady increase in the number of patients handled locally within their primary care setting, rather than inappropriately transferring them into an Emergency Department (ED) (see Chart One at Appendix).

An indirect consequence of this is a slight reduction in the “average” job cycle time. This is measured as the time from an ambulance resource being allocated to an emergency, to the time that resource has finished dealing with that patient and is again clear to respond to another emergency (see Chart Two at Appendix).

With financial/resource allocations (our contract with our PCTs) and the level of savings required now agreed for this year, re-modelling activity is underway to further review our deployment methodologies and processes.

This includes:

- 1 Reviewing staff rotas in the light of current demand profiles (using last year’s data)
- 2 Better integration with “primary” and other “out of hospital” care pathways (note that Oxfordshire 111 is due to launch during this year)
- 3 Re-mapping areas where community/co-responder schemes may be of use

Revised working rotas will enable the team structure to fully develop. Operational staff are now working within teams (of around eighteen staff) each with a Team Leader and an embedded Clinical Mentor. Area, team and individual balanced score cards are in place and being used to focus on quality (of care) and clinical decision making.

Our Quality Accounts have been published and forwarded to each Council for comment.

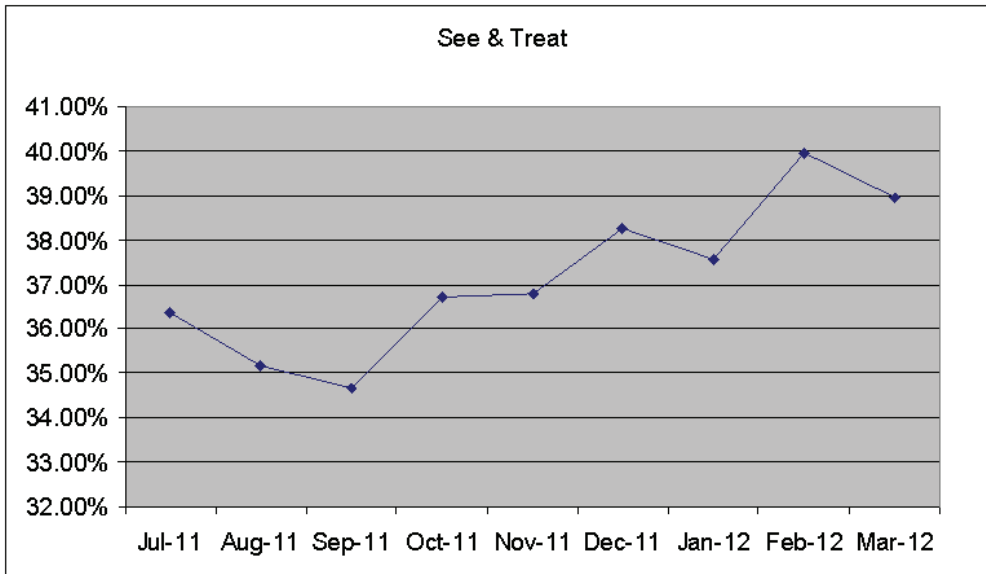
The National Trauma network will become fully established across South Central during the year. This establishes a network of “Regional Trauma Centres” (John Radcliffe site is one). All SCAS clinical staff have received specific training to ensure they are able to correctly apply the new trauma protocols to determine the appropriate destination for patients (which may well now mean bypassing the nearest ED to go straight to a Regional Centre).

SCAS is providing (in conjunction with Oxford Health NHS Foundation Trust) Oxfordshire's 111 service, due to launch during this year. This initiative will greatly enhance our collective ability to provide "Right Care, First Time".

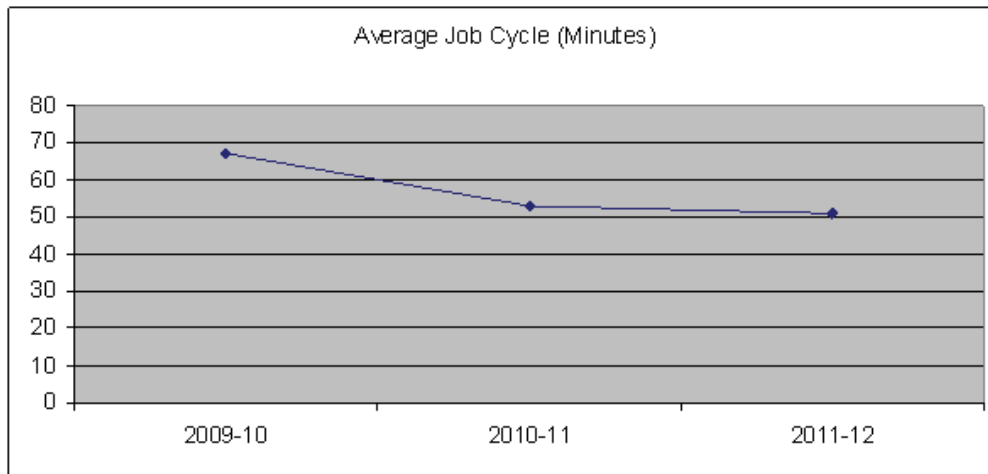
Further changes to emergency response standards are expected to be announced by the Government during this year. It is anticipated that these changes will reflect a greater degree of call type differentiation, such that greater emphasis is placed on those (fewer in number) truly time critical incidents.

Month/Year	Cherwell				Oxford				South Oxfordshire				Vale of White Horse				West Oxfordshire			
	A8 Perf	A19 Perf	Total Demand	A8 Perf	A19 Perf	Total Demand	A8 Perf	A19 Perf	Total Demand	A8 Perf	A19 Perf	Total Demand	A8 Perf	A19 Perf	Total Demand	A8 Perf	A19 Perf	Total Demand		
Apr-2009	80.79%	93.38%	1000	88.55%	96.44%	1410	65.38%	94.20%	923	73.60%	93.26%	708	60.61%	85.86%	731					
May-2009	83.39%	93.02%	1059	89.45%	95.68%	1555	66.06%	91.71%	991	75.89%	90.63%	805	56.25%	86.98%	762					
Jun-2009	83.22%	95.39%	1058	90.28%	96.76%	1548	61.36%	94.55%	1039	77.42%	95.83%	739	47.88%	83.90%	797					
Jul-2009	81.85%	95.03%	1069	87.08%	96.19%	1580	64.02%	89.96%	1003	71.36%	92.69%	768	55.41%	81.98%	737					
Aug-2009	83.19%	93.91%	1120	88.48%	96.86%	1407	61.54%	93.59%	989	75.12%	90.05%	754	54.14%	81.77%	699					
Sep-2009	78.34%	93.77%	1081	88.03%	95.74%	1442	57.71%	90.91%	945	67.86%	90.77%	744	59.91%	87.17%	733					
Oct-2009	80.24%	93.71%	1187	86.84%	97.46%	1645	56.75%	91.27%	931	68.75%	94.92%	875	53.08%	83.41%	738					
Nov-2009	79.74%	89.39%	1000	86.94%	95.95%	1589	57.14%	91.63%	942	68.85%	93.85%	816	50.00%	81.38%	721					
Dec-2009	75.55%	92.86%	1245	85.22%	94.57%	1603	55.32%	83.63%	1044	68.26%	91.74%	816	50.21%	80.43%	828					
Jan-2010	71.78%	92.58%	1157	78.52%	93.61%	1423	44.79%	85.33%	938	62.74%	87.68%	754	42.13%	80.56%	758					
Feb-2010	82.59%	96.25%	995	87.34%	97.89%	1292	59.62%	86.06%	793	57.35%	90.69%	708	58.58%	82.84%	632					
Mar-2010	81.14%	98.93%	1110	83.82%	97.75%	1582	61.66%	89.72%	957	63.01%	90.87%	826	58.03%	86.01%	689					
Total 09/10	79.95%	93.93%	13081	86.73%	96.39%	18056	58.96%	90.05%	11495	69.17%	91.99%	9313	53.65%	83.50%	8825					
Apr-2010	85.98%	97.78%	1045	86.22%	99.41%	1448	62.44%	87.32%	881	69.50%	93.50%	762	57.89%	86.32%	666					
May-2010	81.40%	95.09%	1102	82.86%	98.44%	1549	63.73%	89.22%	930	68.22%	87.61%	850	58.85%	84.29%	742					
Jun-2010	79.70%	96.62%	1079	84.93%	99.71%	1462	61.65%	88.78%	946	74.07%	90.28%	845	60.47%	80.81%	712					
Jul-2010	80.00%	97.70%	1140	87.03%	98.38%	1582	66.67%	90.43%	959	70.64%	92.61%	832	57.79%	81.31%	782					
Aug-2010	88.73%	95.09%	1262	93.58%	99.08%	1391	66.83%	93.14%	912	70.53%	93.24%	808	61.08%	88.65%	748					
Sep-2010	86.99%	98.13%	1135	92.60%	99.70%	1445	69.04%	90.79%	982	77.60%	93.19%	778	77.84%	90.21%	758					
Oct-2010	89.01%	98.17%	1168	94.02%	99.73%	1642	69.60%	89.43%	1021	75.12%	94.84%	880	63.47%	90.78%	834					
Nov-2010	83.45%	97.59%	1166	90.83%	99.17%	1527	71.84%	93.88%	987	77.24%	94.69%	895	62.76%	83.16%	817					
Dec-2010	75.68%	91.21%	1445	85.23%	98.55%	1638	54.86%	84.82%	1154	68.12%	88.73%	1003	49.32%	71.95%	900					
Jan-2011	80.46%	97.07%	1179	91.34%	99.21%	1596	65.00%	91.82%	1037	72.40%	94.57%	897	62.63%	82.83%	837					
Feb-2011	85.61%	97.72%	1037	94.44%	100.00%	1489	72.93%	92.27%	883	72.06%	93.14%	795	68.94%	88.82%	766					
Mar-2011	90.51%	98.10%	1217	92.65%	99.75%	1705	68.75%	95.54%	962	74.87%	96.41%	882	63.89%	87.78%	759					
Total 10/11	83.85%	96.55%	13975	89.58%	99.25%	18474	65.99%	90.57%	11654	72.40%	92.59%	10227	61.86%	84.59%	9321					
Apr-2011	87.67%	96.00%	1210	91.32%	99.72%	1626	68.62%	96.81%	954	76.97%	94.94%	854	81.43%	93.33%	828					
May-2011	88.58%	98.27%	1186	91.14%	99.44%	1580	69.38%	96.17%	1016	74.60%	97.88%	868	75.89%	92.86%	841					
Jun-2011	87.34%	97.40%	1254	92.80%	99.74%	1724	62.44%	91.37%	940	77.30%	92.97%	863	74.89%	90.87%	842					
Jul-2011	84.14%	97.24%	1262	89.53%	99.50%	1602	57.62%	95.71%	975	71.36%	95.77%	867	64.45%	90.52%	891					
Aug-2011	79.29%	97.73%	1231	87.85%	99.07%	1418	58.10%	92.34%	1013	70.74%	97.87%	831	62.96%	93.12%	781					
Sep-2011	86.96%	96.74%	1169	91.48%	99.17%	1572	57.59%	93.72%	993	72.96%	96.94%	880	65.56%	92.12%	842					
Oct-2011	82.12%	97.68%	1244	89.88%	98.82%	1802	58.77%	92.89%	1076	70.27%	92.79%	930	72.18%	91.13%	860					
Nov-2011	82.99%	98.29%	1169	92.18%	98.58%	1672	66.94%	93.95%	1077	70.00%	92.17%	894	62.66%	90.04%	853					
Dec-2011	83.11%	96.51%	1467	88.71%	98.35%	1651	55.56%	90.37%	1163	70.72%	88.69%	993	68.13%	84.80%	1065					
Jan-2012	83.98%	96.74%	1308	87.11%	97.84%	1656	58.47%	93.95%	1071	72.08%	91.33%	942	74.14%	91.03%	980					
Feb-2012	81.51%	92.78%	1266	90.36%	98.96%	1737	57.36%	90.36%	963	68.12%	91.26%	930	70.72%	90.99%	878					
Mar-2012	82.41%	97.07%	1392	88.27%	99.49%	1753	61.38%	92.28%	1137	64.83%	91.95%	962	72.53%	90.11%	971					
Total 11/12	84.12%	96.87%	15158	90.04%	99.03%	19793	60.87%	93.26%	12378	71.42%	93.58%	10814	70.48%	90.62%	10632					

**Percentage of Patients Managed within Primary Care Setting
(Not unnecessarily taken into an ED Department)**



Average Job Cycle Times and the Impact of Reducing This





Clinical Directorate

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Southern House
Sparrowgrove
Otterbourne
Winchester
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23 April 2012

To: Overview & Scrutiny Committee

Yasmin Stammers
Associate Director, Contracts
NHS Hampshire

Wendy Ball
Quality Manager
SHIP PCT Cluster

Dear Colleague

I was wondering if we could ask for your help and thoughts on our Quality Accounts. The Quality Account and report provides a framework to assess the quality of the service on what matters to patients and informs the public, our commissioners and staff about the quality of care provided to patients and families.

It also provides assurance about our commitments to improve the quality of the service through the setting of key priorities and actions.

The groundwork is underway in preparation for last years 2011-12 Quality Account. It is planned to provide a Quality Review for 2011-12 outlining the key achievements for the year and then move into the Quality Account for 2012-13. This will provide:

- A statement from the Chairman and Chief Executive
- Set out our statutory requirements as a Trust
- Key priority improvement areas
- Assurance statements from our commissioners and Overview and Scrutiny Committees across the region
- Examples of what our patients have said about us and what we have learnt and changed as a consequence

The full document will be presented to the Trust Board at the May meeting. We have been consulting with the public and staff on our progress with the current Quality Accounts and will take this into account, the feedback received when setting the priorities for next year and in our review of this year. Along with your comments we will, of course, provide you with the full report once it is complete.

Please find attached a summary of the progress we have made in the priority areas we outlined last year (2011-12) to improve the quality of care to the public who call 999.

Next years Proposed priority improvements for 2012-13 Quality Account

The following are the proposed areas and priorities for next year:

Priority 1 Patient Safety

- To decrease the numbers of patients experiencing a delay in response
- Improve cleaning monitoring of ambulances to prevent and control infection

- Maintain and improve falls management pathway for patients using SCAS
- Reduce the number of patients queuing at emergency departments

Priority 2 Clinical Excellence

- Maintain SCAS' position for quality performance in relation to the following clinical performance indicators and new clinical outcome measures: Stroke, STEMI
- Implement trauma pathway

Priority 3 Patient Experience

- Improve feedback to patients and ensure whole organization learning from complaints.
- To improve the experience for patients with dementia and learning disabilities

Please would you review the progress made for this year and also provide comments to me on the suitability / relevance of the chosen priorities for next year by 8 May 2012 at

fizz.thompson@scas.nhs.uk

Best wishes



Fizz Thompson
Director of Patient Care / Deputy Chief Executive

Enc



Summary of Quality Improvement Priorities for Quality Account 2011/12

Quality Priorities and outcomes	Aim	Measurement	Evidence	Update- March 12
<p>Priority 1 Patient Safety</p> <p>To decrease the numbers of patients experiencing a delay in response</p>	<p>To reduce the numbers of long delays and improve patient experience</p>	<p>The numbers of Category A and Green 1 calls that are delayed will be less than 120 month</p>	<p>Integrated Performance Report Information pack RCA /audit</p>	<p>New Integrated Performance Report Delays reducing through level 2 operational meetings below plan for waits - increase in Dec due to increased volume - patients receive apology letter</p> <p>On target - met</p>
<p>Identify the number of medication errors and incidents that affect the quality of patient care and plan to reduce these by 10%</p>	<p>To reduce the reported medication errors and incidents</p>	<p>A baseline will be established and the errors will be reduced by 10%</p>	<p>IPR Medicines management report</p>	<p>New Integrated Performance Report Errors less than plan – however controlled drug incidents increased due to codeine losses</p> <p>Errors reduced and met following process change</p>
<p>Maintain cleanliness of all vehicles</p>	<p>To report on the daily and deep clean schedules</p>	<p>Ensure 95% compliance with cleaning plan</p>	<p>IPR Performance reports</p>	<p>Make ready maintaining performance – issues with vehicle availability in Hampshire – action plan to address</p> <p>Below target - plan in place to improve IPR</p>

Ensure that all staff have refresher hand hygiene training	All staff to have had refresher hand hygiene training	All staff to have refresher training recorded	Performance reports and training records	All staff trained in S and M course Ongoing road shows included in Trauma training On target - met
Priority 2 Clinical Effectiveness				
Maintain SCAS' position for quality performance in relation to the following clinical performance indicators and new clinical outcome measures: Stroke, Heart Attack, Cardiac Arrest, Asthma and Hypoglycaemia.	To be seen as one of top ambulance services for clinical care	Benchmarked in top 3 ambulance services	National CPI data CQC reports Quality dashboard	Currently 4 th nationally – action plan in place for improvements in STEMI Quality and clinical areas covered in new team scorecards Small margins in data sets across trusts Improvement plans in place to increase national position
Engage in research and development	To improve the evidence base for pre hospital care	Take part in national and local studies and publish two projects that demonstrate learning and potential changes to practice	Clinical Review Group minutes	Projects presented to CRG – one publication in pipeline On target - met
Improve management of pain	Introduce new oral analgesic medicines across the trust	Increase in the documentation of oral analgesic medicines through the CARS system	Medicines audits CPI's	Oral analgesia introduced through CPD 2 programme STEMI analgesia improved cycle 8 On target - met
Implement the new trauma pathway aligned to regional commissioner and regional specification	To improve the outcomes for patients involved in major trauma	Reporting on trauma pathways and bypass protocol – number of correct destinations	Trauma audits of care	Programme manager appointed PID in place- timescales agreed and on track CPD2 training commenced - on target with training plan On Target – met New Trauma Network live 1/4/12

<p>Priority 3 Patient Experience</p> <p>Demonstrate effective engagement with patient and stakeholder groups across the emergency an patient transport areas of the trust.</p> <p>Improve service delivery and quality of care to patients and their families</p>	<p>To understand patient experience and satisfaction and improve service delivery</p> <p>To change practice as a result of learning from surveys, complaints, concerns and compliments</p>	<p>Undertake 6 quality surveys across the year</p> <p>Demonstrate learning by publishing 'You said we did' examples</p>	<p>Survey results Benchmarking with other trusts</p> <p>Clinical directives Staff communications You said we did sheets</p>	<p>Surveys on clinical support desk, ECPs and PTS completed On Target - met</p> <p>Learning from SUI to be published across Trust You said we did in Quality accounts and shared across the Trust On Target - met</p>
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NEW BICESTER COMMUNITY HOSPITAL

PUBLIC CONSULTATION



Come and view the proposals and have your say

Dates:

Tuesday 8 May 2012: 16.00 - 19.00
Saturday 12 May 2012: 15.00 - 17.00
Friday 25 May 2012: 16.00 - 18.00

Venue:

Bicester Rugby Club, Oxford Road, Bicester, Oxfordshire, OX26 2AB

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EMBARGOED UNTIL 00.01 FRIDAY 27 APRIL 2012

NEWS RELEASE
26 April 2012

Developer announced for the redevelopment of Bicester Community Hospital

NHS Buckinghamshire and Oxfordshire Cluster have announced the selected bidder for the redevelopment of Bicester Community Hospital.

Kajima Mansell has been selected from the final two bidders to deliver the redevelopment project.

Riana Relihan, Project Manager said: "We are very pleased that we have reached this phase of the project to redevelop Bicester Community Hospital with the support of the local community. The PCT has selected Kajima Mansell having assessed their bid proposals to deliver the new hospital facilities.

"On making the final decision, the PCT considered the final two organisations' bid proposals which included the design solution for the NHS facility, the site masterplan as a whole, and their ability to deliver the facility within the specification and terms of the contract.

"The next stage of the project is the Full Business Case for the redevelopment being approved by the PCT Cluster Board in June and the Strategic Health Authority Board in July. Kajima Mansell will also submit their planning application in June 2012. Kajima Mansell is due to commence construction in January 2013 with the new hospital set to open at the end of January 2014."

Richard Coe, Senior Development Manager, Kajima Partnerships said: “The new Bicester Community Hospital will provide a much-needed and essential service for the local area. We are delighted to be working in close partnership with NHS Oxfordshire to deliver state-of-the art facilities that will provide:

- A functional building that allows the PCT to meet the needs of patients and staff, as well as accommodate those anticipated in the future;
- A hospital that is fit for purpose, a pleasure to use, visit and look at;
- A hospital building that is easy and cost effective to build, maintain, adapt and manage;
- A hospital designed for sustainability that compliments the local environment.”

- ENDS -

For more information please contact NHS Buckinghamshire and Oxfordshire Cluster’s media desk on Tel – 01865 334640 or Email – media.office@oxfordshirepct.nhs.uk.

Or if enquiries relate to Kajima Mansell:

Richard Coe: Senior Development Manager, Kajima Partnerships: 07884 492486

Alison Edwards: Communications Executive, Mansell Construction: 020 8655 5469

Notes for editors:

An overview of the services to be housed within the new hospital are summarised below:

Sub-acute level 2 bedded care (12 beds);

Ambulatory Care Centre, consisting;

- Diagnostics (including X-Ray, Ultrasound, ECG and visiting mobile scanning);
- First Aid Unit;
- Out of Hours Service
- Therapies
- Outpatients (including specialist outpatient clinics)

As part of the overall development there will be a residential element, which will follow the opening of the new Bicester Community Hospital.

About Kajima

Kajima is the UK subsidiary of Kajima Corporation, one of the world’s oldest and largest property companies with an annual turnover of £10 billion. The

company is committed to delivering outstanding buildings and services to public and private sector bodies alike.

Kajima works in partnership with the public sector to deliver and manage exceptional buildings in the fields of education, healthcare, offices and infrastructure. The company manages the whole development process, from the design and planning of the building to its construction and effective operation for the people who will work in it. By working closely with our clients and partners to produce high quality results, we have earned a reputation for our consistent attention to detail.

Kajima is dedicated to building communities. Each project delivers first-class facilities and is designed to deliver valuable assets for local people. Kajima is committed to its buildings for the long-term, and will manage each for 25 years or more.

The company also focuses on property development in the private sector, collaborating with its blue-chip clients to develop, invest and retain equity in prime locations throughout the UK. It maintains a portfolio of first-class properties in London

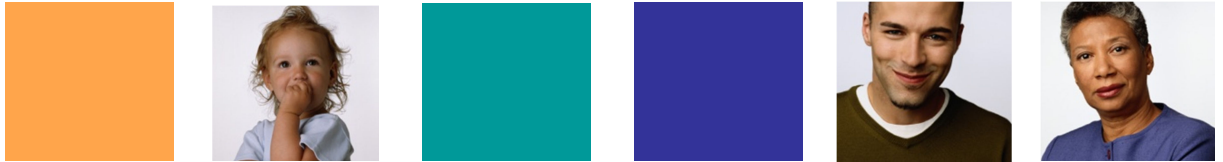
www.kajima.co.uk

About Mansell

Mansell is a construction partner of choice with national capability and regional delivery to the community. Through various procurement models with both public and private sector customers, the company develops long-term sustainable relationships in specific market sectors including affordable housing, education, health, defence, airports, commercial and interiors, culture and heritage.

www.constructingcommunities.com

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NEWS RELEASE
4 May 2012

Developer announced for the redevelopment of Townlands Community Hospital

NHS Buckinghamshire and Oxfordshire Cluster have announced the selected bidder for the redevelopment of Townlands Community Hospital in Henley.

Amber Infrastructure Ltd, working through Amber Solutions for Care (ASC) in partnership with Vinci Construction has been selected from the final two bidders to deliver the redevelopment project.

Riana Relihan, Project Manager said: “We are very pleased that we have reached this phase of the project to redevelop Townlands Community Hospital with the support of the local community. The PCT has selected ASC having assessed their bid proposals to deliver the new hospital facilities.

“On making the final decision, the PCT considered the final two organisations’ bid proposals which included the design solution for the NHS facility, the site masterplan as a whole, and their ability to deliver the facility within the specification and terms of the contract.

“The next stage of the project is the Full Business Case for the redevelopment being approved by the PCT Cluster Board in June and the Strategic Health Authority Board in July. ASC will also submit their planning application in June 2012. ASC is due to commence construction in January 2013 with the new hospital set to open at the end of Summer 2014.”

Mike Leto, Project Director for Amber Infrastructure said: “We are thrilled at the opportunity to deliver the new Townlands Community Hospital and the wider health and social campus on the Townlands site. We are proud of the design and clinical solution that has been developed and look forward to turning it into reality in partnership with the PCT and its stakeholders.”

Cllr Ian Reissmann, Chair Townlands Steering Group said: “Everyone will be delighted that yet another significant milestone in the project has been achieved on time. The appointment of a preferred bidder Amber Solutions for Care means the project can now go forward to the next stage in which planning permission can be applied for.

“It also means that the community will soon see detailed plans for the redevelopment. The final two bidders did present their plans to the Townlands Steering Group (TSG) in February which were well received. However, this was just an appetiser as only a very high level overview could be presented. We will have the opportunity to do that over the next few months starting with consultation by Amber Solutions for Care of their plans on the Townlands site on 16 and 19th May. I hope as many people as possible will attend and provide their views.”

ENDS -

For more information please contact NHS Buckinghamshire and Oxfordshire Cluster’s media desk on Tel – 01865 334640 or Email – media.office@oxfordshirepct.nhs.uk.

Or if enquiries relate to Amber:

Edward Berry (FTI Consulting) – 020 7269 7297

Notes for editors:

An overview of the development is summarised below:

Replacement Hospital Facility – 18 beds

12 palliative care beds that will be run by Sue Ryder Hospice

Chiltern's End Care Home replacement facility

Ambulatory Care Centre, consisting of:

- Minor Injuries Unit
- Therapies
- Outpatients
- X-ray

Residential development.

About About Amber Infrastructure Group:

Amber Infrastructure is a leading international infrastructure specialist, providing asset management and investment advisory services in respect of over £4.1 billion of assets in the UK, Europe, Australia and North America. Amber's core business focuses on sourcing, developing, advising on, investing in and managing infrastructure assets within the utilities, PPP, transport, renewable energy and regeneration sectors.

Amber provides investment advisory services to International Public Partnerships Limited (a FTSE 250 listed specialist global infrastructure investment company) as well as private investment funds, specialising in urban regeneration. Amber is headquartered in London with offices in Munich, Sydney, Melbourne and San Francisco and employs approximately 60 people, making it one of the largest international infrastructure specialists.

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Oxfordshire Joint Health Overview and Scrutiny Committee – Thursday 24th May 2012

Development of the Oxfordshire Clinical Commissioning Group

1. Introduction

The following paper gives an overview of how the Oxfordshire Clinical Commissioning Group has progressed over the past year and development plans for 2012/13 in the lead up to its authorisation as a statutory NHS body in April 2013.

2. Background

In July 2010 the Government published a White Paper, Equity and Excellence: Liberating the NHS, setting out its long term vision for the NHS.

The key principles of the changes are:

- Primary Care Trusts (PCT) and Strategic Health Authorities will be abolished.
- Clinicians will have responsibility and budgets for commissioning, the planning, designing and paying for health services. They will work together in Clinical Commissioning Groups.
- Greater emphasis on outcomes for patients, rather than simply meeting targets.
- Putting patients at the heart of the NHS.
- More independence for healthcare providers and reduced bureaucracy.
- Health improvement will be the responsibility of Local Authorities.

3. Progress to date

In the autumn of 2010 GPs from the 83 practices in Oxfordshire agreed to form a single county-wide clinician led commissioning organisation called the Oxfordshire Clinical Commissioning Group (OCCG). The OCCG has six localities. The localities are increasingly taking on responsibility for commissioning local health services for the public and for the Quality, Innovation, Productivity and Prevention programme¹. All of the GP practices in the county are part of the OCCG structure – through the locality structure. Each area of work under QIPP (planned care, urgent care, long term conditions, medicines management and complex care) has a GP lead who works very closely with managers implementing the programmes of work and advocating the work to their clinical colleagues. There are also GP leads taking a lead role for special projects such as the implementation of NHS 111 and the Appropriate Care for Everyone programme which is tackling delayed transfers of care in the county.

The OCCG Transition Board, which has representation from all localities within OCCG and Oxfordshire County Council, has been responsible for developing a work programme for transition during 2011/12. A key task facing OCCG now, is to devise a structure that is fit for purpose for

commissioning health care for its population, and enables OCCG to be ready for the authorisation process to become the statutory commissioning body for Oxfordshire.

Following a short consultation, a Shadow Governing Body (Shadow Board) was put in place in April 2012. Prior to establishing the new structure the senior appointments in the Governing Body are being covered by interim appointments until designate appointments can be made, following national processes.

The next requirement is for proposals for the OCCG organisational structure to be defined and for the processes to determine who will take up the posts in the structure to be taken forward. A staff consultation has just been undertaken with the results due at the end of May 2012.

4. Authorisation

Authorisation of Clinical Commissioning Groups is being managed in four waves during the summer and autumn of this year. OCCG has been accepted to be part of wave one of authorisation and is preparing for the process which requires evidence to be gathered ready for submission by 1 July 2012.

Authorisation is built around six domains. The process for assessing CCGs through these domains is being managed by the NHS Commissioning Board who will be seeking assurance that CCGs can safely discharge their statutory responsibilities for commissioning healthcare services. The six domains are:

1. A strong clinical and multi-professional focus which brings real added value.
2. Meaningful engagement with patients, carers and their communities.
3. Clear and credible plans which continue to deliver the Quality, Innovations, Productivity and Prevention (QIPP) challenge within financial resources, in line with national requirements (including excellent outcomes) and local joint health and wellbeing strategies.
4. Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commissioning all the services for which they are responsible.
5. Collaborative arrangements for commissioning with other CCGs, local authorities and the NHSCB as well as the appropriate commissioning support.
6. Great leaders who individually and collectively can make a real difference.

OCCG has been working hard in all of these areas and has made steady progress in developing the organisation across all six domains. Some highlights include:

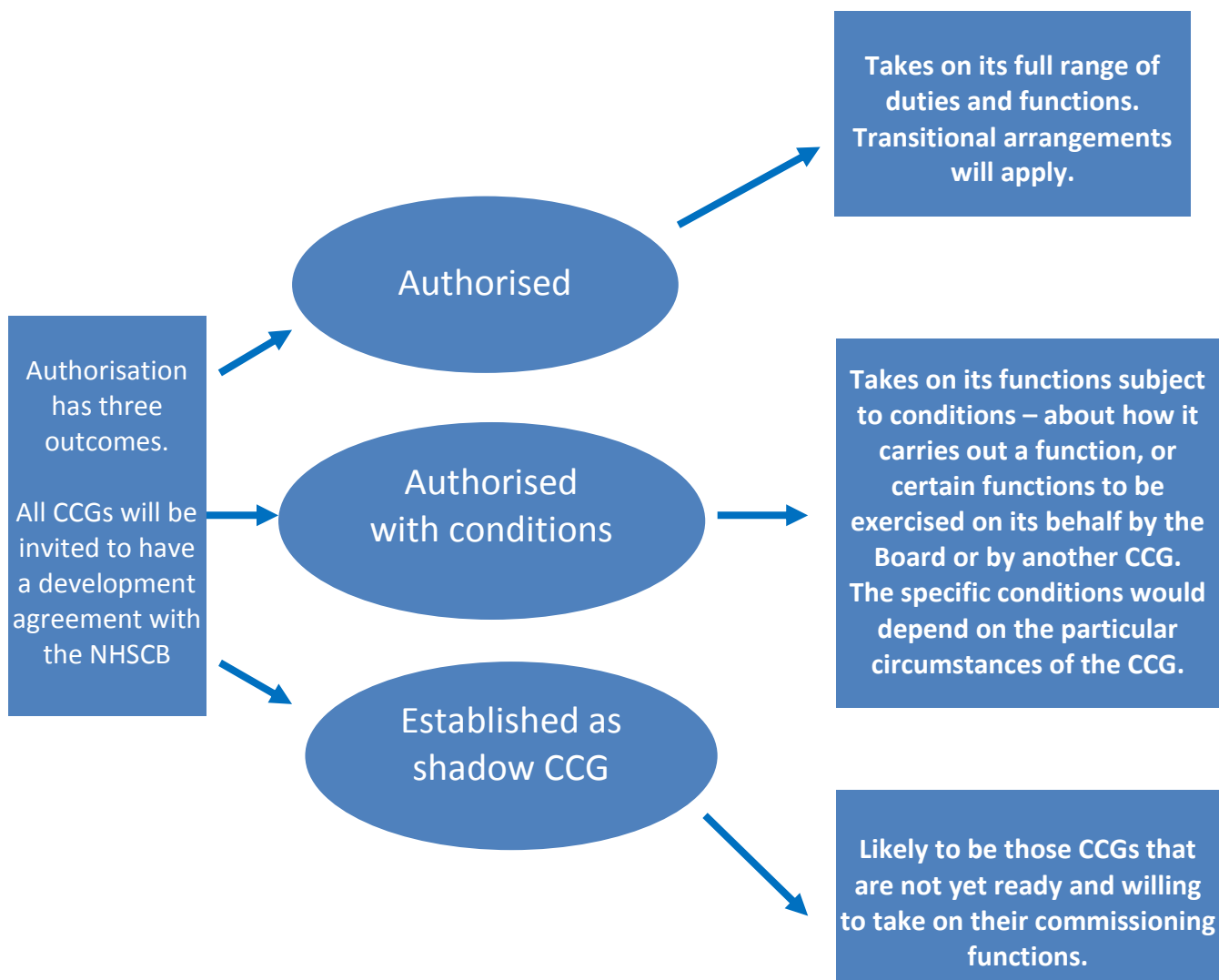
- The membership of the governing body has been agreed following wide consultation and posts are now being appointed to. This includes the key clinical leaders of the organisation. The governing body will have a lay Chair plus two other lay members (currently being appointed) plus representatives from the local authority and a secondary care provider.
- The structure of the organisation has also been consulted upon and appointments to senior management posts are expected to take place over the early summer.
- The vision, mission and values for OCCG are being developed and have been discussed widely within locality groups and at the public meetings during 2011/12. This has brought

ideas together for how OCCG will be different from the PCT and what benefits clinical leadership will bring.

- Governance arrangements for the organisation are being developed. A draft constitution is currently being discussed with GP practices and this is expected to be agreed in June.
- A draft communications and engagement strategy is in place, building on the work of Oxfordshire PCT.

Part of the preparation for authorisation is a 360° Stakeholder survey which seeks to gather views of a wide range of stakeholders about how prepared OCCG is for becoming a statutory organisation. Members of the Health Overview and Scrutiny Committee, GP practices, NHS providers and all local authorities will be asked to respond. This is an important part of the authorisation process and the results will provide the NHS Commissioning Board with an insight into the relationships that have been developed during the early days of the organisation.

There are three possible outcomes of authorisation. OCCG is keen to be authorised to take on the full range of duties and functions. Being successful in wave one will allow OCCG to concentrate on the planning and delivery of commissioning during the autumn without distractions.



ⁱ QIPP: The Department of Health has initiated a programme of work called *Quality, Innovation, Productivity and Prevention* (QIPP) to respond to the difficult financial situation across the NHS in England. The approach looks at how the NHS can protect and promote quality while releasing savings across health systems. There is an Oxfordshire QIPP plan and it is the responsibility of all NHS health care providers in Oxfordshire to help deliver it. NHS organisations across the county are already working together to respond to this challenge.

Dr Stephen Richards
Chief Executive, Oxfordshire Clinical Commissioning Group

Equality Act and Equality Duty – Briefing for Joint Health Overview and Scrutiny Committee

Thursday 24th May 2012

Purpose

This note is to provide the Committee with information about the Equality Act 2010 and the Equality Duty, and the possible impacts of these for the Committee.

The Equality Act 2010

The Equality Act 2010 (the Act) replaces the previous anti-discrimination laws with a single Act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it. It also strengthens the law to help tackle discrimination and inequality. The majority of the Act came into force on 1 October 2010.

The Equality Duty

The new Equality Duty is a duty on public bodies and others carrying out public functions. The Equality Duty is designed to reduce bureaucracy while ensuring public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all. It ensures that public bodies consider the needs of all individuals in their day to day work – in shaping policy, in delivering services, and in relation to their own employees.

The new Equality Duty supports good decision-making – it encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies are better placed to deliver policies and services that are efficient and effective. The Equality Duty therefore helps public bodies to deliver the Government's overall objectives for public services.

The new Equality Duty replaces the three previous public sector equality duties – for race, disability and gender. The new Equality Duty covers the following protected characteristics:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation

It also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

The Equality Duty has three aims. It requires public bodies to have **due regard** to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **foster good relations** between people who share a protected characteristic and people who do not share it.

Having **due regard** means consciously thinking about the three aims of the Equality Duty as part of the process of decision-making. This means that consideration of equality issues must influence the decisions reached by public bodies – such as in how they act as employers; how they develop, evaluate and review policy; how they design, deliver and evaluate services, and how they commission and procure from others.

Having due regard to the need to **advance equality of opportunity** involves considering the need to:

- remove or minimise disadvantages suffered by people due to their protected characteristics;
- meet the needs of people with protected characteristics; and
- encourage people with protected characteristics to participate in public life or in other activities where their participation is low.

Fostering good relations involves tackling prejudice and promoting understanding between people who share a protected characteristic and others.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve making use of an exception or the positive action provisions in order to provide a service in a way which is appropriate for people who share a protected characteristic – such as providing computer training to older people to help them access information and services.

Service and Community or Equality Impact Assessments

The Equality Act 2010 requires all public authorities to assess the impact of their policies on communities. In this context, 'policies' is a general term that could include strategies, projects, contracts or service delivery changes.

In Oxfordshire County Council, this process is termed Service and Community Impact Assessments (SCIA), other organisations may refer to this as an Equality Impact Assessment (EIA). A SCIA is intended to ensure policies meet the diverse needs of individuals and communities.

- Assessments are available to Councillors when making a decision on whether to agree a new policy or not.

- Any new or amended policies, strategies, projects and contracts should have an initial assessment. This should be proportionate to the significance of the change and the potential impact.
- For example, a small change in procedure may require only one page, whereas a significant budgetary decision should have a full assessment. This must demonstrate what data or research has been used, feedback from consultations with affected groups and an action plan to mitigate any impacts. Partners, staff or stakeholders should also be involved to check the assumptions match the experience on-the-ground.
- Assessments should demonstrate that the impact on groups has been considered, identify risks and any explain mitigating actions that will be taken if the policy is implemented.
- We assess the impact of decisions on any relevant community, but with particular emphasis on:
 - Groups that share the nine protected characteristics
 - Rural communities
 - Areas of deprivation
- We also assess the impact on:
 - Staff
 - Other council services
 - Other providers of council services
- Once a decision is made the assessments are updated and then reviewed on a regular basis over the implementation of the project or policy or contract to ensure that the initial assessments were accurate, and that the impact of any changes in approach and learning from implementation are included.
- Completed Service and Community Impact Assessments are published on the public website at: www.oxfordshire.gov.uk/cms/public-site/equality-and-cohesion

Key Points for Consideration

- Meeting the Equality Duty does not mean difficult decisions can't be taken, or mean that impacts on particular groups can always be avoided.
- However, we must be able to demonstrate we have considered the impact as part of decision-making, and that proportionate actions are being taken to mitigate the potential impact as much as possible.
- All reports should include information about how they contribute to meeting the three aims of the Equality Duty.
- Significant changes in policy or service delivery should be accompanied by a Service and Community Impact Assessment that demonstrates that consideration has been given to the potential impact and mitigating actions.

Ben Threadgold
Senior Policy and Performance Officer
May 2012

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Maternity Services – LINK Scoping Document – May 2012

Contents

- Introduction and background information
- What have we heard so far?
- Where can we go from here?

Introduction and Background Information

Through earlier LINK engagement work, we have received several comments relating to maternity services in Oxfordshire. LINK is presenting this scoping document to the Joint Health Overview and Scrutiny Committee to see if there is support for taking these comments forward and forming a project group. We will work with other organisations and undertake more research as part of any ongoing project to obtain a comprehensive, up to date picture of how people feel about their maternity services. As with all Oxfordshire LINK's projects, the outcomes and recommendations will be shared with the relevant service provider(s) and a request for a response made. The timescale will be set for the majority of current LINK project work being completed by the end of December 2012.

What has LINK heard so far?

Comments we have received from engagement work:

Positive:

- Midwives and Health Visitors are excellent (Bicester)
- The Maternity Ward at the JR was fantastic
- Maternity services are excellent at JR
- JR maternity care excellent – team very caring
- Maternity care is good
- Midwives were wonderful

Negative:

- Reduced Maternity service at the Horton
- Need consistency with midwife service – one or two midwives to see you through pregnancy, rather than lots of different ones.
- Midwives put new Mum's under pressure to breast feed
- More Midwives needed at the JR – there are staff shortages
- Health Visitors could be more helpful and supportive
- Felt pushed to breastfeed
- Left overnight after birth with no obs
- Sister in Leeds has 2 hour DVD's, special visits before birth! Why can't we have the same?
- Poor care at JR maternity
- Manor Gynaecologists – no aftercare
- Not happy with Midwife (Abingdon)
- JR Maternity – really good with the birth, but don't give any advice about looking after the baby, this is left to the Midwife. Community Midwives are under too much pressure to do everything and the service is stretched – you may not see a midwife for a week – 2 weeks after birth. Should have more

training / information available in hospital before you leave with your new baby.

- Inconsistent advice post birth.
- Too much pressure on new Mums to breast feed
- Discharge after birth too soon
- Continuity of maternity care is not good – unusual to see the same person twice
- Post Natal depression was not taken seriously (x2)
- Lack of Midwives – only one for the whole area. No holiday cover.
- Takes ages to get an appointment (Thame)

Where can we go from here?

Maternity services in Oxfordshire are grouped into three areas;

- Antenatal Services – services used during pregnancy including; ultrasound, pregnancy tests and screening, antenatal clinics, day assessment units, Silver Star service, community midwives.
- Maternity Units – services used during birth including; consultant led maternity units at the John Radcliffe and Horton hospitals, midwifery-led maternity units including Oxford Spires.
- Postnatal Services – services used after birth including; breastfeeding clinics, newborn screening programme, neonatal unit, Special Care baby unit (SCBU), birth afterthoughts, community health visitors.

Oxfordshire Link could run questionnaires and research gathering via the following avenues:

- Facebook
- Twitter
- Oxfordshire LINK website
- Family support websites e.g; Netmums Oxfordshire
- Local press and media
- Existing LINK contacts
- Other support organisations including voluntary sector
- Children's Centres
- Mother and Baby groups, toddler groups, etc

Comments gathered over a set timeframe could then be grouped under the three areas of services above and a project taken forward based on which has the most areas of concern.

Organisations or groups Oxfordshire LINK would be working with:

- Oxford University Hospitals Trust
- Maternity Service Liaison Committee
- Oxfordshire PCT
- Oxford Health
- Locality Clinical Commissioning Groups
- Voluntary Sector
- HOSC

Sue Marshall
Development Officer
Oxfordshire LINK
May 2012

Oxfordshire LINK Newsletter



Welcome to the Spring edition of the LINK newsletter. You are amongst almost a thousand LINK participants across Oxfordshire working together to improve the health and social care services that you, your friends, family, and colleagues receive. With a busy start to 2012, LINK has already held two Hearsay! events, and with new projects in the pipeline and HealthWatch on the horizon, it looks set to be an interesting year.

Message from the Chair of Oxfordshire LINK

Change is the only constant factor at the moment and whilst it can be uncomfortable, it can also be energizing if you feel passionate about matters that affect you, your family and friends or if you are supporting a neighbour. You will already know that there are huge changes afoot in Health and Social Care as the Government's Health and Social Care Bill has now been passed through Parliament following amendments.

In Oxfordshire the County Council and the newly formed Oxfordshire Clinical Commissioning Group have been working hard to establish plans for change. Central to this is public engagement, this means 'you and me' being involved to give our views and opinions about essential services to enable their improvement across the generations. This will involve collaboration between NHS and Social Care departments and meaningful partnerships between voluntary organisations to share good practice to ensure efficiency and maximize effective services.

Many of you will have been involved with public consultation meetings set up by Oxfordshire County Council and the Local Clinical Commissioning Groups to look at what the Community needs in the future and will agree that it has been refreshing to hear the views of children and young people. There will be further development of Patient Participation Groups attached to GP surgeries directly at local level. It is important that where we can, individuals and people in villages, towns and the community join in with this opportunity.

Oxfordshire LINK has been continuing with its own public engagement as it moves towards HealthWatch scheduled to be established by April 2013. I commend the staff and officers of OCC who have encouraged the successful Hearsay! meetings to hear people's views. Thank you to those of you who attended any of the three Social Care consultations and the recent Hearsay! event for mental health. From the recommendations made at these meetings both the Local Authority and Oxford Health undertake to make amendments and changes to services where users and carers have raised concerns.

It does work, so it is over to you – and LINK looks forward to seeing you at future events.

Sue Butterworth

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Oxfordshire LINK host team

Adrian Chant
LINK Manager

Nicky Robinson
Development Officer

Sue Marshall
Development Officer

Do you have an idea for a LINK project?

Canvass young mothers on access to children's services...?

Survey signage in your local hospital for people with visual impairment..?

LINK enables local people to have a voice and make a difference. We gather information on local health and social care services,

what's working and what isn't, what could be done better and how, and feed it back to those providing the services. We help local groups and individuals with projects to make changes to their services. There are many and varied ways you can contribute. With the support of our experienced Development Team, you will



be guided through the process. If you would like to put a Project proposal to LINK please contact the office to obtain a Project Pack, which is also available on-line.

LINK Core Group

The next Core Group meeting in public is being planned for June/July in South Oxfordshire.

For further details about the Core Group and more information about the next meeting, please [contact](#) the office.

Enter and View

Enter and View visits to Residential Care Homes across Oxfordshire are being carried out to review the quality of care and services. A second series of visits to 23 Care Homes selected by

provider, size and location began in March with a report to follow, once this round of visits has been completed.



OMEGA

A new project proposal, supplied to the LINK Priorities Group, has been accepted from Oxfordshire ME Group for Action (OMEGA) to carry out a survey of GPs.

The aim of the survey is to help us to understand:

- The level of awareness of the guidelines and treatment for Chronic Fatigue Syndrome / Myalgic Encephalomyelitis in Oxfordshire
- Are GPs making use of the agreed referral criteria?
- Have there been changes in the GP recorded prevalence of CFS/ME?

- How best to communicate with GPs, compare the use of a paper questionnaire versus email and explore the role of the Practice Manager.

Once the survey data has been collated, a report will be written and shared both locally and nationally later this year.

Patient Participation Groups

As part of work to support Patient Participation Groups, the LINK has been assisting Luther Street Medical Centre in the development of its PPG. The Medical Centre is open to anyone in Oxford who is homeless or vulnerably housed, and who is not currently registered

with an Oxford City GP. The first meeting of the group took place in March with those attending reporting positive experiences of services provided by Luther Street. LINK is currently looking at the best means to support this group in the future.

We have also been putting together a 'Tool Kit' to provide information to assist with establishing and working with PPGs. This is still in its draft stage, but we are intending to have this finalised to offer to GP practices over the next few months.



Healthwatch

What is a Local HealthWatch (LHW)?

It is an organisation which supports the right of all citizens to Social Care and to Health Care. LHW will monitor the quality of the Social Care and Health Care being commissioned and provided and also how all the people in an area experience the Social and Health Care which they receive.

What will it offer the people of Oxfordshire, those who live elsewhere and to others who use services within Oxfordshire?

In the many cases of long-term conditions in children, young people and adults, and other issues concerned with the elderly, children and young people, the providers of Health Care and of Social Care must work seamlessly together. LHW will monitor wherever patients and their carers experience a breakdown or disconnection in

the essential work between Social Care and Health Care professionals. LHW will also monitor the quality of patients' experience of: GPs, Dentists, Podiatrists, Optometrists, Pharmacists, Out of Hours Service Providers, Community Hospitals, District Nurses, Health Visitors, Speech and Language Therapists, Physiotherapists, Occupational Therapists, all aspects of clinical and social Mental Health care, the Ambulance service, the quality of Acute Hospital services, Residential Care homes, Social Workers, Domiciliary Care Workers, etc.

The Oxfordshire LHW will also offer two further services:

- An Advocacy service, to help those who seek to understand what choices are available to them and to give guidance in managing how to proceed in all aspects of Health Care and of Social Care; and

- An Advice and Complaints service, about any aspect of either Social Care or of Health Care provision.

Furthermore, LHW will have a duty to ensure that patients and service users contribute to the commissioning decisions of both the NHS and the County Council, with regard to Social Care and Health Care. To this end LHW will seek to inform and to educate different groups within local communities, so as to enable them to participate and to contribute appropriately to shared decision making within the NHS and County Council's Social and Community Care Directorates for Adults, Children and Young people.

An extended version of this article can be found [online](#). To receive a hard copy, please [contact](#) the LINK office.

Health and Wellbeing Board

The second meeting of the shadow Health and Wellbeing Board was held in public on 22nd March. This was to agree the decisions made at the inaugural meeting on 24th November 2011 and to approve the Terms of Reference for the Partnership boards listed below. It included an overview of the new emerging powers and duties of the Health and Wellbeing Board.

Members of the Board present were as follows:

Chair - Keith Mitchell CBE - leader of OCC (this will change when he retires shortly)

Vice-Chair - Dr Steven Richards - OCCG lead GP

Joanna Simmons - Chief Executive, OCC

Dr Jonathan McWilliam - Director of Public Health, OCC

John Jackson - Director of Social Care, OCC

Peter Clarke – Head of Law and Governance, OCC

Representatives of the three Boards:

1) Cllr Mark Booty, Chair of **Health Improvement Board** (District Council lead)

2) Cllr Louise Chapman, Chair **Children's and Young People's Board**

3) Dr Joe McManners, vice-chair **Adult Health and Social Care Board**

4) Sue Butterworth, interim Chair **Public Involvement Board**

Dr McWilliam gave an overview of the new and emerging powers and duties where they relate to member organisations and of the Board itself.

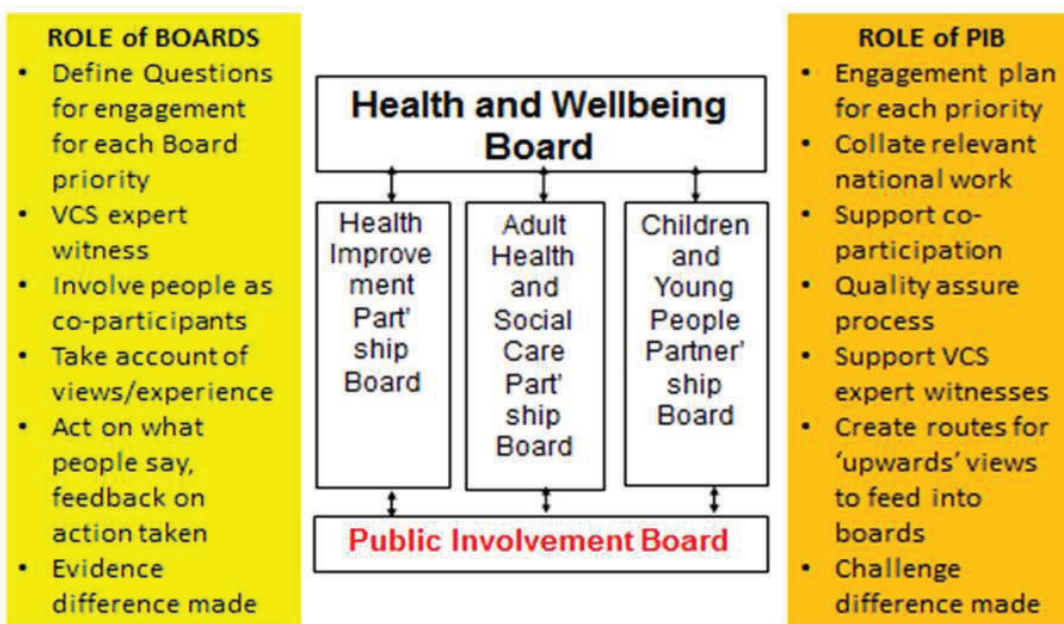
Key topics covered were a proposal for tackling the highest priorities identified for each of the Boards and to agree the process and timing for the production of the

draft Joint Health and Wellbeing Strategy. Also included were the implications of the Health and Wellbeing priorities for the work of partner organisations. Presentations were made by the Chair or Deputy Chair of each of the Boards: Health Improvement, Adult Health and Social Care, the Children's and Young People Partnership and the Public Involvement Board.

The diagram below shows the structure of the Health and Wellbeing Board and how the emphasis is on engagement with the public and community across Oxfordshire to show how critical it is to inform the H&WB Boards about the future design and delivery of services.

*Note that the H&WB Board is now underpinned by a *network* and not a Board - 'PIB' as illustrated. The recent proposal via the consultation of people

across Oxfordshire, with whom there has been wide and in-depth discussion, was that the structure of public involvement should be different and not chaired in the interim by Oxfordshire LINK. Whilst this proposal was accepted by the HWB Board it was recommended that the Chair of LINK will continue as an interim member of HWB Board.



Oxfordshire Neurological Alliance

AGM

5.45pm–8.50pm, 26th April 2012

at Headway Oxfordshire, 4 Bagley Wood Road,
Kennington, Oxford, OX1 5PL

To register contact:

The Secretary, Oxfordshire Neurological Alliance
Email: secretary@oxna.org.uk • Tel: 0208 438 0841

Acquired Brain Injury Forum

In partnership with Headway Oxfordshire and the Child
Brain Injury Trust.

Supporting Those Affected By Acquired Brain Injury

LAUNCH MEETING

Date: 3rd May 2012

Time: 9.30am

Venue: The Kassam Stadium, The Quadrangle
Grenoble Road, Oxford OX4 4XP

If you would like further information please contact
Victoria May at

vmay@bowerandbailey.co.uk

01865 311133

Autism Awareness Event

incorporating

Autism Alert Card Scheme Launch

11am – 12 noon, Thursday 26th April 2012 at
Langdale Hall, Market

Square, Witney, Oxfordshire, OX28 6AB

Come along to hear about the scheme from people on
the autism spectrum, family carers, representatives of
Thames Valley Police and members of the steering
group.

Contact: info@autismoxford.org.uk 01844 353292

HEARSAY! Events

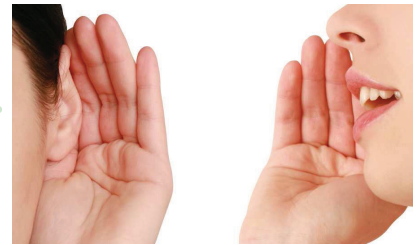
As a member of LINK you may have heard of Hearsay! - but what exactly is it?

Hearsay! engagement events provide people who use health or social care services in Oxfordshire with the opportunity to speak directly to the people who coordinate the services you receive. You can tell them how they are working or not working to meet your needs.

The service provider commits to listening to all the comments made and works with the LINK to produce an action plan to help make improvements to services. This is closely monitored by the LINK and is reviewed with service users to see if changes have been made and improvements directly felt. We have always

received positive feedback from you about the events and there have been important changes made to the services, which have been noticed by those who use them.

For more information about Hearsay! please [contact Sue](#) at the office



Mental Health Hearsay!

Taking place on the 12th January, this event provided an opportunity for service users to express their views on the services they use.

A draft report has now been submitted to Oxford Health and the PCT Commissioners, from which an action plan for the year will be agreed

and taken forward within the Hearsay! model. A formal report will be published shortly and made available on the website and for all those who contributed.

The five key priorities for change which service users and carers would like to see are:

- ◇ Improved pathway of care and access to services
- ◇ Stronger relationship between physical and mental health services
- ◇ Support for Carers
- ◇ Issues about confidentiality
- ◇ Better communication and information

Social Care Hearsay!

The third annual Social Care Hearsay! took place on the 9th March at the Four Pillars Hotel in Witney, with the event being fully booked. Discussions covered recommendations and actions completed, still in progress, or not complete from 2011-12, together with the views of service users

and carers as to what has improved, remained the same, or become more problematic over the last year. Those who were unable to attend have been encouraged to submit their views in writing or by phone. A new action plan, detailing what issues the County Council will work on

this year is to be agreed and will be followed by new quarterly update events, which will take place in different parts of Oxfordshire during the year. Examples of the concerns expressed were centred on transport, housing and the assessment process. Look out for the full report coming soon.

NHS 111 Clinical Engagement event



The NHS 111 Clinical Engagement Event for clinicians and key stakeholders was held on 25th January. The event was a great success and enabled multi-agency planning and delivery. As a result, a significant number

of GPs are now informed and up to date with the new NHS 111 service, and what it will mean to them, their practice and patients. We also know that this information is filtering through the GP localities across Oxfordshire. There was support from the Oxfordshire Health Economy for the new NHS 111 service. An opportunity was

given to all delegates to test NHS pathways, and question experts and those with experience of the service in the UK. A full report which covers activity leading up to, and during the event, clinical engagement undertaken and items under discussion, is available from the LINK office.

Oxfordshire gets ready for care records

Reliable information about you: Oxfordshire gets ready for care records

Better access to accurate, reliable patient information means safer, quicker decisions to support your care. That is the message from NHS Oxfordshire as it starts raising awareness about the NHS Care Records Service. These care records will improve the safety and quality of your care by giving healthcare professionals faster, easier access to reliable information about your health. The secure electronic records are particularly helpful in an emergency, or if you see a doctor out-of hours when your GP practice is closed.

Care records for people in Oxfordshire will be

made up of two parts;

The National Summary Care Record

This record is held nationally and will be available across England to support emergency care and will contain only three things:

- your allergies;
- your medications;
- and any adverse reactions to medicines that you have.

The local Oxfordshire Care Summary

This is 'view only' and will contain more detailed information than the national Summary Care Record. It will provide a view of your GP clinical summary and will only be available to local healthcare professionals involved in your treatment in Oxfordshire.

If you live in Oxfordshire and

are 16 years old or over (or will be 16 by the end of June 2012), you will receive a patient letter at the beginning of April 2012, asking you to choose whether you want these care records. If you are happy to, you won't need to do anything, but if you would prefer for your information not to be included, the letter will tell you how to opt out.

If you are a parent or guardian, you will need to make this choice on behalf of your child.

For more information:

Email: health.records@oxfordshirepct.nhs.uk

or contact the information lines:

03001 233 020

01865 428 886

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NEW to LINK is our Facebook page!

[www.facebook.com/
OxfordshireLINK](http://www.facebook.com/OxfordshireLINK)

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Jericho Farm
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Oxon. OX29 4SZ

Phone: 01865 883488

E-mail: link@oxonrcc.org.uk

www.oxfordshirelink.org.uk

Following the Word Search in our December 2011 newsletter, we are delighted to announce the winner

MATTHEW TYE

who correctly identified that the missing word from the grid was 'council'

Many thanks to all of you who entered the competition!

Do you know about...

Oxfordshire Wheel?



Oxfordshire LINK supports emerging organisations and their projects and recently co-funded the launch event of The Oxfordshire Wheel, 'Taking Control - Choice and Challenges', at the Kassam stadium. Over one hundred users and carers joined the occasion which held informative workshops about good support planning and the opportunities and challenges of brokerage; the implications of employing personal assistants, money management and more. The event was chaired by Deputy Lord Lieutenant Helen Baker and included the high profile speaker Dame Philippa Russell, Chair of Standing Committee on Carers who was joined by a workshop given by Rachel Wallach from the Office of Disability Issues (ODI) about the personalisation agenda. Twenty eight stallholders provided further information to make an action-packed day.

Yvonne Cox, Chief Executive Officer of The Wheel, told the audience that it is a collaborative user-led organization, structured as a cooperative, to represent people with disabilities and other users of support services, including carers. It backs the delivery of the 'Putting People First' agenda in Oxfordshire, to give choice and control to users of these services. The Wheel aims to improve existing services and develop new ones, emphasising collaboration with other local organisations to empower individuals to achieve a high quality of informed choice and to promote and maximize independent living.

In the spirit of true collaboration the event was jointly planned by The Oxfordshire Family Support Network, a member of the Wheel cooperative. They are soon to publish a 'Guide for Carers: Self-Directed Support and Personal Budgets'. To find out more contact Gail Hanrahan or Jan Sunman: info@oxfsn.org.uk

For the Oxfordshire Wheel contact 07972 725724 or www.theoxfordshirewheel.org