

About the Oxfordshire Joint Health Overview & Scrutiny Committee

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

About Health Scrutiny

Health Scrutiny is about:

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

Health Scrutiny is NOT about:

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

Health Scrutiny complements the work of the Patient and Public involvement Forums that exist for each of the NHS Trusts and Primary Care Trusts in Oxfordshire.

What does this Committee do?

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

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

A hearing loop is available at County Hall.

AGENDA

1. **Apologies for Absence and Temporary Appointments**
2. **Declarations of Interest - see guidance note on the back page**
3. **Minutes**

To approve the minutes of the meeting held on 19 November 2009 (**JHO3**) and to note for information any matters arising on them.

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

5. **Oxfordshire LINK Group**

10.10 am

Attached at **JHO5(a)** is a report which has been prepared by LINK Drug Recovery Project (DRP) group. One of the members of the group, Richard Lohman, together with Adrian Chant, will be available to answer any questions members may have.

A written update on the LINK's latest activities is also attached at **JHO5(b)**.

6. **Public Health**

10.30 am

Report by the Director of Public Health on matters of relevance and interest.

7. **Paediatric Training Accreditation at the Horton General Hospital**

10.45

At the November Oxfordshire Joint Health Overview & Scrutiny Committee (OJHOSC) meeting, members agreed the following:

'The OJHOSC urges that discussions should continue with the Oxford Deanery aimed at achieving training accreditation for middle grade paediatric posts at the Horton General Hospital (HGH). The report from the Deanery visit to the HGH on 13 November should be made public as soon as possible.'

This referred to the Deanery visit, led by Mr Tony Jeferis, Acting Postgraduate Dean that evaluated the possibility of reinstating training accreditation for middle grade paediatricians.

The report has now been published and a copy is attached at **JHO7**. The outcome of the visit was that, due to insufficient workload, accreditation could not be given for training middle grade paediatricians. Mr Jeferis has agreed to attend the meeting in order to explain the reasons for that decision.

8. Stroke - Commissioned Care Pathway for Oxfordshire

11.30 am

The purpose of this item is to report on progress by Oxfordshire Primary Care Trust (PCT) and the Oxford Radcliffe Hospitals NHS Trust (ORH) in developing and improving stroke care and prevention in Oxfordshire. A paper by Suzanne Jones, Senior Commissioning Manager, PCT; Dr James Kennedy, lead consultant for Stroke at the ORH and joint regional clinical lead for Stroke; and the PCT's Development Manager for Stroke is attached at **JHO8**.

9. Centre for Public Scrutiny - Scrutiny Development Area bid - Access to primary physical health care for people with mental health problems living in rural areas

12:15 pm

The Centre for Public Scrutiny (CfPS) announced in November 2009 a two year programme aimed at raising the profile of overview & scrutiny as a tool to promote community well-being and help councils and their partners to address health inequalities within their local communities. As part of this the CfPS sought applications from scrutiny committees seeking to become what are to be called 'Scrutiny Development Areas (SDA's)'. SDA's would share learning with other scrutiny committees via 'action learning meetings' throughout 2010 and a national conference in 2011.

The chosen scrutiny committees would undertake a project during 2010 that would be used to form part of a national resource kit aimed at developing the role of overview and scrutiny in tackling health inequalities. They would be expected to use 'innovative approaches to undertaking scrutiny reviews' and to work in partnership with one or more district council scrutiny groups as well as other partners such as community groups and NHS colleagues. There would be only four of these across the country and each would receive a small amount of funding (up to £5,000) to help with the project.

The OJHOSC put in a bid to become an SDA, based around a project to review access to primary physical health care for people with mental health problems who find it more difficult to gain access to primary health services. This is compounded for people living in rural areas where access generally is more difficult. The project would seek to identify the evidence most relevant to developing future policy and action and

attempt to describe how the evidence could be used to develop practical improvements that would reduce these health inequalities. Unfortunately the bid was rejected by the CfPS and members need to consider how to go ahead with this piece of work.

10. Joint Oxfordshire, Hampshire and Buckinghamshire review of the performance of the South Central Ambulance Trust (SCAS) in rural areas

12.45

This joint review was instigated by this Committee following meetings with managers from SCAS. Members were concerned that the performance of the Trust was much worse in rural localities than in urban areas. This situation corresponded to that in other counties in the SCAS region and it was considered that it would be beneficial to undertake a joint project. Two select committee style sessions have taken place with a number of witnesses including members of the public, the Cabinet Member for Health from West Oxfordshire District Council, ambulance crew members, commissioners, first and co-responders, SCS managers and the Trust Board Chairman.

It is anticipated that a report will be available for public distribution shortly. When available, this will be circulated to members and added to the Committee's agenda papers on the County Council's website.

11. Joint OJHOSC/Children's Services Scrutiny Committee Teenage Pregnancy Working Group

13.00

The joint OJHOSC/Children's Services Scrutiny Committee Working Group was set up some months ago to examine progress on developing an improved strategy for reducing levels of teenage conception across Oxfordshire. The Working Group reviewed a joint County Council/PCT self assessment of progress and produced a number of recommendations for inclusion in the new strategy. These recommendations were all accepted, as can be seen in the attached letter (**JHO11**).

The strategy will be presented to the Children's Trust Board in January. The Working Group plans to review progress nine months after the implementation of the strategy.

12. Chairman's Report

13.15

- Report on an informal meeting with the Chief Executive and other senior managers of the Oxfordshire & Buckinghamshire Mental Health Foundation Trust (OBMHFT).

- Report on a recent meeting with PCT representatives on proposed changes to commissioning mental health services.

13. Information Share

13.25

No items have been received to date.

Declarations of Interest

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

The duty to declare ...

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

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

Whose interests are included ...

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

When and what to declare ...

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

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

Taking part if you have an interest ...

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

"Prejudicial" interests ...

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

What to do if your interest is prejudicial ...

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

Exceptions ...

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

Seeking Advice ...

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