

# Notice of Meeting



## Oxfordshire Joint Health Overview & Scrutiny Committee Thursday, 8 July 2010 at 10.00 am County Hall

### Membership

Chairman - Councillor Dr Peter Skolar  
Deputy Chairman - Councillor Susanna Pressel

<i>Councillors:</i>	Tim Hallchurch MBE Jenny Hannaby	Neil Owen John Sanders	Don Seale Lawrie Stratford
<i>District Councillors:</i>	Christopher Hood	Jane Hanna	Rose Stratford
<i>Co-optees:</i>	Ann Tomline	Dr Harry Dickinson	Mrs A. Wilkinson

**Notes:** *There will be a pre-meeting for members of the Committee only at 9.00 am on 8 July.*  
*Date of next meeting: 16 September 2010*

#### What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

#### How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

#### For more information about this Committee please contact:

Chairman	- Councillor Dr Peter Skolar E.Mail: <a href="mailto:peter.skolar@oxfordshire.gov.uk">peter.skolar@oxfordshire.gov.uk</a>
Committee Officer	- Julie Dean, Tel: (01865) 815322 <a href="mailto:julie.dean@oxfordshire.gov.uk">julie.dean@oxfordshire.gov.uk</a>

Tony Cloke  
Assistant Head of Legal & Democratic Services

June 2010

## 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** (Pages 1 - 18)

To approve the minutes of the meeting held on 20 May 2010 (**JHO3**) and to note for information any matters arising on them.

4. **Speaking to or Petitioning the Committee**
5. **Oxfordshire LINK Group – Information Share**

**10.15 am**

To date, no items have been received.

6. **Public Health** (Pages 19 - 74)

10.45 am

This is the fourth Annual Report by the Director of Public Health (DPH) for Oxfordshire. It provides OJHOSC members with an opportunity to listen to and question the Director. Recommendations are made in the Report for all organisations and for the public. A copy of the report is attached at **JHO6**.

The aims of the Annual Report are:

1. To report on progress made in the last year and to set out challenges for the next year.
2. To galvanise action on five main threats to the future health, wellbeing and prosperity of Oxfordshire; and
3. To emphasise two strongly emerging threats to public health; namely those posed by dementia and alcohol abuse.

The five main long-term threats are:

- Breaking the cycle of deprivation
- An ageing population – the ‘demographic challenge
- Mental health and wellbeing
- Increasing obesity
- Fighting killer infections

The threat posed by dementia is described in the chapter on an ageing population.

The threat posed by alcohol abuse takes its place as the sixth long-term threat to health.

Progress will be monitored in future reports. Long-term success will depend on achieving wide consensus across many organisations.

## **7. PCT Procurement Process - Townlands and Bicester Hospitals**

**11.45 am**

Work has been going on for some time to develop new community hospitals in Henley and Bicester. This has included:

- Establishing a planning framework;
- Carrying out a number of surveys on the current sites;
- Looking at other site options in Bicester and work with key partners, including Cherwell District Council, on the wider developments in the area, such as the proposed eco town.

The PCT was going through the process of finding a developer to take on the work of re-developing the hospitals. However, legal advice led to a decision to restart the procurement process.

This item will give the Committee an opportunity to find out how this position was reached and what effect this delay will have on the future development of the hospitals.

Speakers will include:

Catherine Mountford – Director of Strategy & Quality at the PCT;

Councillor Ian Reissman, Chairman of the Townlands Steering Group (TSG). The TSG is the formal advisory Committee to the Henley Town Council. Membership comprises elected members; groups across and beyond Henley, business health groups, charities and church parishes around Henley; and

Dr Michael Curry, Chairman of the Bicester Community Hospital Engagement Forum

(CHEF) which was set up by the PCT to enable local people to have their say in the development of the new Bicester Community Hospital.

## 8. Dementia Diagnosis Pathway (Pages 75 - 132)

12.45 pm

Early diagnosis for people with dementia has been shown to have benefits in terms of patient and carer quality of life and independence. There is also evidence to show that there is a financial benefit as a result of delayed need for residential care.

In Oxfordshire, Quality and Outcomes Framework (QOF) data shows that 34% of people currently receive a diagnosis of dementia. Memory clinics exist, provided by both Oxford Radcliffe Hospitals Trust (ORHT) and Oxfordshire & Buckinghamshire Mental Health Foundation Trust (OBMHFT). There is currently no clear pathway and no agreed service specification, leading to uneven levels of service and post diagnostic support. There is confusion amongst GPs around where to refer a patient with suspected dementia.

Building on recommendations in the National Dementia Strategy, the proposal is to commission an integrated Memory Assessment Service involving both providers working together to maximise the strengths of both. The need for an increase in the numbers receiving a diagnosis and current capacity issues would be partially addressed by enabling a specialist dementia nurse to undertake routine follow up appointments, moving to follow up appointments into community settings, such as GP surgeries; and freeing up consultant time for diagnosis and more complex cases. Agreed information and support would be provided at, or shortly after, diagnosis.

Duncan Saunders, Service Development Manager for Older People's Mental Health at the PCT will present the business case, which is attached at **JHO8(a)**, and describe what consultation has taken place to date (**JHO8(b)**). The proposed Care Pathway for early diagnosis in Dementia, is also attached at **JHO8(c)**.

## 9. Chairman's Report

13.15 pm

The Chairman will report on the following matters:

- South central Ambulance Service NHS Trust review;
- Keeping People Well project group.

## 10. Information Share

13.25 pm

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 Part 9.1 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.