

## OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 8 March 2012 commencing at 10.00 am and finishing at 1.50 pm

**Present:**

**Voting Members:** District Councillor Dr Christopher Hood – in the Chair

Councillor Jenny Hannaby  
Councillor Don Seale  
Councillor C.H. Shouler  
Councillor Val Smith  
Councillor Keith Strangwood  
Councillor Lawrie Stratford  
Councillor Hilary Hibbert-Biles  
Councillor Susanna Pressel  
District Councillor Rose Stratford  
District Councillor Alison Thomson  
Dr Harry Dickinson  
Dr Keith Ruddle  
Mrs Ann Wilkinson  
Councillor Mrs Anda Fitzgerald-O'Connor

**Co-opted Members:**

**Other Members in Attendance:**

**By Invitation:**

**Officers:**

Claire Phillips - OCC  
Dr Jonathan McWilliam – Director of Public Health  
Angela Baker – NHS Oxfordshre

**Agenda Item**

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**Officer Attending**

Ally Green - Oxfordshire CCG  
Alan Webb – Oxfordshire CCG  
Adrian Chant – Oxfordshire LINK  
Sue Butterworth – Oxfordshire LINK

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*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/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.*

**12/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Apologies were received from Councillor Dr Peter Skolar. Councillor Anda Fitzgerald-O'Connor substituted for Councillor Skolar.

**13/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**

(Agenda No. 2)

Councillors Rose Stratford and Lawrie Stratford declared an interest as members of the Bicester Hospital League of Friends.

Councillor Jenny Hannaby declared an interest as a member of the Wantage Hospital League of Friends

Councillor Alison Thomson declared an interest as a member of the Faringdon Health and Social Care Group.

Councillor Val Smith declared that she is a member of the shadow Health and Well-being Board and has received confirmation that there is no conflict of interest whilst the board is in shadow form.

**14/12 MINUTES**

(Agenda No. 3)

The minutes of the meeting on 19 January were agreed and signed subject to minor corrections.

The committee requested the latest figures for delayed transfers of care.

**15/12 CO-OPTED MEMBERS**

(Agenda No. 4)

The committee supported the appointment of Dr Keith Ruddle as a co-opted member of the committee and a further term of office for Dr Harry Dickinson and Anne Wilkinson.

**16/12 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 5)

None

**17/12 PUBLIC HEALTH**

(Agenda No. 6)

Dr Jonathan McWilliam presented details of the Health and Well-being Board and its supporting boards. Through the presentation and the ensuing discussion the following points were noted;

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- There is a requirement that a shadow board was set up in December 2011 which will become live in April 2013.
- District representatives were nominated by the Leaders group and is handled on a rotating basis.
- Thames Valley Police are involved in the Community Safety Partnership and the Chief Fire Officer who chairs the community safety officer group sits on the Health Improvement Board to provide the link between these agendas.
- The requirement to manage and fund the board rests with the county council. The running costs of the supporting boards are met from existing resources.
- Commissioning support services for the Clinical Commissioning Group are being worked out and will likely be on a regional level. The CCG will have the funding to commission this so it should reflect our needs.
- Most people involved in commissioning services (including in public health) have a clinical background.
- There is scope to do more to pool budgets which are currently more aligned than truly pooled.
- The Health and Well-being board will consult on the strategy which will include scrutiny in late spring
- There will be NHS, social care and public health targets which will be based on local priorities.
- The Health and Well-being board will take the strategic overview with the supporting boards/ partner organisations responsible for commissioning of services.
- Improvement in outcomes is critical, local priorities will be set and reported on publicly.
- The ambulance service and other service providers cannot be members of the boards but are involved in the workshops which will be used to focus on detailed issues.
- HOSC members and other councillors should be invited to participate in workshops.
- Prevention will be key to the local authority role but there is always a tension with length of time for the return on investment.
- Scrutiny will continue to have an important role in scrutinising the new arrangements

Jonathan McWilliam and Angela Baker undertook to update the committee on matters arising at the last meeting,

- **Teenage conceptions** – rates of teenage conceptions reduced in 2010 to 22 per 1000. The wards with highest rates are Grimsbury and Castle (Banbury), Northfield Brook, St Mary's, Iffley Fields, Blackbird Leys (Oxford). Other areas of concern include parts of Witney, Didcot, Bicester. The need to reduce rates more in these areas was noted.
- **Healthchecks for people with learning disabilities** – this is an NHS Cluster responsibility. Approximately 2000 are eligible for annual healthchecks and 40% took these up last year although it is not known how many were offered.
- **Tuberculosis and immigration** – at airports the need for port of entry healthchecks are identified. It is not easy to be sure exactly whether all those identified can be followed up for screenings once they move on to their

destination. In September 2011 561 people were offered screenings of which 138 were done. One case of latent TB was identified. The increased virulence of the disease and the impact of global travel and immigration was registered as a barrier. Jonathan McWilliam undertook to provide the committee more information about the issue on a national level.

## **18/12 HEALTH, SOCIAL CARE AND WELLBEING IN LOCAL GOVERNMENT** (Agenda No. 7)

Jonathan McWilliam and Angela Baker outlined the early thinking on the measures of success for the Health Improvement Board. In the discussion following these points were made,

- Requirements on immunisation could be made stronger such as to enter pre-school although it was acknowledged that this would need to be a national priority.
- Commonality across the county around the approach to housing could be helpful as this is such a key factor. It is hoped that in making it a priority and the move of public health into local authorities join up can be improved.
- Involvement of housing associations in workshops was considered useful to pick up the issues.
- Different approaches to improving take up of healthcheck/screening services for hard to reach groups including men was considered important.
- The focus on cancer screening for cervical, breast and bowel cancer was questioned. These types of cancer are prioritised as they relate to the larger number of deaths and priorities are based on where the greatest inequalities exist.

## **19/12 SOUTH CENTRAL AMBULANCE TRUST - PERFORMANCE UPDATE** (Agenda No. 8)

Members expressed their disappointment that South Central Ambulance Service had not managed to field someone to attend the meeting and AGREED to write to the Trust strongly requesting attendance at the next meeting in May.

Members requested detailed performance data on response times at the next meeting and were keen to discuss the increased demand for 999 response services and the reasons for it.

## **20/12 UPDATE ON THE CHIPPING NORTON FIRST AID UNIT** (Agenda No. 9)

Ally Green and Alan Webb of the Oxfordshire Clinical Commissioning Group reported on the outcome of the pilot Chipping Norton First Aid Unit.

The pilot has received very positive feedback but the take up of the service had not been sufficient to ensure that it is financially sustainable. The PCT/CCG and South Central Ambulance Service which runs the Unit have decided to extend the pilot for a further two years to see if it can become sustainable. It is hoped that the planned

move of GPs onto the site may enable the service to work differently and make it viable.

It was suggested that avoiding an overlap with GPs emergency provision would make the service more successful and noted that there are plans to co-ordinate with GPs.

It was noted that a key measure will be the impact on attendance at A&E and the use of other emergency services.

The importance of NHS direct and the new 111 service referring people to the Unit was emphasised to promote awareness of the service. Promotion of the service through other local villages and GP practices is starting.

In response to a question about whether it is known how many attendances are missed as a result of the unit being closed due to an emergency call out it was noted that this is not possible to measure as the facility has to be locked up.

Cllr Seale commented that it is important to have plans in place in the event that the Unit is not viable at the end of the pilot.

It was AGREED that the committee members working with the CCG on the terms of the review of the Chipping Norton hospital staffing should also be involved in the development of measures of success for the First Aid Unit pilot.

The slightly misleading name for the service was noted and the likelihood of this changing to better reflect the nature of the service.

Ruth Atkins from the CCG agreed to bring forward details of the roll-out of the 111 non-emergency phone number to a future meeting.

## **21/12 FORWARD PLAN** (Agenda No. 10)

Members considered the forward plan and proposed additional topics for consideration at future meetings. The items proposed are set out below. Further exploration of the items will be undertaken and future agendas scheduled.

- Any performance concerns raised in PCT RAG (red amber green) reports
- Health outcomes of the Asian population in Oxfordshire with a focus on the Pakistani and Bangladeshi communities
- Progress update on the Oxford University Hospital Trust including plans for Foundation Trust status, service enhancements and finances.
- Cancellations of operations (data recently provided by Oxford University Hospitals)
- Scheduling appointments/ patients ability to access services
- Dementia services
- Workshop style session on joint working between social care and community health

**22/12 OXFORDSHIRE LINK GROUP – INFORMATION SHARE**

(Agenda No. 11)

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The regular LINK report was presented by Sue Butterworth and Adrian Chant. The recent successful Oxford Wheel event for user-led organisations was noted.

Cllr Smith asked what interaction LINK has with gypsy and traveller communities. Whilst LINK has not traditionally had links with these communities it is hoped that the Public Involvement Board under the Health and Wellbeing structures will do.

An update on the development of local Healthwatch was given. Co-operative futures is getting local voluntary and community sector organisations together to consider how to bid for services. Grants of up to £2,000 will be available to support organisations.

The Healthwatch service specification is expected to be ready in April.

**23/12 CHAIRMAN'S REPORT**

(Agenda No. 12)

The Chairman reported that he had attended a meeting with the PCT in January along with Councillor Skolar. The move towards GP commissioning had been discussed.

**24/12 CLOSE OF MEETING**

(Agenda No. 13)

The meeting closed at 13.50

..... in the Chair

Date of signing