

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 23 April 2015 commencing at 10.00 am and finishing at 1.15 pm

Present:

Voting Members: Councillor Yvonne Constance OBE – in the Chair

Councillor Susanna Pressel (Deputy Chairman)
Councillor Kevin Bulmer
Councillor Surinder Dhesi
Councillor Tim Hallchurch MBE
Councillor Laura Price
Councillor Alison Rooke
Councillor Les Sibley
District Councillor Alison Thomson
District Councillor Martin Barrett
District Councillor Dr Christopher Hood
District Councillor Rose Stratford

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

Other Members in Attendance: Councillor Pete Handley (for Agenda Item 7)

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.

72/15 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

An apology was received from Moira Logie.

73/15 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest.

74/15 MINUTES

(Agenda No. 3)

To approve the Minutes of the meeting held on 5 February 2015 subject to the following amendments (amendments in bold italics):

- Minute 67/15 - page 5, penultimate paragraph, last sentence, 'Surgeries would be grouped into bigger units, would be more commercial, managed more centrally and uniformly and **more** GPs would be salaried rather than independent.'
- Minute 67/15 – page 7, recommendation (b), 'that a recommendation be sent to all appropriate bodies that NHS England be considered as a statutory **consultee** when housing growth (large and small planning applications) is considered by Councils.'
- Minute 68/15 – page 8, paragraph 3, sentence 2 should read: 'Donna Clark pointed out that in Oxfordshire 100% of emergency referrals were seen on the same day and overall, 73% of young people were seen within 12 weeks. This was broken down to 50% of young people requiring a Tier 2 service and 23% requiring a Tier 3 or more. Specialist cases were being seen within 12 weeks.'
- Minute 70/15 – page 10 – 'Claire Phillips agreed to update members on a number of topics which were on the **national** political agenda prior to the next meeting.'

Matters Arising

The Committee asked for updates to a future meeting on the following matters:

- Minute 67/15 – Primary Medical Services - progress report on GP federations within the county;
- Minute 67/15 – responses to the Committee's recommendation that NHS England be considered as a statutory consultee when housing growth (large and small planning applications) is considered by Councils including clarification over responsibilities;
- Minute 67/15 – progress report on recruitment and retention practices to meet the needs of GP practices in the modern age; and
- Minute 69/15 – Outcomes Based Contracting – the outcomes of the forthcoming meeting with Catherine Mountford of the Clinical Commissioning Group to ascertain whether there was a process whereby the Committee could view a contract prior to signature.

75/15 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Committee noted that the Chairman had agreed to an address by Councillor Pete Handley at Agenda Item 7 - South Central Ambulance Service.

76/15 HEALTHWATCH OXFORDSHIRE

(Agenda No. 5)

Dermot Roaf, Deputy Chair of Healthwatch Oxfordshire (HWO) and Rachel Coney, Chief Executive, presented a report on their recent projects and findings (JHO5).

With regard to paragraph 2.2(c), they reported that, to date, 210 members of the public had completed a survey online, 80 face to face interviews had taken place, and 60 GPs, 26 pharmacists and 28 care providers had responded to professionally specific questionnaires.

With regard to paragraph 2.3 - Lay involvement in decision making – PIN representatives had been interviewed in time for the forthcoming Children's Trust Board meeting.

With regard to paragraph 2.5 – Events – the countywide Hearsay! event had been arranged to take place on 20 June at the King's Centre. They agreed to ensure that all members receive details of the events with times and locations.

The Committee noted that there had been no safeguarding issues arising from their discharge from hospital project and that HWO would be working with care providers in relation to their dignity of care project later on in the year.

Rachel Coney, when asked about HWO's view concerning the proposed closure of the kitchen at the John Radcliffe Hospital, commented that they had not yet formed an opinion. She added that HWO may choose to add it to a range of possible issues to be included in their work programme. The Chairman also reported that the issue had already been brought to the Committee's attention and information had been duly sought. Moreover, that although the Agenda for this meeting had been very full, the issue could be included on the Agenda for the next meeting should a request to do so be made.

Rachel Coney was asked if the County Council was contributing helpfully to their requests for information. She responded that HWO had been very pleased with the calibre of partnership working with all their partners and this aspect was monitored on a daily basis.

In response to a question about how HWO had been working with the six locality GP Forums, they reported that the Forum Chairs had agreed that HWO would provide them with administrative and marketing support for their patient and public involvement work, beginning initially with the West Oxfordshire Forum. If this arrangement was found to work well, it would be rolled out to the other 5 forums. They reported a concern of the PPG Forum Chairs, which had been escalated to NHS England, which concerned a perceived lack of monitoring of the self- declaration required in the new GP contract for GP practices to self-declare whether they operated an effective Practice Participation Group.

With regard to a question about HWO's concerns raised with the Care Quality Commission about the quality of inspections carried out at Campsfield House, they reported that Healthwatch England had written giving their assurances that their concerns had been passed on. This would be take place once evidence had been gathered to assure themselves that all the relevant detail was to hand.

It was **AGREED** to note the report and to thank Dermot Roaf and Rachel Coney for their attendance.

77/15 MANAGEMENT OF THE IMPACT OF WINTER BY THE OXFORDSHIRE HEALTHCARE SYSTEM

(Agenda No. 6)

The Committee examined Oxfordshire's management of the impact of winter by the Oxfordshire Healthcare system. A report prepared by Alison Edgington, Deputy Director for Delivery and Localities (Interim), Oxfordshire Clinical Commissioning Group, was before the Committee at JHO6. Representatives from the following organisations attended and responded to a number of issues raised by members of the Committee:

- Dr Barbara Batty and Alison Edgington – Oxfordshire Clinical Commissioning Group
- Yvonne Taylor – Oxford Health
- John Jackson – Oxfordshire County Council and Oxfordshire Clinical Commissioning Group
- Paul Brennan – Oxfordshire University Hospitals NHS Trust

Alison Edgington, in her introduction, outlined various initiatives which had culminated from closer agency working between Health organisations within the County highlighting the following:

- Additional patient transport to be provided by the South Central Ambulance service;
- Meetings with counterparts in other counties to learn how to move patients from out of county to nearer their own homes;
- Additional week-end support for patients.

In response to a question relating to the problems of access to GP and the detrimental effect this had on numbers attending Accident & Emergency departments, Alison Edgington commented that there were varying reasons for the increase such as more visits by the elderly who were suffering from more complex, more serious illnesses and who required instant treatment. Paul Brennan added that there was no evidence that the national increase in numbers was due to alcohol related problems or to people not being able to get appointments with their GP.

A member of the Committee asked if consideration had been given to a solution which could meet the heavy amount of resources required to carry out winter pressures work, such as the provision of additional beds in community hospitals, more patient transport etc. Alison Edgington responded that additional community hospital beds had been opened during the winter in response to demand. However, this focus on increased bed numbers was not sustainable due to available staff numbers. The CCG and County Council commissioners were currently looking at all aspects of spending via the Joint Older People's budget, looking at how the system worked as a whole, finding out what worked best and what did not, and then thinking about how resources could be targeted as a result. A comprehensive plan had been developed and a plan which had pulled together services across the system in Health and Social Care. Plans and policies already in existence would be evaluated in 3 months' time.

With regard to Delayed Transfers of Care (DTC), a Committee member asked when the issues relating to capital in the various organisations would be addressed, and what the position was so far. Alison Edgington responded that previously the different organisations had worked separately, adding that DTC was not an easy problem to solve in light of the many different factors involved. However, a large amount of learning had occurred over this last winter and there would be a transformation of the current system via the Better Care Fund Plan. John Jackson added that one big capacity issue to solve was that of the workforce in light of the low level of unemployment, the rural nature of Oxfordshire and people's reluctance to travel longer journeys to work. Alison Edgington also cited problems in recruiting support care staff and domiciliary reablement type workforce. Adult Social Care had worked on various strategies to address this matter including that of ensuring a presence at employment fairs, giving career talks in schools etc. Paul Brennan added that the turnover of staff at OUHT was, on average, 13% but a figure of 8.5% - 9% was preferred. He cited the key issues for staff leaving was congestion on the roads, reluctance to travel distances to work, car parking at hospital sites and the higher cost of living in Oxfordshire.

In response to a question regarding the numbers of people not being seen within the 4 hour time frame in Accident & Emergency, particularly at the end of March 2015, Paul Brennan stated that statistics showed a continued increase in attendance figures and continued high levels of admissions. He added that there were certain spikes in attendance during the winter months. Moreover, colleagues working across all organisations were in the process of trying different approaches to ensure patient flow through the system was located in areas appropriate to their care. Dr Batty commented that GP surgeries were experiencing similar issues with managing demand and extra capital had been injected over the Christmas period in Banbury. She added that hopefully, the Prime Minister's Challenge monies (£5.5m) would help to improve patient assessment and treatment and thus avoid admissions into hospital. John Jackson informed the Committee that Oxfordshire's joint Health and Social Care proposals put forward for Pioneer funding had been unsuccessful.

The Chairman thanked all attendees for an optimistic and encouraging report.

78/15 SOUTH CENTRAL AMBULANCE SERVICE

(Agenda No. 7)

Prior to discussion of this item, Councillor Pete Handley addressed the meeting calling on the Committee to do a vote of no confidence in the South Central Ambulance Service (SCAS) on the grounds that the service was not fit for purpose in rural areas. He stated that insufficient money was being put into the service both nationally and locally, and, as a result, SCAS was still trying to find £15m in cuts. Moreover, Wales currently offered free paramedic training to students, compared to a cost of £3k per student in Oxfordshire. He urged the Committee to put pressure on commissioners to introduce fines for Ambulance Trusts who were not meeting their targets, the outcome of which may lead, in time, to a second provider being sought. Councillor Handley had circulated to members of the Committee, for their own information, a personal account of his own family's experience of SCAS.

Richard McDonald, Interim Area Manager, SCAS, and Sue Byrne, Chief Operating Officer, attended as a follow up to the Committee's November 2014 meeting. The Committee had before them a report produced by SCAS (JHO7) which addressed the issues raised at that meeting. Members also had before them a letter, produced by SCAS, which responded to the continued concerns expressed by members at the last meeting with regard to the road traffic collision incident in Coleshill in April 2014, as reported by Councillor Mrs Judith Heathcoat.

In response to a question about staff sickness and whether plans were in progress to manage sickness absence better by drafting in staff in particular circumstances, Sue Byrne stated that the Trust tried to forecast demand and then to plan staff numbers. Moreover, additional cover was also added to what they believed was required, to accord with this. She explained that this was a resource issue and that there was a national shortage of paramedics. Notwithstanding this, the Trust had in the last few months, successfully managed to recruit a high number of high quality paramedics into the service using a number of recruitment and retention measures. She added that paramedics were to be added to the list of professionals where there shortages.

A member of the Committee asked if there was a shortage of vehicles. Richard McDonald responded that there was no shortage of vehicles and that it was unfortunate that, in respect of the Coleshill incident, 4 out of 16 vehicles were out of service and the others were fully utilised on other calls and not available to respond to the emergency call.

The Committee queried the target handover time from ambulance care to Accident & Emergency care (70%). Sue Byrne directed the Committee's attention to the information provided in their report pointing out that the Trust had improved the vehicle availability following handovers.

Sue Byrne confirmed that ambulances would not refuse to go out to establishments even if they had a defibrillator in the premises.

Sue Byrne also agreed to check if it would be possible to provide additional detail to reflect average response times. This would enable the Committee to focus on any anomalies.

A member asked if it was due to a lack of local knowledge or lack of technology which sometimes caused delays in getting ambulances to incidents in rural areas within the correct time. Richard McDonald responded that a vast array of technology was available to ambulance crews and control centres, but that there was more of a need to look at what else could be done to get an ambulance to incidents as quickly as possible.

A member asked why the Coleshill incident was classed as a green call which was non - life threatening when the patient had sustained head injuries, had difficulty in breathing and was asking for an air ambulance. Sue Byrne reported that she had checked and found the dispositions to be correct, adding that this was not a life-threatening call and was therefore triaged as green based on the nationally defined risk stratification levels. Furthermore, the Trust factored in consideration of the use of air ambulance, in particular in rural areas, if it was considered that there would be a

delay in getting to an incident. Richard McDonald added that the risk analysis measures were produced by the national patient agency and designed for hospital use – and were therefore not provided by the Trust.

Members welcomed confirmation from Sue Byrne that management procedures had been addressed and altered in response to the Coleshill incident and that future reports would contain clearly labelled statistics and graphs and would be jargon – free. The Committee were also pleased to hear that meetings already took place looking at individual cases, and the consequences for all concerned, as a learning exercise. Furthermore that individual cases were also shared with the Trust's commissioners at Board meetings at which sometimes members of the family and friends were invited to attend. In response to further questioning with regard to long waits experienced by some patients living in rural areas, and poorer outcomes for patients, Sue Byrne explained that these were not currently mapped as being of urban or rural consequence. Part of the problem was one of density. If more of the resources were to be focused onto rural areas, with smaller populations, it would affect more people detrimentally. Moreover, SCAS did not have access to patient outcomes as it was the responsibility of hospitals to bring the data together. She added, however, that this would be a worthwhile exercise.

A member asked if there was acceptance generally within Health organisations that patients living in rural areas would receive a worse patient experience and outcomes than those living in urban areas. Sue Byrne responded that work was in progress to review whether the targets were appropriate and whether their use was appropriate to actual patient outcomes. It was hoped that the outcome of this review would allow ambulance services to take a little more time at the outset to ensure that the correct resource is sent to an incident. She added that to ensure that each red call met the correct response time would require a very significant rise in resources, particularly as Oxfordshire was showing a steady increase in demand for red calls year on year.

The Chairman thanked Richard McDonald and Sue Byrne for their attendance and comprehensive response to the Committee's concerns about the Coleshill incident, adding that it was hoped that there would not be a repeat of the catalogue of errors as experienced on that occasion.

79/15 OUH TRUST DRAFT QUALITY ACCOUNT 2014/15

(Agenda No. 8)

Oxford University Hospitals NHS Trust (OUHT) was required to send a copy of their Annual Quality Account to a range of external bodies for review and comment. This was the Committee's opportunity to provide comment and question performance accounts against last year's priorities and priorities for 2015/16.

The Committee had the following documents before them at JHO8:

- Overview of draft 2014/15 Quality Account
- Quality Account 2014/15 - a summary for this Committee (a full report was available on the OUHT website)

Members were asked to note the contents of the Quality Account, bearing in mind that it was in draft form and had not yet been signed off by the Trust; to discuss the report and whether it met the needs of the population the Trust represented, and to send a statement for inclusion in the published document.

Tony Berendt, Medical Director, and Clare Dollery, Deputy Medical Director, attended.

A member commented that the report was difficult to read and be understood by the layman. Dr Berendt responded that there was a desire on the part of the Trust to paint a very comprehensive picture adding that the advanced executive summary was very easy to read.

Dr Berendt, when asked why there was only one reference to cancer and the psychological services, responded that the monitoring of these services had not yet been finalised. He added that cancer treatment was currently going through a major validation process. Moreover that currently the Trust was meeting the targets on the majority of indicators for which there was monitoring.

A member asked whether the priorities for the next year differed to the current ones and whether any were no longer top priority. Dr Berendt referred the Committee to the diagram on page 53 of the Agenda which highlighted the topics that were actively being worked on, such as the improvement of handover processes between Health and Social Care, and those topics which required ongoing work from 2013/14.

The Committee expressed a wish to see the quality outcomes in the final report as referenced on page 79 and highlighted as part of Oxfordshire's Joint Strategic Needs Assessment (JSNA), with a view to seeing a focus on getting the basics right. For example, they felt that unless there was an improvement in A & E waits, then endorsement of the final document would not be wholehearted. Dr Berendt reassured the Committee that there was no intention to miss out any topics.

In response to a question about whether OUHT and the GPs were sharing the same computer system, Dr Berendt stated that this was not the case, although the summary care record allowed some patient information to be accessed. He added that a significant amount of work was still to be done to get all the systems to be compliant with each other and to share information. However, the eventual goal was to have a seamless transfer of information. A member asked what constraints there were to ensure that patient information was not sold to other parties. Dr Berendt gave his assurance that there were strict regulations about the way in which data could be shared; and that information governance and consents for it was very clearly set out. She added that there were anonymous methods of linking information available which could lead to the prediction of outcomes.

80/15 SEXUAL HEALTH SERVICES FOR OXFORDSHIRE (Agenda No. 9)

The Committee had before them a report (JHO9) which provided an update on the range of sexual health services delivered by stakeholders in the county and which

discussed the services commissioned by the County Council to meet the sexual needs of the population of Oxfordshire.

The following representatives attended in order to respond to questions:

- Oxfordshire County Council - Councillor Hilary Hibbert-Biles, Dr Jonathan McWilliam, Val Messenger, Donna Husband;
- Andrew Stevens and Jackie Sherrard – OUHT;
- Emma Leader and Pauline Nicklin – Oxford Health
- Kieran Watts – Boots Pharmacy

The Chairman commented on the importance for the public to understand the complexity of the service organisation and commissioning as it was so complex.

In response to a question about the distribution of the school nurses in the County, Dr McWilliam explained that there were 35 school health nurses, most of whom worked term-time, but some on a full-time basis, providing coverage every day.

A member of the Committee asked if condoms were distributed by GPs, to which Donna Husband responded that were distributed (via a number of sites) by the sexual health service to young people who were aged up to 21 years or 25 if deemed vulnerable. Safeguarding procedures were applied and followed up for young people under the age of 16.

A member asked why there were no school health nurses situated within the county's primary schools. Pauline Nicklin explained that although there were none as yet, a robust team from Oxford Health liaised very closely with headteachers to provide sexual health education to groups of children in years 5 and 6. Subjects introduced included resilience, relationships, concepts of what a good relationship should be etc. They also worked in tandem with Social Services with children who are deemed to be more at risk. Cllr Hilary Hibbert-Biles added her recognition that school nurses were required in each primary school and it was hoped that this service would be provided in the future. However 6 qualified and 12 unqualified additional nurses had been provided to cover primary schools. Their working hours ranged from 25 to 30 hours per week.

In response to various enquiries, members were provided with the following information:

- The lease of the service for Rectory Road was for the duration of the contract ;
- Rectory Road premises also housed the drugs and alcohol service, the contract for which was from a different provider. Their presence did not cause any problems. There were discreet, separate entrances to each service within the building;
- The Sexually Transmitted Infection service offered a same day service 6 days per week and offered appointments within 48 hours. If the client offered symptoms then they could be seen on the same day;
- User feedback was collected across the county and more formal evaluation was also undertaken – it was also taken from people not using the service. Oxfordshire County Council also evaluated all their contracts;
- School health nurses were correcting any literature which contained the old address.

A question was asked about the use of social media. Jackie Sherrard explained that the sexual health website was well used receiving many hits a month and the landing page also directed users to other significant services. They also had a presence on Facebook and Twitter, and a variety of information was given on different websites such as that of the Terence Higgins Trust. All STI results were sent by text to patients. Young people were consulted about what kind of media was the most appropriate to use and what they liked and disliked.

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With regard to disability access and access by new mothers with pushchairs to Rectory Road, Cllr Hibbert-Biles explained that she had heard the message, had met with the new providers and was addressing the problem.

With regard to complaints made by young people to Healthwatch Oxfordshire that GPs were giving a reduction in service in the Wantage area, Dr McWilliam assured the Committee that nearly all practices had signed up in that area. He added, however, that alternatives were available which were provided by the commercial environment based on assessment of need.

In response to questions from the Committee about whether in the future the service will expand to include treatment for syphilis, Dr McWilliam stated that any problems in the county would be taken forward. He directed the Committee's attention to his forthcoming Annual Report in which he would highlight the unsatisfactory uptake of tests for Chlamydia and would request Public Health England to take an independent look at action to be taken. A member of the Committee asked if Chlamydia screening could be extended. Dr McWilliam responded that there was an online budget of £15k.

The Chairman thanked all for their attendance asking that the Committee be kept informed about services in Wantage.

81/15 CHAIRMAN'S REPORT AND FORWARD PLAN
(Agenda No. 10)

The Chairman reported on the meetings she had attended since the last meeting.

The Committee updated their Forward Plan.

82/15 DATES OF FUTURE MEETINGS 2015/16
(Agenda No. 11)

The Committee noted the dates of future meetings for 2015/16.

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Date of signing