

## OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 13 June 2013 commencing at 10.00 am and finishing at 13.35 pm

**Present:**

**Voting Members:**

Councillor Kevin Bulmer  
Councillor Pete Handley  
Councillor Mark Lygo  
Councillor Laura Price  
Councillor Alison Rooke  
Councillor Les Sibley  
Councillor Lawrie Stratford  
District Councillor Martin Barrett  
District Councillor Dr Christopher Hood  
District Councillor Susanna Pressel  
District Councillor Rose Stratford  
District Councillor Alison Thomson

**Co-opted Members:** Dr Keith Ruddle and Mrs Anne Wilkinson

**Officers:**

Whole of meeting Claire Phillips (Chief Executive's Office)

Part of meeting Sue Whitehead and Julie Dean (Chief Executive's Office)

*The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting together with an additional document entitled 'Review of the Midwifery Led Unit in Chipping Norton 2008 – 2012 – Update for HOSC meeting' and agreed as set out below. Copies of the agenda, reports and additional documents are attached to the signed Minutes.*

### **100/13 ELECTION OF CHAIRMAN FOR THE 2013/14 COUNCIL YEAR**

(Agenda No. 1)

Councillor Lawrie Stratford was elected Chairman for the 2013/14 Council Year

### **101/13 ELECTION OF THE DEPUTY CHAIRMAN FOR THE 2013/14 COUNCIL YEAR**

(Agenda No. 2)

District Councillor Alison Thomson (Vale of White Horse District Council) was elected Deputy Chairman for the 2013/14 Council Year.

**102/13 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 3)

An apology was received from Dr Harry Dickinson.

**103/13 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**

(Agenda No. 4)

Councillor Alison Thomson declared an interest in Agenda Item 13 - Chairman's Report and Forward Plan on account of her being a Trustee of Vale House care Home, Botley.

**104/13 MINUTES**

(Agenda No. 5)

The Minutes of the last meeting on 25 April 2013 were approved and signed subject to the second sentence of the final paragraph in Minute 92/13 being amended to read as follows (amendment in bold italics):

'Jonathan McWilliam agreed with the Committee that data around ethnicity was very valuable ***and noted that Members felt it was sadly lacking.***'

There were no Matters Arising.

**105/13 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 6)

There were no petitions submitted or requests to speak agreed. The Chairman referred to a request to speak that he had received from Unison Health. Although he was unable to agree the request he invited them to contact Members directly and undertook that if they wished to write to him he would ensure that the issues were dealt with appropriately and this could include an item on a future Joint Health Overview & Scrutiny Committee agenda, if after further consideration of the issues it was considered appropriate.

**106/13 DIRECTOR OF PUBLIC HEALTH UPDATE**

(Agenda No. 7)

The Director of Public Health was unable to attend the meeting due to sickness and the Deputy Director of Public Health, Jackie Wilderspin, attended in his place.

It was noted that the Director of Public Health's Annual Report was going to OCC Cabinet that month. Members asked that the report be circulated and scheduled for the next meeting and that in future years they comment on the report in advance of it going to Cabinet.

**107/13 HEALTH AND WELLBEING STRATEGY**

(Agenda No. 8)

Oxfordshire's Joint Health & Wellbeing Strategy had been adopted by the Shadow Health & Wellbeing Board in July 2012 following extensive consultation. The Health & Wellbeing Board had considered the latest information on the health of the population, as set out in the Joint Strategic Needs Assessment. The needs identified in a report to the Board in March 2013 had confirmed that the current priorities set out in the Strategy were still relevant.

Since then the Partnership Boards (ie. the Children & Young People's Board, the Adult Health & Social Care Board and the Health Improvement Board) had considered the progress that had been made in delivering the outcomes set out in the Strategy; identified unmet need on this issue within Oxfordshire and made some recommendations on the outcomes that should be set for the year ahead.

It was now proposed that new outcomes should be set for 2013 – 14 and were the subject of consultation prior to discussion and decision at the Health & Wellbeing Board meeting on 25 July 2013. These were set out in the report (JHO8) for consideration and comment at this meeting.

The Committee commented as follow:

- It would be helpful for the national targets to be indicated in the report – and some local ones could be more ambitious, for example, target 1:1 'High % of women who have seen a midwife or a maternity health care professional by 13 weeks of pregnancy' (currently 85%);
- Some of the wording is rather vague – for example, why not state a precise figure in 1:1 rather than the word 'high'?
- Some strengthening of statements in the text by means of an accompanying explanation is required, for example, why are persistent absence rates in primary schools lower than the national average but in secondary schools higher than the national average? (priority 2) and what is meant by the term 'not known' (priority 4).
- Clarification on the reasons why there is no target for young people who go missing from care would be helpful (Priority 3)
- Some of the outcomes are too modest, for example, target 4:5 'Increase the proportion of pupils attending good or outstanding primary schools from 59% to 70% and the proportion attending good or outstanding secondary schools to 75% (currently 67% primary and 74% secondary). In contrast, some are very ambitious and overly prescriptive with regard to stated numbers, such as proposed outcome 6:3 'No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546);
- The Committee expressed concern that the current measures for people with a severe mental illness receiving a health check are not part of national outcome

frameworks and have been difficult to measure, and do not necessarily provide the best indicators of improved outcomes; feeling that this was a major priority (Priority 5)

- They also expressed their disappointment that the ambitious target of halting the rise in childhood obesity was not met, though the Oxfordshire rate is still lower than the national rate (Priority 9);

It was **AGREED** to thank the Deputy Director of Public Health for her attendance and to ensure that the Committee's comments are included within the consultation report for submission to the Oxfordshire Health & Wellbeing Board on 25 July 2013.

### **108/13 CLINICAL COMMISSIONING UPDATE**

(Agenda No. 9)

Catherine Mountford, Associate Director of Strategy and Governance, OCCG, presented the regular progress report of the Oxfordshire Clinical Commissioning Group (OCCG). She highlighted three issues emanating from the second Governing Body meeting held on 30 May:

- The first medium term financial plan for OCCG 2013/14 – 2015/16
- The Older People's Pool and Strategy
- OCCG response to the Francis Report

The OCCG budgets were identified as broadly £600m total with £263m contracts with the Oxford University Hospitals Trust. The OCCG would be working on a 0.5% contingency and 0.5% surplus in this first year of operation which was not compliant with NHS guidance but has been agreed with NHS England.

With regard to the Older People's Pool, Catherine Mountford reported that a proposal to increase the current budget, which amounted to £30m, by 59% to include Community Services, would be considered by the OCC Cabinet on 18 June 2013.

The Committee **AGREED** to receive the update and to thank Catherine Mountford for her attendance.

### **109/13 PERFORMANCE OF THE 111 NUMBER**

(Agenda No. 10)

At the July 2012 meeting preliminary discussion had taken place, prior to roll out, on the incoming 111 service. At that time the Oxfordshire Clinical Commissioning Group (OCCG) had noted that the key measure of success would be calls dealt with correctly the first time and also the numbers of callers diverted from South Central Ambulance NHS Trust (SCAS) emergency calls. One year on, the Committee had requested a report on how this had progressed in Oxfordshire, in light of adverse national coverage on the performance of the 111 number since its launch.

The 111 number had a soft launch in Oxfordshire in September 2012 before the national roll-out. The aim of the service was to provide a single point of access to the

public for NHS services where callers can talk to a non-medically trained call handler who would use a specifically developed tool to manage issues.

Committee welcomed representatives from the constituent organisations involved in delivering the service. These were Catherine Mountford, Christine Hewitt and Kate Holburn (OCCG); Peter McGrain (Oxford Health) and John Nicholls (South Central Ambulance Service). Members also had before them a progress report (JHO10) which included a survey prepared by the OCCG. The representatives stressed that this was an expanding service from new, which was growing out of partnership and out of a continuing understanding of what was required, in terms of improving quality of experience.

Questioning from Members of the Committee and responses received, centred around the following issues:

- The numbers transferring from 111 to the Ambulance Service. Response – the pass rate was good;
- Opinion taken from anecdotal evidence that people had generally lost confidence in the service nationally and had found a difficulty in finding an avenue to complain. Response – Options were currently being considered. In the event that there was a need to retender, care would be taken to have one which suits Oxfordshire best. The current Oxfordshire specification went beyond the national specification in that it included, for example, the Out of Hours Service. This added both time and cost to the service provided. The Oxfordshire providers were disappointed that the national media had not been reflective of the service provided locally, as it had received a considerable amount of accolades, not least because it was a partnership venture;
- Training given to call advisers. Response – nationally accredited training was undertaken though they were not clinically trained. However, there were qualified nurse clinicians present in the room;
- Has there been an increase in patients going to Accident & Emergency due to a lack of confidence in the 111 number? It is difficult to understand why more patients were coming to Accident & Emergency and further work was being undertaken on the issue.

The Committee **AGREED** to thank the representatives of Oxford Health, the Oxfordshire Clinical Commissioning Group and the South Central Ambulance Service for their attendance and for responding to questions on the performance of the local 111 non-emergency number.

## **110/13 ALCOHOL ADDICTION: A REVIEW OF ISSUES, CHALLENGES, SOLUTIONS AND POSSIBLE MEANS FOR IMPROVEMENT**

(Agenda No. 11)

The Deputy Director of Public Health, in her capacity as the Chair of the Alcohol Strategy Group, a sub group of the Oxfordshire Community Safety Partnership, presented the briefing report (JHO11) pointing out that the Director of Public Health for Oxfordshire had highlighted concerns about alcohol consumption in his Annual Report for several years now, adding also that this issue involved not only policy, but

also an individual's behaviour, choice and responsibility. She introduced a panel of commissioners and managers representing different stages of involvement ie. in prevention, screening and advice for harmful drinkers, referral for treatment, treatment for addiction and finally recovery and post recovery network:

Rob Whyte – Consultant Nurse (Community Service Practitioner) – Oxford University Hospitals NHS Trust Accident & Emergency Department. His role is to undertake screening work, team liaison and has direct contact with Accident & Emergency attendees;

Mandeep Novak – Oxford Health Harm Minimisation Services – Works with clients on two different levels – on prevention and assessment of patients' vulnerability and home environment;

Dr Alistair Reid – Consultant Psychiatrist in Addictions, Oxford. Focused on harm reduction treatments using psycho – social interventions;

Dee Dee Wallace – Lifetime Recovery Service – Referral to this service following a decision to stop consumption. Involves liaison with psycho-social Team to ensure client suitability. Risk assessments are taken at home. Clients then attend a series of detox programme for 7 – 10 days.

Jodie McMinn – SMART – Howard House - Secure residential care for clients with a serious level of addiction undertaking detox. Maximum 12 week programme for up to 10 residents. Intervention psycho-social work carried out and clinical and medical screening.

Anna Penn – Young Addiction Service – Employed by the County Council as part of the early intervention hub. Works on an outreach basis for young people aged 11 to 18 in their home and school environment and with the Youth Offending Service. Holistic assessments are performed and a recovery plan agreed including various motivational techniques such as CBT coping strategies.

Glenda Daniels – Oxfordshire Recovery Network – Service focussed on assisting with career and employment opportunities; education and academic work; helping to rebuild a social life and assistance with sustaining treatment via peer support. A second aim of the Service is to promote growing awareness of recovery within the local community, for example, a recovery café has been opened in Oxford, staffed by people in various stages of recovery. Another example is an enterprise hub is held in the local job centre.

Issues emerging from discussion and questioning were:

- The potential for reducing alcohol admissions
- The potential to widen the scope of the role of the A & E nurse to further the reduction of alcohol misuse reduction;
- A keenness for Public Health to undertake more school interventions in the form of a general information talk;
- Licensing issues;

- Only 50% of patients in GP surgeries undertake a Health Check – more information should be put into GP surgeries;
- More dual diagnosis required when screening for alcohol related health problems following self harm and overdose attempts with the Mental Health services.

The Committee congratulated the Panel on the considerable amount of work being done in this area, and its variety. The Panel were asked what major messages would they like to see taken up by the Committee. Jackie Wilderspin responded that the Department of Health needed to be challenged as often as possible on the policy on the sale of drink as there was considerable tension between contribution to the Exchequer of drink sales and the cost of services for alcohol addiction.

Following a full discussion it was **AGREED** to request the Senior Policy Officer to:

- (a) write to the Department of Health urging that more resources be directed to partnership working to combat alcohol addiction because it impinges on so many problem areas such as teenage pregnancy, crime and anti-social behaviour;
- (b) write to the Home Office urging that the manner in which alcohol is labelled be unified in order to avoid the current confusion. In addition that steps be taken to ban cheap alcohol being sold in local small shops in light of the difficulty experienced by people in recovery being faced with temptation each time they enter the shop;
- (c) urge the Police Commissioner for Oxfordshire not to take resources away from this very important area;
- (d) support the Public Health initiative contained in the third national strategy to take steps to encourage individuals who may be exceeding safe levels of drinking to feel able to ask for help at an earlier stage; and
- (e) request the Deputy Director of Public Health to circulate the list of where the United Kingdom is in the world with regard to alcohol addiction and at the same time advising where it should be on the list.

The Committee thanked the panel of experts comprising commissioners and service managers for attending the meeting and for their useful contributions to the discussion.

## **111/13 HEALTHWATCH**

(Agenda No. 12)

Alison Partridge, Public Engagement Manager, OCC, updated the Committee on progress in relation to the establishment of a local Healthwatch. She expressed her confidence that the interim arrangements involving the Oxfordshire Rural Community Council (ORCC), were going as well as they could be and reported arrangements as follows:

- most of the staff team had now been appointed;
- nominations for members of the Healthwatch Board would be sought shortly. The first Board meeting would take place in the first week of August;
- ..... - an event had taken place in May for the public to inform priorities to which the Director of Public Health, Social & Community Services and the Chief Executive of OCCG had attended;
- officers were in the process of setting up a procurement process to take place in April 2014. An additional Stakeholder Advisory Forum had been set up involving independent colleagues to assist . Some market development was also taking place in order to shape the best option. A time line was also in place.

On behalf of the Committee, the Chairman wished ORCC well with the above arrangements and looked forward to the input of the formal Healthwatch.

**112/13 CHAIRMAN’S REPORT AND FORWARD PLAN**

(Agenda No. 13)

The Chairman’s report was noted. This included a written update on the Chipping Norton Midwifery Led Unit which was due to re-open in early July.

Possible topics for the Forward Plan were suggested. These were:

- Obesity Strategy – Oxford Weight Loss (OWL)
- Community Responder service – criteria volunteers have to work to and training
- Nutrition in hospitals – ongoing item
- Quality of care of the elderly in Level 7, John Radcliffe Hospital – How are patients suffering from dementia handled? What training is available?

**113/13 CLOSE OF MEETING**

(Agenda No. 14)

The meeting closed at 1.35 pm.

..... in the Chair

Date of signing