

## OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 5 September 2013 commencing at 10.00 am and finishing at 12.52 pm

**Present:**

**Voting Members:** Councillor Lawrie Stratford – in the Chair

District Councillor Alison Thomson (Deputy Chairman)  
Councillor Kevin Bulmer  
Councillor Pete Handley  
Councillor Laura Price  
Councillor Alison Rooke  
Councillor Les Sibley  
District Councillor Dr Christopher Hood  
Councillor Susanna Pressel  
District Councillor Rose Stratford

**Co-opted Members:** Dr Harry Dickinson and Mrs Anne Wilkinson

**Officers:**

Whole of meeting Claire Phillips and Julie Dean (Chief Executive's Office);  
Director of Public Health

*The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.*

### **114/13 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Apologies were received from Councillor Martin Barrett, Councillor Mark Lygo and Dr. Ruddle.

### **115/13 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**

(Agenda No. 2)

There were no declarations of interest.

### **116/13 MINUTES**

(Agenda No. 3)

The Minutes of the last meeting on 13 June 2013 were approved and signed as a correct record.

Issues raised under Matters Arising from the Minutes:

Minute 107/13 – ‘Health & Wellbeing Strategy’

- The importance of receiving feedback from the Health & Wellbeing Board in response to matters of concern referred to them from this Committee and in respect of all aspects of its work;
- Concern about the numbers of ambulances operating in the West Oxfordshire area would be followed up with the South Central Ambulance Service NHS Foundation Trust.

Minute 110/13 – ‘Alcohol Addiction: A review of issues, challenges, solutions and possible means for improvement’

- Feedback was given by the Senior Policy Officer regarding the actions decided by Committee:
- with regard to action (a) , the Senior Policy Officer undertook to circulate a copy of the letter received from Norman Lamb MP;
- with regard to action (b), a response from the Home Office was still awaited and this would be followed up;
- with regard to action (c), a letter had been received from Oxfordshire’s Police Commissioner reassuring the Committee that he did not envisage any large cuts in funding in what he considered to be vital work; and
- with regard to (e), a list had been circulated to members of the Committee by the Senior Policy Officer on behalf of the Deputy Director of Public Health.

**117/13 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 4)

There were no requests to speak to or petition the Committee.

**118/13 HEALTHWATCH OXFORDSHIRE**

(Agenda No. 5)

Sara Livadeas, Deputy Director, Joint Commissioning, OCC and Rosalind Pearce, Director of Healthwatch, updated the Committee on progress in relation to the establishment of the local Healthwatch. A written progress report was also before the Committee (JHO5). The Committee were informed that Healthwatch was almost fully staffed and, to date, nine members, out of a Board of 13 had been elected. Four co-opted members with experience were currently being sought in the Children & Young people, BME and diversity, carers and learning disability areas. The Board had begun working on their strategic plan.

Sara Livadeas reported a strong and independent Healthwatch was wanted for Oxfordshire comprising Board members with specific interests able to comment on services, devise community strategies and give feedback. She added that a traditional procurement exercise would begin shortly to find a provider for Healthwatch (the first being unsuccessful and the Oxfordshire Rural Community Council were awarded an interim contract to provide Healthwatch for 1 year). The County Council remained very open-minded in terms of what the organisation would

look like and to this end had slimmed down the service specification to make the process as straightforward as possible.

Biopic details of the newly elected Board members can be seen on the Healthwatch Oxfordshire website. Members requested details of the regional NHS Complaints Service.

Sara Livadeas and Rosalind Pearce were thanked for their attendance.

## **119/13 CLINICAL COMMISSIONING - UPDATE**

(Agenda No. 6)

Dr Mary Keenan, Medical Director, Oxfordshire Clinical Commissioning Group (OCCG), presented the regular progress report from the OCCG (JHO6). She was accompanied by Julia Boyce, Assistant Chief Finance Officer, OCCG, and Ali Greene, Head of Communications & Engagement, OCCG.

Dr Keenan spoke to her report after giving the Committee a brief synopsis of the role and responsibilities of the OCCG. Outcome-based commissioning was discussed with Dr Keenan agreeing that it would be a challenge to identify outcomes but that mental health was a very circumscribed area which was supported by some very active user groups, who were very supportive of this approach. Apart from recovery, outcomes included whether patients were able to attain home, job and financial stability. Work on suitable outcomes continued to take place with users and clinicians. Dr Keenan added that outcome based commissioning was not a cost-cutting exercise, rather it was envisaged that it would improve outcomes for patients.

Dr McWilliam confirmed that the Health & Wellbeing Board was a partnership between local government and the NHS and that strong links were held between the two organisations. Dr Mary Keenan is Chairman of the Children & Young People Partnership Board and also a member of the Health & Wellbeing Board along with Dr Stephen Richards of the OCCG.

The on-going concern with regard to the situation around the Emergency Abdominal Surgery at the Horton Hospital was noted.

The Committee thanked Dr Keenan and her colleagues for attending.

## **120/13 FALLS IN OXFORDSHIRE**

(Agenda No. 7)

Fenella Trevillion, Assistant Director of Older People Commissioning, OCCG; Sylvie Thorn, Senior Commissioning Manager, Older People, OCCG; Suzanne Jones, Head of Countywide Services, Oxford Health; and Chris Sylvester, Clinical Head of Falls Service, OCCG presented their report JHO7 that set out the strategy for falls prevention in Oxfordshire and explained current performance.

Fenella Trevillion pointed out that Oxfordshire's Falls Service was the largest in the country but this was not based on the amount invested or the numbers of staff working in the service. It was due to Oxfordshire's practice of training nursing staff as

practitioners, the outcome of which was that the system cost less in comparison to other areas. She added that Oxfordshire's system had been developed and used in other parts of the country.

During discussion and in response Members' questions, the following information was given:

Falls assessments were carried out at Health & Wellbeing Centres and in partnership with other services. Connections with community groups remained a very important area for falls prevention (central contact - Health & Wellbeing Advisers, (01865) 425140) and education sessions were delivered to day centre staff on a rolling programme. The Falls Clinics were run by Falls Prevention staff in day hospitals and clinics would continue to be run in a variety of settings to ensure everyone in Oxfordshire had good access to the service.

Fenella Trevillion agreed to provide further information, together with more statistical detail on the causes of falls and which were of the highest frequency.

The Committee thanked the Panel for their attendance.

## **121/13 HOW THE NHS IN OXFORDSHIRE IS RESPONDING TO THE FRANCIS REPORT AND SIR BRUCE KEOGH'S REVIEW**

(Agenda No. 8)

The following representatives from the OCCG, Oxford University Hospitals NHS Trust (OUHT) and Oxford Health NHS Foundation Trust (Oxford Health) attended the meeting in order to present their responses (JHO8) to the Francis Report and to Sir Bruce Keogh's review:

Dr Richard Green, Director of Clinical Quality, OCCG  
Ros Alstead, Director of Nursing & Clinical Standards, Oxford Health;  
Professor Edward Baker, Medical Director, OUHT;  
Tina Ashmal, Manager of Quality & Safety, OUHT.

The first Francis Report on the Mid Staffordshire NHS Foundation Trust had been published in 2010. It had identified extremely poor care being delivered in a number of areas of the Trust. The second report, which went further and looked at the wider responsibility of the NHS was published in February 2013. Following the Francis Report, the Keogh Report was published and looked at 14 hospital trusts selected for investigation on the basis that they had been outliers for the last 2 consecutive years on either the Summary Hospital – Level Mortality Index or the Hospital Standardised Mortality Ratio. Background briefings on both these reports were attached at JHO8.

Following the presentations, Members asked questions and received responses in relation to the following areas:

Concerns were raised regarding the nutritional assessment of patients. The OUHT confirmed a patient's nutritional state was assessed on admission and was monitored

thereafter as it was a key part of their treatment. A **nutritional** plan was put in place **for the duration of their stay if there were concerns and these** were fed back to their GP **on discharge**\*. The wards ensured that patients are getting their meals at an appropriate time. Social Care Assistants (Enablement Team) were working to support people living at home to ensure that there was some evidence of them eating.

**\*amended as shown in bold at the meeting on 5 December 2014**

Members raised the need to assess patients with acute physical conditions also presenting with mental health problems. This had been recognised with the appointment of 3 physiotherapists who were assigned to people with acute medical problems. There had also been a focus to provide both physical and mental health services outside of the hospital, across the board for children and young people and adults with long term conditions and frail older people.

Members raised concerns about waiting times between the first and second hospital appointments. OUHT confirmed that each clinic was to be profiled as part of an 18 month rolling programme.

In response to recommendation 7 of the Berwick Report 'all data on quality and safety whether assembled by government organisations or professional societies, should be shared in a timely fashion with all parties who want it, including, in accessible form, with the public' OCCG, OH and OUHT confirmed they would be sharing information via their Board papers. A significant amount of detailed data was already put in the public domain. There were elected members sitting on the Boards and much data was already under scrutiny as part of the Quality & Safety Committee.

Members of the Committee thanked the Panel for their attendance and for their very informative reports.

The Committee **AGREED** that there was a need to consider what data it wished to review in order to understand the key performance issues in the Trusts.

## **122/13 PUBLIC HEALTH - UPDATE**

(Agenda No. 9)

The Director of Public Health for Oxfordshire, Dr Jonathan McWilliam reported that the Health & Wellbeing Board had held its inaugural meeting on 25 July 2013. It had approved some revisions and proposed measures to the current Health & Wellbeing Strategy 2013/14 for Oxfordshire notably raising the target from 60% of babies to be breastfed at 6 – 8 weeks of age to 62%. The Board had also requested the Health Improvement Partnership Board to investigate the possibility of raising the target for those invited for NHS Health Checks from 50% to 65% and to report back. This service was now being run by the County Council and the numbers undertaking checks was currently the best in the region. There was also a determination to keep teenage pregnancy rates low in Oxfordshire.

The main challenge for Public Health was how it could continue to improve Health and quality of care with tighter resourcing. Dr McWilliam concluded by pointing out that now the Health & Wellbeing Board was a formal legal entity, its agenda could be linked more closely with this Committee, as appropriate.

The Committee thanked Dr McWilliam for his report.

**123/13 DIRECTOR OF PUBLIC HEALTH (DPH) ANNUAL REPORT AND TO CANVASS VIEWS IN ADVANCE OF THE NEXT DPH ANNUAL REPORT'**  
(Agenda No. 10)

The Director of Public Health, Dr Jonathan McWilliam, presented his sixth Annual Report for 2012/13. He reported that overall the review had been 'good', however there was no room for complacency. He had flagged three new areas for this year, loneliness and isolation, rural issues and ethnic minority groups across the County.

Members commented that they would like to see the recommendations for 'Breaking the Cycle of Deprivation' and 'Tackling Alcohol Addiction' strengthened next year. Members also expressed a wish for assistance with benchmarking data across all measures.

Members and Dr McWilliam discussed the report in more detail:

- Loneliness was understood to be a problem which was uniform across urban and rural areas but it was compounded by different issues affecting urban and rural areas differently;
- Data on black and ethnic minority populations was now being included within NHS Health Checks;
- A newly formed Public Health Protection Committee would be meeting in September to tackle the increasing problem of killer diseases; and
- There had been investment in the mental health service which had resulted in general improvement. However, Dr McWilliam agreed that it was a challenge to undertake outcome based measurement of performance.

Dr McWilliam reminded Members that Oxfordshire was the sportiest county in the country.

The Chairman thanked Dr McWilliam for his report adding that the Committee would wish to give their suggestions for topics at a much earlier stage when it was in draft form.

**124/13 CHAIRMAN'S REPORT AND FORWARD PLAN**  
(Agenda No. 11)

The Chairman reported on his activities since the last meeting:

- He had met with the OCCG to discuss patient engagement in maternity services;
- He had met with OCC about intermediate care beds;
- He had had introductory meetings with OUHT and OCCG with upcoming meetings with Oxford Health.

Members of the Committee suggested the following issues for inclusion in the Committee's Forward Plan:

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- Delayed Transfers of Care problems and issues and the steps being taken to improve the service;
- Outcomes based commissioning to include the measurement of Mental Health improvement;
- Pooled budget arrangements;
- Horton Hospital issues
- Health Inequalities – to include access to nutrition; obesity; homelessness; Black and Ethnic Minorities data;
- Recent breaches of security at Oxford Health FT facilities; Report on Ambulance Responders (March 2014 meeting).

**125/13 CLOSE OF MEETING**

(Agenda No. 12)

..... in the Chair

Date of signing