OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 2 July 2015 commencing at 10.00 am and finishing at 2.40 pm

Present:

Voting Members:

Councillor Kevin Bulmer
Councillor Yvonne Constance OBE
Councillor Surinder Dhesi
Councillor Tim Hallchurch MBE
Councillor Laura Price
Councillor Alison Rooke
Councillor Les Sibley
District Councillor Martin Barrett
District Councillor Monica Lovatt

Co-opted Members: Moira Logie

Officers:

Whole of meeting — Claire Phillips and Julie Dean; Director of Public Health

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of addenda tabled at the meeting and agreed as set out below. Copies of the agenda, reports and schedule are attached to the signed Minutes.

83/15 ELECTION OF CHAIRMAN 2015/16

(Agenda No. 1)

Councillor Yvonne Constance OBE was elected Chairman for the municipal year 2015/16 to the first meeting of the next municipal year 2016/17.

84/15 ELECTION OF DEPUTY CHAIRMAN 2015/16

(Agenda No. 2)

Councillor Martin Barrett (West Oxfordshire District Council) was elected Deputy Chairman for the municipal year 2015/16 to the first meeting of the next municipal year 2016/17.

85/15 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 3)

Apologies were received from Councillor Susanna Pressel, Dr Keith Ruddle and from Mrs Anne Wilkinson.

86/15 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 4)

Moira Logie declared an interest in Agenda Item 8 on account of her work as a regional fundraiser for the Sue Ryder charity and its activity at the Townlands Hospital.

87/15 MINUTES

(Agenda No. 5)

The Minutes of the meeting held on 23 April were approved and signed. There were no matters arising from the Minutes.

88/15 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 6)

The Committee noted that the Chairman had agreed to the following addresses, to be made at the items themselves:

Agenda Item 8 – Townlands Hospital consultation on changing the provision from the new building

- Town Cllr Ian Reissman, Chair, Townlands Hospital Steering Group
- County Cllr David Nimmo – Smith, local member for Henley - on –Thames

Agenda Item 9 – Provision of Intermediate Care Beds in Chipping Norton

- Clive Hill, Chipping Norton Hospital Steering Group
- Town Cllr Mike Tysoe, Mayor of Chipping Norton
- County Cllr Hilary Hibbert-Biles, local member for Chipping Norton

89/15 CHAIRMAN'S REPORT

(Agenda No. 7)

The Chairman gave a report on the meetings she had attended and the visits made since the last meeting. These included:

- Visits made to the Warneford Hospital and the John Radcliffe Hospital;
- Attendance at Healthwatch's Oxford 'Hearsay!' event;
- Conference on the NHS 5 year forward view and the transformation programme; and
- Attendance at the working group on Outcomes Based Contracting.

90/15 TOWNLANDS HOSPITAL CONSULTATION ON CHANGING THE PROVISION FROM THE NEW BUILDING

(Agenda No. 8)

Prior to the start of the discussion the Committee heard the following addresses:

Cllr Ian Reissman – Chair, Townlands Hospital Steering Group

Cllr Reissman urged the Committee to instruct the CCG to devote more time to informing the community of the detail in relation to the new model such as information on the care available at the hospital, numbers of patients it was envisaged coming through the hospital, and how this would be monitored. In his view there were significant risks to the new model given the insufficiency of evidence available. He added that GPs in Henley did not appear to be supporting the plans and CCG representatives in neighbouring Berkshire had not commented.

Councillor David Nimmo-Smith

Cllr Nimmo-Smith, speaking as local member for Henley, expressed concern about the alteration to the model, which, at the start of the consultation period included Emergency Medical Units (EMU) and at the end had introduced Rapid Access Care Units (RACU). He reported concern that the consultation process had left their questions unanswered and he asked for reassurance that their medical needs would be fully addressed in the new model.

He added that the Henley and District community felt that the consultation was therefore incomplete and flawed and that the rush to get the building up and running as soon as it had been completed was at the expense of a robust plan and appropriate consultation. He added that it appeared that neither of the senior partners of the two Henley GP practices had endorsed the model.

Notwithstanding the above, Cllr Nimmo-Smith felt that there was much that was good in the model and welcomed the facilities to be provided, such as more consultants and day care and an increasing outreach service from the Royal Berkshire Hospital in Reading. However, the community, who were the users of the facilities offered, had not bought into the new model. He urged the Committee therefore to ask why the CCG had structured the questions in a way that it made it easy to agree with all that they were proposing, why information had gradually trickled out which had changed the consultation; and why they had put to one side the comments made at the public meetings and in the Henley press.

David Smith, Chief Executive, OCCG gave a presentation on the model of care. He stressed that the hospital was due to be handed over to the NHS in November of this year and there had been an increase of £900k lease cost to bear thus making it very important that the best possible use of the facilities were made in the long term. He added that no decision had yet been made by the CCG and they planned to return to the 17 September meeting of this Committee in order to take any comments on board.

Andrew Burnett (OCCG) and Pete McGrane, Oxford Health, attended to explain the changes from the current model to the enhanced model. Andrew Burnett pointed out the expansion to outpatient unit which offered a rapid access clinical unit and Pete McGrane highlighted the growing body of clinical evidence which showed that patients often did not do well in hospital and the need therefore to use the rapidly expanding diagnostic technology in order to enable patients to be supported at home for a speedier recovery. Andrew Burnett added that there would still be a need for bed-based care and this would be provided by the Orders of St John at a home adjacent to the hospital. It had been identified that there was a need for 5 – 8 beds for the local population, some of which would be used for stepping up care, and some for stepping down care.

John Jackson stated that he had attended four public meetings in Henley to speak about the implications of the new model of care for social care. He added that a large amount of information had been provided by the County Council from March detailing the increasing provision of social care to be provided in the future to reflect the projected increase in the elderly population and the need to support patients to keep them out of acute care and looked after in the community.

In response to a question from a member about the issue of the number of beds to be offered at the hospital, David Smith commented that currently, a great number of this population had to go to Reading or elsewhere for their healthcare. This was a real opportunity, in a state of the art building, to provide real care for local people. He reiterated that bed care for those who needed it would still be provided in a building situated adjacent to, and on the same site. John Jackson also commented that the support of informal family carers was essential and the County Council was working very closely with the CCG to ensure the best possible support would be available to patients. This model would help to return patients to the best possible state so that they could live independently and not rely on additional support. He added that the new Care Act would be providing limited additional resources to pay for support to carers. It was thought that large numbers of family carers were not known and a strategy was underway to maximise the numbers of carers. Progress had been made in the last few years and targets had been included in the Health & Wellbeing Strategy to increase numbers.

A member asked if there would be a capability to spot - purchase beds from OSJ and did they have proof that services from the Integrated Locality Teams (ILT) would be available and at the right time. John Jackson responded that OSJ were, in principle, supportive, but detailed contractual conversations with OSJ had not started. Pete McGrane responded that information was available on the ambulatory care model and it was anticipated that there would be significant demand for these community based teams. The ILT's would see patients earlier thus reducing the potential for deterioration, as seen in a bedded setting, to be headed off. He added that the Trust was not seeing this in isolation from the significant changes in primary care services ie. in confederated care. The Locality Teams needed to be in situ to support patients and this had to be hand in hand with families and their carers'.

A member asked if the CCG was certain that it had received all responses to the consultation, particularly those made online. David Smith undertook to check this.

Some members commented on the rushed nature of the consultation and perceived failure of the CCG to take the public with them. David Smith responded that clearly there had been some opposition to the proposals and a petition had been submitted, the terms of which were purely focused on the beds. He added however that the support for the alternative model had got lost, that from a clinical point of view, it was believed this to be the right model of care for Oxfordshire. He stressed that the bed-based care would still be provided on the same site, but not within the hospital building, which was originally proposed. He also pointed out that the current building would have to be demolished at the point at which the building would be handed over. Should there be a delay there would be substantial problems.

A member asked if nursing staff would be conversant with the ambulatory care model. Pete McGrane explained that for the new model the Trust would want to use trained staff who would reach out into the community; and in the care home, there would be trained staff who would support patients back into the community. He added that colleagues in the Royal Berkshire Hospital were also very supportive of the aim to have in-reach geratology support to get patients back into the community.

A member asked if the staff would be NHS trained or would there be a different provider. John Jackson responded that the expectation would be that OSJ would employ the appropriately trained staff to meet patients' needs. He pointed out that this model was used for the 20 beds at the Isis Home in Oxford. He offered to arrange a visit for committee members.

David Smith was asked if the new model of care would put the CCG in a better position to accommodate the costs of running the building and would suitable transition arrangements be put in place to cope with winter pressures. He stated that members of staff were still working through the running costs but there was no doubt that costs would increase for the CCG. He confirmed that winter pressures plans were in place for when the building was taken over.

In response to reassurance sought from a member that facilities would be in place on patient discharge and that sufficient liaison would be made with Reading, Andrew Burnett stated that discharge plans were now much more refined. There was daily contact between clinicians and social services in place. However, there were still cross – border issues to be ironed out.

When asked why the change from the proposed Emergency Multidisciplinary Unit (EMU) to a Rapid Access Clinical Unit (RACU), Andrew Burnett explained that there was insufficient clinical throughput in the surrounding area to make running an EMU for 7 days per week worthwhile. The RACU could offer integrated staff presence, an x ray function and clinical availability for patients feeling unwell that day – with diagnostic facilities to enable people to remain in their own home if sufficiently stable to get through to the next day, rather than being taken into acute care.

A member asked if local GPs were signed up to the new model of care. Andrew Burnett responded that they were happy with the proposed model but were anxious that more work would fall on them if more patients were managed at home. John Jackson said that he and Pete McGrane had given some thought to this and had found that there had not been any more demand for GP care and community

services arising from the operation of the EMU in Abingdon. It was more likely that they were anxious about the possibility of losing the beds.

On conclusion of the discussion the Committee thanked Andrew Burnett, Pete McGrane and John Jackson for their presentation and agreed to note the report on the consultation; and **AGREED** (unanimously) to the Chairman's specific question that it was an 'adequate' consultation. The Committee noted the intention of the CCG to return to the Committee on 17 September to discuss the final decision of the CCG Board at the end of July.

91/15 PROVISION OF INTERMEDIATE CARE BEDS IN CHIPPING NORTON

(Agenda No. 9)

Prior to the start of the discussion the Committee heard the following addresses:

Clive Hill, Chipping Norton Hospital Steering Group

Clive Hill stated that last year the conclusion was, following the consultation which had begun in 2014, that the nurse provision was better provided by the NHS. The Chipping Norton community considered that the consultation process was binding and they were led to believe that the matter had been settled. He urged the Committee to conclude that the current decision to change NHS nurse provision to that of the Orders of St John Nursing provision was not viable on the basis that it had not been fully evaluated. He added that, given the rural setting of the town, there would be a need for fully trained, NHS nurses to ensure patient safety. Mr Hill urged the Committee to instruct OCC to extend the current arrangements to ensure that full evaluation of the consequences of employing Orders of St John nurses could be carried out, and if this was not done then to refer it to the Independent Reconfiguration Panel.

District Councillor Mike Tysoe, Mayor of Chipping Norton

Councillor Tysoe made the following factual observations which, in his view, would demonstrate that what was being planned was a significant change of service and not simply a change of management as currently claimed:

- That the average length of in-patient stay under NHS management is 27 days. Over a comparable period under OSJ management, average stay is 40 days. This 13 day difference would represent a significant cost as it would cause bed blocking in the acute sector and also cause 50 fewer patients per annum to have access to the unit. This had not been factored in;
- That under recent OSJ management, on average, active intervention and rehabilitation was delivered by physiotherapists for only 4 out of 14 patients at any given time. Currently, under the NHS management, an average of 10 out of 14 patients were receiving such care at a given time. This is a large difference and a completely different level of service.

- That if part of the cost-cutting would mean fewer than two qualified nurses on duty during any shift, then that is a level of service which is below that which the NHS considers to be safe;
- That currently, NHS management considers that a crash trolley on site should be essential for safety, it was Cllr Tysoe's view that this was not shared by the OSJ;
- That he had been told that the training given to OSJ nursing staff did not compare with the NHS nursing and auxiliary staff training. This was a different level of service with whatever associated risks to patients.

Cllr Tysoe concluded by stating that all the above needed to be investigated further before any further decisions were made concerning the Chipping Norton Intermediate Care ward.

Councillor Hilary Hibbert-Biles – Local Member

Cllr Hibbert-Biles urged the Committee to ensure that there was a full public consultation on the issue of the perceived downgrading of beds from sub-acute intermediate care to intermediate care for the elderly; believing that an officer review was not sufficient.

She told the Committee that she had been involved in various discussions over the years since 2002 on the issue of nursing provision at the Hospital. The outcome of the first round was a contract which provided a staff level and expertise to enable the unit to admit patients of all ages who needed a hospital environment. It did not state that after three years it would revert to a lower level of care and the care would be for the elderly only.

Last year she had been involved in discussions with the County Council (OCC) and Oxford Health (OH). It had been agreed that the clinical management would lie with Oxford Health, who had more experience in this field and there would also be a modern matron on site who would take shifts. There would also be a band 7 staff nurse, together with other NHS nurse providers. OSJ had overall management of the building which also included maternity (OUHT) and the first aid unit (SCAS). This arrangement, in her view, had worked well.

She added that, in a letter to David Cameron MP from the CCG in January 2014 it was stated that there would be no change to the current service arrangement being proposed and that the specification and contractual arrangements would not change. It would follow then that these beds should be sub-acute, as per the contract. It also states that these beds are for all ages and yet every briefing only talked about older people and the Older People Joint Budget.

She pointed out that the contract specified that community based bedded care services support faster recovery from illness, prevent unnecessary acute hospital admissions or avoidable use of long term care, timely discharge and maximise independent living. She added that that was what was needed.

It was Cllr Biles's view that Oxford Health still wished to take over the management of the nurses if a contract could be agreed. Furthermore, she believed that the beds could continue for a further four years, should the subsidy be given over to Oxford Health, who then could do the same as the OSJ had done. Cllr Biles also commented that until last year it had not generally been known that OCC had taken over the commissioning of the beds from the NHS and that she was concerned about this lack of transparency over the hospital.
She concluded by stating that these beds are the only intermediate care beds in the north of the county and a unit was needed that is expertly run by Oxford Health nurses to support the patient for a speedy return home – and also to stop bed blocking. This would also save money in the long run for both organisations.

David Cameron MP supports the nurses staying in the NHS and does not want the Unit to become more of a care home. To this end he was arranging a round table discussion with the appropriate parties. Until that meeting had taken place she believed that nothing could move forward unless there is a full consultation.

On the conclusion of the addresses, the Director of Adult Social Care, John Jackson, and Cllr Mrs Judith Heathcoat, Cabinet Member for Adult Social Care came up to the table. John Jackson read out the following statement:

'We recently announced our intention to appoint the Orders of St John Care Trust as the provider of intermediate health care in Chipping Norton, replacing Oxford Health NHS Foundation Trust.

Since 2011 the 14 bed intermediate care unit at the Henry Cornish Care Centre on the Chipping Norton War Memorial hospital site has been run, first by the Orders of St John Care Trust with nurses seconded from Oxford Health Foundation NHS Trust and since last year by Oxford Health Foundation NHS Trust in a partnership with the Orders of St. John Care Trust.

It has been decided to revert to the original proposal that the intermediate care beds are run by the Orders of St. John Care Trust as it has proved impossible to make the system work as it involves two sets of management arrangements.

In addition it is because intermediate care provided by NHS nurses cannot be provided within the available budgets.

This was intended as a straightforward reversion of provider with no anticipated change to the level or quality of service, so it was initially felt there was no need for public consultation.

However our proposals have clearly caused concern amongst some people in Chipping Norton to the extent that unjustified and unsubstantiated attacks have been made on the Orders of St John Care Trust and the services they provide.

The Orders of St John Care Trust have responded to this by saying they would only be prepared to continue to provide intermediate care if there is broad community support.

We therefore feel clear that there should be a public consultation about the choice facing the people of Chipping Norton: either they support intermediate care provided by the Orders of St John Care Trust or there will be no intermediate care in Chipping Norton.

If the local community do not wish the Orders of St John Care Trust to provide intermediate care, or in the face of lack of local support the Orders of St John Care Trust decide not to provide intermediate care, then none will be available in the town. If adult social services decide to commission other providers of intermediate care then this would almost certainly be much closer to Banbury to provide more equitable provision for the north of the county as a whole.'

John Jackson and Cllr Mrs Judith Heathcoat made themselves available to respond to questions from the Committee.

They were asked by the Committee what had triggered the statement. John Jackson responded that the starting point had been the managerial challenges. Both Oxford Health and the OSJ had worked very hard to make the original arrangement work. Originally, at the time of signing, possible risks had been mooted, and the issue had remained unresolved about who would be responsible in circumstances when there was a major failing. A further difficulty seen was that Oxford Health was providing a service which was effectively a care home. The collective view was that this arrangement would not work in light of the costs (set out in the note on the Addenda), and the fact that staffing costs of the current model were more expensive than the costs of providing intermediate care delivered by OSJ. He added also that no additional CCG resource could be made available and asked if it was appropriate to proceed with an expensive arrangement when an alternative care arrangement was available of equivalent quality. He stated that in his view there should be a public consultation based on what was realistic and based on what could be offered.

John Jackson also commented in response to critics that OSJ could provide good quality Intermediate care as demonstrated at the Isis in Oxford. He recommended that the Committee should visit Isis to view it at first hand. The Chairman accepted his offer.

A member of the Committee commented that the costs charged by OSJ appeared to be even higher than those of Oxford Health. John Jackson responded that the costs of the care home would be paid for by OSJ on the basis of a return to them on the costs of the building. He accepted that the figures had not been scrutinised in detail, but it did not alter the fact that the offer on the table would be significantly more than the budget available and significantly more than buying intermediate care beds elsewhere in Oxford.

A Committee member asked, as far as the patients were concerned, would the standards of care stay the same with 14 intermediate care beds. Cllr Mrs Heathcoat confirmed that the14 intermediate care beds would remain if the terms of the statement were agreed to.

John Jackson stated that Intermediate Care was not usually provided by the NHS nationally and confirmed that the OSJ were registered with the Care Quality Commission to deliver this service and met all training requirements.

John Jackson explained that his intention was to consult on the two options as soon as possible. This would be concluded in early September and the outcome would come back to this Committee in September. The staff consultation was to begin in the near future and they would be given the choice of whether to transfer to OSJ or to be redeployed in Oxford Health. He informed the Committee that the statement had been agreed beforehand with Oxford Health and the OSJ following a meeting with the 3 parties when it had become clear that the current situation was untenable.

The Committee thanked Cllr Mrs Heathcoat and John Jackson for their attendance and noted the report on Chipping Norton Hospital and expected further reports on the full consultation at its 17 September meeting.

92/15 HEALTH SERVICE RESPONSE TO THE FINDINGS OF THE SERIOUS CASE REVIEW OF CHILDREN A-F AND FURTHER ACTION BEING TAKEN IN RESPONSE TO CHILD SEXUAL EXPLOITATION IN OXFORDSHIRE
(Agenda No. 10)

The Committee were given a presentation on the Health response to the findings of the Serious Case Review of Children A-F and further action being taken in response to child sexual exploitation in Oxfordshire.

The attendees were as follows:

- Sula Wiltshire and Alison Chapman – Oxfordshire Clinical Commissioning Group
- Ros Alstead, Lucia Bell and Alison Chapman – Oxford Health NHS Foundation Trust
- Catherine Stoddart and Claire Roberts – Oxford University Hospitals NHS Trust
- Julie Kerry – NHS England
- Sarah Breton, Dr Jonathan McWilliam and Ruth Locke – Oxfordshire County Council

Members were appreciative of the form of the presentation which allowed for case studies to be given by those presenting to highlight the response of Health staff when dealing with children in their care. Questions were taken from the Committee about each case.

Questions asked by the Committee were in relation to the following issues:

A committee member asked about the approaches made by the Teams to build a relationship with any child thought to be in danger of exploitation, in order to support their health and social care needs. Sula Wiltshire and Dr McWilliam explained that there were a number of approaches. Each agency lead officer took responsibility for this area. Information sharing was a very challenging and complex area, but the multi-agency MASH teams had been established to meet this need. Key workers had been assigned and everybody was now aware of who to contact. Focus on the child safeguarding agenda was growing.

A member asked what provisions were in place for the Banbury area, particularly around the schools. Attendees responded that service provision covered all of Oxfordshire. Some active work was being undertaken in Banbury, but all market towns were being treated equally. Colleagues representing the Health and Social Care side were completely joined including support from paediatricians from the Horton Hospital.

A member of the Committee asked if patients' records were shared by all the agencies. Sula Wiltshire responded that information on aspects of care was shared if it needed to be shared to help inform a situation. An illustration of how well this could work was given in the form of a case study by Ruth Locke, a school nurse working in Oxfordshire. They stressed the importance of good practice and it being sustained and the need for an evidential basis. Furthermore, it was important to get the services right for a child, whether these be from CAMHS, Oxford Health, Public Health, OUHT, Social Services etc.

The Panel were asked about the safeguarding health needs of children with a learning disability in special schools. Ros Alstead responded that the aim was to provide an integrated service. Within Oxfordshire there was a general and a specialised service and children's care was coordinated and managed within the teams, often with CAMHS and with the clinicians closely linked in with the special schools. In all special schools there was a specialist nursing service for children with severe problems who were more at risk of sexual exploitation. The Safeguarding Board had produced a proactive training module for these very vulnerable children. Dr McWilliam explained that OCC produced 35 double school nurses who are trained to work in secondary schools and colleges and some primary schools. At the time of planning they were concerned to attain a general population coverage and it was felt that the balance was right.

A Committee member asked what was meant by horizon scanning. Sula Wiltshire explained that it was the responsibility of all agencies involved in safeguarding to feed into, and be aware of, the preventative agenda. She added that all agencies met regularly to take part in this.

Members of the Committee thanked all who attended and for the very informative presentation.

93/15 DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT

(Agenda No. 11)

The Committee had before them the draft Director of Public Health's Annual Report for 2014/15.

Following a full discussion it was **AGREED** to share the following comments with the Oxfordshire Health & Wellbeing Board on 16 July and to Cabinet on 21 July.

Members of the Committee felt that the report was very comprehensive, very readable and that it explained how services were to be delivered in each section, thus enabling scrutiny to be conducted effectively. Members expressed the hope that future reports would continue to be approached and written in a similar way. It was

satisfied that major areas such as Mental Health and Child Poverty continued to be given a high prominence. The Committee, in particular, endorsed the following factors:

Chapter 1 – The Demographic Challenge

The Committee was keen to flag up that more detailed information was required on the plans to commission a countywide dementia support service (page 10 of the report) to help patients and families throughout the disease and to help plan and navigate a path through services to make care less disjointed.

The Committee strongly endorsed recommendation 4 (page 13 of the report):

'OCCG, OCC, OUHT, OH and NHS England should develop, as a priority, their joint work to collaborate in transforming the local health system. This is in order to provide new models of care closer to home, care focused on prevention and early detection of disease, improved care for carers, prevention of hospital admission and speedy hospital discharge through improved community services, the modernisation of primary care and the funding of primary prevention services by the NHS.'

The transformation programme is of major interest to the Committee and will be the subject of scrutiny at its September meeting.

Chapter 2 – Health, Houses and Roads

The Committee also endorsed strongly recommendation 2 (page 21 of the report).

'The NHS should become a consultee for local planning decisions and the CCG should be offered membership on key planning groups. Planning and health infrastructure should be considered when developer contributions are considered.'

HOSC has already highlighted a disconnection between local authority planning and Health when planning large housing developments. Scrutiny of this issue forms part of the Committee's Forward Plan and it is hoped that there would be a full response to these issues from NHS England at the Committee's September meeting.

In addition it endorsed recommendation 4 (page 22 of the report):

'Cycling should be seriously encouraged in new road developments which are likely to attract high usage. Alternative cycle-only commuter routes using features such as rivers and canals should be considered.'

The Committee recognised the Government's increased input into the provision of cycle paths and provision being made in the forthcoming Local Plan 4. It was their view however that local authorities should also be consulting with CCGs with regard to the provision of cycling routes for the purpose of improving the health of the local community, and advocated a policy to be put in place to ensure input into S. 106 contributions.

94/15 OXFORDSHIRE HEALTH & WELLBEING DRAFT STRATEGY AND DRAFT INDICATORS

(Agenda No. 12)

The Committee had before them the Oxfordshire Health & Wellbeing draft Strategy and proposed performance indicators for comment **(JHO12).**

Dr Jonathan McWilliam (Oxfordshire County Council) (OCC)), Jackie Wilderspin (OCC), Ben Threadgold (OCC), Eddie Duller (Healthwatch Oxfordshire (HWO)) and Rachel Coney (HWO) came up to the table to respond to questions in relation to the content of the document itself and in relation to the HWO input on quality issues.

Following discussion it was **AGREED** to convey the following comments to the Health & Wellbeing Board on 16 July:

HOSC felt generally that the manner in which the Strategy had been laid out was good but there were instances where some accompanying statistics had been quoted, but others where they were not. Furthermore, reference to how organisations would respond to changing circumstances was not apparent. For example the impact on projected numbers of children taking up early education, given that there was going to be changes to the services offered by Children's Centres, and if any specific booster action had been identified in instances where progress was not being made. A further example of this would be to clarify what the plans were to improve the low numbers of carers receiving carers breaks (1,027) given that there are 16, 000 carers now identified in the county, Members were keen to understand the impact on the volume and the need for care from activity relating to the aim to 'Reduce the number of people delayed in hospital (DTOC) from an average of 147 per day in 2014/15' (page 18).

The Committee were pleased to see that the improvement of ambulance rural response times had been included in the list of issues which had been agreed for organisations to work on (page 8/9 of the report). This has been an ongoing major concern for HOSC and it asks the Health & Wellbeing Board to play its part in helping to achieve improved response times. It has found, for example, that the SN postcode is often read by SCAS as Wiltshire and not Oxfordshire, which has affected response times.

95/15 HEALTHWATCH OXFORDSHIRE - UPDATE

(Agenda No. 13)

Eddie Duller, Chair, Healthwatch Oxfordshire and Rachel Coney, Chief Executive, presented their report which gave an update on recent projects HWO were involved in (JHO13).

Eddie Duller reported that HWO were very concerned about areas that were adversely affected by financial constraint, such as those affecting Chipping Norton and Townley Community Hospitals, the result of which were new plans which appeared to have very little association with the original public consultations. They expressed concern that the form of consultation to be undertaken by John Jackson

.... with regard to Chipping Norton Hospital did not comply with the Government's code of practice in relation to consultation. The Chairman responded that the Committee would require an adequate consultation to be carried out only where there has been a substantial service change. As the managers intended no change in respect of the base services to be provided, then this did not constitute a substantial change.

The Committee agreed that the report was good and contained some very worthwhile projects. A member asked if there were any further 'Hearsay!' meetings planned. Rachel Coney responded that there would be a 'Hearsay!' event each year either in the form of locality meetings or as one central meeting. She added that the Chairman and the Director of Adult Social Care had been present at Oxford's Hearsay! event in June to listen to the concerns of users of social care.

With regard to section 7 of their report concerning the campaigns which HWO had been involved in, Rachel Coney agreed to circulate any pertinent correspondence around members of the Committee for information.

The Committee thanked Eddie Duller and Rachel Coney for the report and for their attendance.

.... in the Chair

Date of signing