OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 20 November 2014 commencing at 10.00 am and finishing at 2.15 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 Les Sibley District Councillor Alison Thomson District Councillor Martin Barrett District Councillor Dr Christopher Hood District Councillor Rose Stratford Councillor Jenny Hannaby (In place of Councillor Alison Rooke)
Co-opted Members:	Moira Logie, Dr Keith Ruddle and Mrs Anne Wilkinson
Other Members in Attendance:	Councillor Mrs Judith Heathcoat for Agenda Item 4 and Cllr Nick Hards for Agenda Item 10

Officers:

Whole of meeting	Ben Threadgold (Social & Community Services) and Julie Dean (Chief Executive's Office)
Part of meeting	Director of Public Health

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda and Addenda for the meeting and agreed as set out below. Copies of the agenda, reports and Addenda are attached to the signed Minutes.

49/14 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor Jenny Hannaby attended for Councillor Alison Rooke.

50/14 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Councillors Stratford and Hannaby declared a personal interest in Agenda Item10 – Community Hospitals – on account of their membership of the League of Friends in Bicester and Wantage Community Hospitals, respectively.

51/14 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 18 September 2014 were approved and signed as a correct record subject to the following amendments:

Minute 44/14 – Healthwatch Oxfordshire – paragraph 3, page 6, to correct 'She reported that HWO had established a reference group' to 'She reported that HWO ***were proposing to*** establish a reference group'.

Minute 45/14 – penultimate paragraph, page 8, to correct 'Dr McWilliam undertook to provide further information in the future on health inequalities' to 'Dr McWilliam undertook to provide further information on ***health inequality in relation to oral and dental services.'***

Matters Arising

The following issues were raised:

- Minute 40/14 – Toolkit – a draft toolkit had been sent to HOSC members and Health partners for comment and would be included on the 5 February 2015 agenda for adoption;
- Minute 40/14 – New Contract for Community Sexual Health Services – Cllr Pressel commented that the new opening hours would prohibit young people from attending, as they were within college/school opening hours and did not include Saturday opening. In her view the change in hours and the transition from one venue to another amounted to a substantial variation of service. She added also that it would also exacerbate health inequality. Dr McWilliam responded that there appeared to have been a misunderstanding explaining that all contracts required a period of bedding in, and the hours of opening were still in transition. He added that new contracts tended to raise issues which could not be predicted before embarking on the process. Dr McWilliam added that all procedures had been followed correctly and, in fact, the new service had been improved by the introduction in the contract of a new service for sexually transmitted infections. The Chairman agreed to include the matter on the agenda for the 5 February 2015 meeting;
- Minute 42, resolution (e), top of page 5, officers undertook to request the Trust to include information on their staff recruitment and retention when they report their progress on the implementation of the action plans to the 5 February 2015 meeting;
- Minute 43/14 – Emerging findings of the non-emergency patient transport services consultation - officers undertook to request copies of literature prepared by the Trust which had been used to advertise and signpost the changes for patients

using the non-emergency transport services and then to circulate them to members of the Committee;
- Minute 44/14 – Healthwatch Oxfordshire – paragraph 1, page 6 – Healthwatch Oxfordshire had informed officers that the film and transcript were still awaited but officers were following it up frequently;
- Minute 45/14 – Oral Health of Children in Oxfordshire – paragraph 1, page 8, Dr McWilliam undertook to bring a report to a future meeting on national data used for local surveys by Public Health;
- Minute 47/14 – an item on children's mental health issues has been brought forward to the 5 February 2015 meeting.

It was reported that all other actions listed in the Minutes had been carried out.

52/14 ORDER OF BUSINESS

It was **AGREED** to take Agenda item 9 after Agenda Item 10 to allow the attendance of Cllr Nick Hards.

53/14 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman reported that she had agreed to three requests to make a public address/submit a petition. These were from:

- Councillor Judith Heathcoat, local member for Faringdon, in relation to Agenda Item 8 – Emergency Ambulance Services in Oxfordshire;
- Mr John Power, an Oxfordshire resident – submitted a petition in relation to the closure of a GP surgery in West Oxford; and
- Councillor Nick Hards, in relation to Agenda Item 10, Community Hospitals (address to be prior to the start of Item 10).

Councillor Judith Heathcoat addressed the Committee with regard to a serious road accident which had occurred in April 2014 within her division. There was concern about the inadequacy of the ambulance service attending the patient and the length of time it had taken for an ambulance to arrive. She read out a letter she had received from the Chief Executive of the South Central Ambulance Service (SCAS) offering his sincere apologies for the delay and explaining that demand had been very high that day, there were shortages of staff due to sickness and the satnav had directed the ambulance along a road which was too narrow.

Mr John Power addressed the Committee informing them that he had collected 700 signatures on a petition against the closure of the West Oxford GP Surgery which had occurred without consultation. His view was that the closure was a substantial variation of a service and therefore should have been consulted on. Mr Power directed members attention to a letter dated 13 January 2012 from the Practice Manager of The Jericho and West Oxford Practice (West Oxford Health Centre being a branch surgery of the Jericho Practice) advising of the move of both surgeries to the Old Radcliffe Infirmary site on Walton Street due to lack of space at the West Oxford site and inviting patients to two drop in sessions to discuss the plans. The letter also explained that the new site would accommodate the whole patient list.

The Chairman requested the officers to look into the issue and then to write to Mr Power, at the same time circulating the response to all members of the Committee. She also informed Mr Power that included in the Committee's Forward Plan was an item on Transforming Primary Care to be scheduled for the forthcoming 5 February 2015 meeting.

54/14 REVISED CONSTITUTION

(Agenda No. 5)

Members considered a draft copy of the Joint Committee's Constitution which had been revised in light of the new Regulations 'Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) 2013 and associated guidance. They were advised that the document contained no changes to the functioning of the Committee, and that any change made was intended to align with the Regulations and Guidance.

Members felt that the decision made by the County Council to delegate to the Committee any referrals to the Secretary of State, as stated in the County Council's Constitution, should be made more explicit so that there was no confusion.

The officers were asked to look into HOSC representation for residents of Oxfordshire whose range of services were provided by CCG's based outside of Oxfordshire; and to report back to Committee.

It was **AGREED** that, subject to the above revision, to approve the draft Constitution to be then submitted to County Council as part of the general review of the Council's Constitution on 9 December 2014.

55/14 DELAYED TRANSFERS OF CARE

(Agenda No. 6)

The following representatives of the main Health partners attended the meeting in order to provide an update on performance and planned actions to address transfers of care (JHO6).

- John Jackson, Director of Adult Social Services (OCC) & Director of Strategy & Transformation (OCCG);
- Diane Hedges, Director of Commissioning (OCCG);
- Paul Brennan, Director of Clinical Services (OUHT);
- Yvonne Taylor, Chief Operating Officer, (OH)

In response to a question about delays in accessing available resources, John Jackson explained that Oxfordshire's Better Care Fund Plan had not yet been signed off by Oxfordshire's Health & Wellbeing Board due to specific financial challenges in the county, to the timetable for introducing Outcome Based Commissioning and in light of recent increases in the rate of emergency admissions. It was noted that a special meeting of the Health & Wellbeing Board would be held on 8 January at 1.30pm to consider the full Plan prior to its submission to NHS England on 9 January 2015.

The Panel were asked if the community hospitals were being used correctly for reablement and assessment purposes. Diane Hedges commented that a major cause of pressure was that expertise from individual organisations was not being pulled together sufficiently in order to drive action. Yvonne Taylor commented that delays were down, pointing out that three years ago 306 patients were waiting for a hospital bed, now the figure was 31. John Jackson also pointed out that the highest level of delay tended to be for those patients living in the rural areas of Oxfordshire, also adding that the longer people stayed in hospital, the more likely they were to require complex care packages. He also pointed out that new contracts had been introduced on 1 November this year and delays for home care were now at 30 per week. This was not the major problem. Anne Brierley pointed out that there had been a significant amount of investment in reablement services across the county recently, resources had been pooled, patient handover had become much slicker and any problems responded to in a quicker way. She added that the biggest challenge was how quickly patients were identified in the acute hospitals, particularly those requiring bed-based care outside of the acute hospital. There were no delays for those entering community hospitals.

John Jackson was asked if the major problems were caused around the need for nursing care. He responded that if they were self - funding then a choice delay for a particular community hospital or nursing could ensue, if full to capacity. He added that the trend for numbers of patients waiting for a nursing home had taken a downward turn, with currently under 10 delays across the system as a whole.

When asked how many readmissions there had been on a monthly basis, Paul Brennan responded that winter pressures monies had been allocated jointly amongst organisations leading to increased patient bed capacity and 7 day working. In addition, colleagues in the South Central Ambulance Service (SCAS) had extended their period of community working by operating a bus to assist students working weekends and evenings to get to and from work. Readmissions statistics were well within the national average, a 20 day standard. He congratulated Social Care for their work in reducing delays.

When asked whether the delays were due to the length of time it took to install adaptations required in a patient's house, John Jackson responded that this was very rare and was also the subject of target monitoring. Moreover, the problems tended to occur around those at risk of entering hospital and insufficient use by GPs of the 'alert' service whereby a call centre could arrange for a person to be attended at home, thereby avoiding hospital admission. Mr Jackson added that in reality, there were now more patients with a complex needs condition(s) resulting from a 50% rise in those aged 85+ in the past 5 years. This had led to a substantial increase in pressure on Health and Social Care, adding that there was an argument for doing even more to reduce delays. Moreover, the number of people supported at home had increased by 60% since April 2011. The issues surrounding the scale of rises in the ageing population was being addressed across all of the Health services including the Out of Hours Service, Accident & Emergency, Primary Care etc. He concluded by commenting that, in his view, the major issues associated with discharge arrangements in acute hospitals required more work, explaining that the people who entered hospital, and who were delayed, were generally frail older people with uncertainty around their condition from day to day, with no family carers living nearby.

The Committee asked if patient experience had been reported and detailed family information had been done for these patients. Paul Brennan responded that the OUHT's Quality Committee had requested an audit of patients who had not been delayed, and of those that had. The Committee had also looked at patient conditions whilst in hospital, patient mobility etc. The audit outcomes had shown that there was no difference for those classified as delayed, than those who had not. However, it could potentially be a problem if a person's condition deteriorated following their discharge. Diane Hedges reported that two reports were to come back to the CCG Governing Body, the first on what needs to be done for intensive support, and the second looking at named individuals who had been the subject of a delay, highlighting the key reasons for that delay and considering the various actions that were taken at different levels. The aim was to work out what actions made the most difference.

In response to a question from the Committee about whether Outcome Based Commissioning (OBC) would make a difference to the situation and whether capacity or acuity and demand were the real issues, Paul Brennan commented that in his view there was no need to be incentivised to resolve this issue. The real issue was to ensure that patients were in the correct place on the care pathway with all agencies working together. The OBC opportunity would create an environment where different ways of working could be looked at and it would be the driver of new service configuration. Moreover, OBC would release the capacity to improve performance within the resources available. Patients in all the various parts of the system, who are not able to benefit at present due to capacity issues, would then benefit from being on the next step of the pathway.

The Committee asked about the cost of patient delay for those in acute care. Paul Brennan responded that there was an average of 120 patients classified as delayed in the Trust hospitals – not all of which were Oxfordshire residents. This would equate to approximately 5 wards, at a cost of £1.3m per annum for staffing and £6.5m per annum to run. John Jackson commented that the question was how to use the resources to the best effect as bed-based care was very expensive, it being much better for them to recover at home supported by care services.

Dermot Roaf, Vice Chairman of HWO, reported that a part of the current review into the quality of care in discharge was to look at the patient perception of it, rather than looking at it from an administrative view. He commented that HWO also awaited with interest to see what fruits OBC would bear. He reported that HWO were pleased at the degree that the Trusts were willing to participate in the review and their openness was appreciated.

The Chairman thanked all those who attended.

56/14 HEALTHWATCH OXFORDSHIRE

(Agenda No. 7)

Rachel Coney, Chief Executive and Dermot Roaf, Vice Chairman, attended to present their report on recent projects (JHO7). They responded to questions from members relating to what action had been taken on their report recommendations and action being done to raise their profile.

Members of the Committee suggested other sources where views could be gleaned for the Discharge Review, such as from Parish Councils and from lists held by the Oxfordshire Rural Community Council.

It was **AGREED** to thank HWO for their update.

57/14 EMERGENCY AMBULANCE SERVICES IN OXFORDSHIRE

(Agenda No. 8)

The Committee welcomed the following representatives from the South Central Ambulance Service (SCAS) and from the OCCG who had been asked to attend to report on service performance and commissioning of the service, respectively. A report was attached at JHO8.

- Linda Scot, Steve West and Sue Byre – SCAS
- Diane Hedges – OCCG

In response to a question regarding the reason for increased demand in the service, Sue Byre reported that the chief executives of ambulance services in the south east region had commissioned an academic survey of reasons for this, the findings of which were:

- Implementation of the 111 service - public use of the service had doubled over the last 2 years;
- Increases in the over 65 population and increases in complex conditions; and
- Changes in the climate and climate conditions affecting demand. For example, the dust cloud which had occurred earlier in the year, combined with pollution, had affected and exacerbated breathing conditions, which, in turn, had led to an unusually high demand in the service.

At a former meeting of this Committee, reference had been made to a pilot project operating in the Witney area which intended to make use of the base and ambulance resource of the St John's Ambulance Service, in order to expand the reach of SCAS. In response to a request for progress on this, Steve West explained that in reality St John's had struggled to provide the resource. It had not got up and running until August, but since then it had improved and SCAS were looking to provide a responder vehicle with a view to working within 6 minute drive zones. Performance was now getting to 85% within 8 miles of the Witney area but it did not operate in rural villages outside that zone. This service would be monitored over the winter period. However, SCAS were not looking to roll it out to other areas of Oxfordshire as it was too expensive to achieve.

In response to a question as to whether electronic patient records were compatible with GPS, Sue Byrne explained that efforts had been made to integrate it as far as possible and it now offered special notes in short form. The idea was to fully integrate access to a patient's summary care record in the future. The patient care record would give the paramedic an idea of care required but would also give access to a directory of services for that particular clinical area so that the most appropriate pathway of treatment could be selected.

Steve West referred to the quality aspect of the 8 minute call out statistics which had been published on the Department of Health website. He added that it gave a good indication of how the service compared with other services in relation to, for example, whether patients had been sent to the correct treatment centre. He added that SCAS had compared favourably with other services.

In response to a question about how services to rural areas were affecting patient clinical outcomes, Sue Byrne agreed that this was one of the major challenges for the service. She explained that there had been a huge increase in red incidents in some areas and a decrease in others. She added that currently there was no data on patient outcomes and the service was therefore working with the commissioners on opportunities to share data. She undertook to share the outcomes on this with the Committee, adding that performance rates would be given including an average on how far the outcome was outside performance targets. Diane Hedges confirmed that although there was no data on outcomes, the CCG would be able to drill down on some outcomes levels and this would be made available to SCAS.

With regard to a question on workforce recruitment, Sue Byrne informed the Committee that SCAS Oxfordshire had performed well on this issue, attracting more paramedics and new graduates to the service. It strived to be an employer of choice, making efforts to develop innovative methods of training people at a junior level and then later at degree level.

With regard to a question about how serious incidents had been reviewed and issues taken forward, Sue Byrne explained that over the last 16 months more scrutiny had been devoted to incidents that involved long waits. The Operations Team (Clinical Review Group) were now taking a detailed look at all of these incidents as part of the structure of clinical support with a view to learning from each incident and reducing problems. She added that there would always be spikes in demand when 3 ambulances might be required in a remote area – and this would always equate to a challenge – but there would be no complacency.

In answer to a question asking whether SCAS transported patients to hospitals outside of the region, Steve West responded that paramedics had full authority to take patients to the most appropriate treatment centre outside of the boundary, though this may depend on the patient's previous medical history and the availability of medical treatment at the time. Patient choice was also factored in.

With regard to a question about whether there were flaws in the technology used by the service to locate calls, Steve West explained that it was easier to locate calls coming in from a land line than from a mobile phone, which was not as fast or as

accurate. Work was ongoing on an app which would improve accuracy. Sue Byrne added that work was ongoing on a continuous basis to improve technology.

SCAS were asked about their arrangements for winter pressures outside Oxford City. Sue Byrne informed the Committee that there were a number of plans for winter work with the CCG for each area. There was some national funding available specifically for the Oxfordshire area for schemes such as the SOS Bus and other schemes. Steve West advised that they were working on it and three schemes were in train:

- New vehicles – 40% of patients did not require ambulances and transport could be provided in smaller cars. This would release what was a very limited ambulance resource;
- Introducing the aim of conveying patients to hospital earlier in the day so that they could be assessed and discharged the same day. This would require a very integrated service and the freeing up of resources; and
- Installing a liaison manager in hospital to manage the flow of patients. This had worked well last year and SCAS was doing it again this year.

In answer to a question about what SCAS learned from their collection of comparative information from other ambulance trusts (see Appendix for comparison), Sue Byrne commented that SCAS always aimed at sharing information and good practice at various levels, such as on - street triage (area linkage with police forces in order to give a better service).

The Committee **AGREED** to thank representatives for their attendance and requested the following in their next report to Committee in April 2015:

(a) more information on what SCAS had learned from elsewhere and how this had been actioned in Oxfordshire; and
(b) more detail on how they were integrating with the Fire Service.

The Committee also requested a formal response to the major incident which had been the subject of the address by Cllr Mrs Heathcoat, including what had happened, what had been learned and how the service had changed as a result.

58/14 COMMUNITY HOSPITALS

(Agenda No. 10)

Cllr Nick Hards was invited to address the meeting prior to discussion of the item. He raised a number of points relating to Didcot Hospital following a stint of voluntary work three years ago. These included:

- Staffing – he had noticed a problem with agency staff having to travel long distances from places such as Gloucestershire each day;
- An imbalance in facilities for the south of the county. Didcot was the largest growing area of Oxfordshire for housing. The hospital was very well situated near to the area where most of the additional housing was to be situated, adding that there was a substantial amount of land in which to expand. However, the site needed a strategic look at medical practice and mental health facilities. He asked that, for the above reasons, the Committee support a higher priority being given to the planning of health services.

The Committee welcomed Yvonne Taylor, Chief Operating Officer, Pete McGrane, Clinical Director for Older People's Services and Anne Brierley, Service Director for Older People's Services, Oxford Health, to the meeting to provide an update on community Hospitals, with specific reference to Townlands, Didcot and Bicester.

Two reports were attached at JHO10:

- A report on Didcot Hospital closures submitted to the South West Oxfordshire Locality Patient Participation Group; and
- A briefing paper from Oxford Health NHS Foundation Trust.

In relation to Cllr Hards' address, Yvonne Taylor responded that there was a need to look at the shape and range of bed based care across Oxfordshire to ensure that the NHS were able to deliver sub - acute care. Work was ongoing with OUHT on this.

The Panel were asked what measures were being taken to attract qualified candidates into the service so that there was less reliance on agency staff. Anne Brierley responded that a balance was required between experienced and student nursing staff. There was no easy solution to attracting staff in view of the high cost of living locally, but there were key strategies in train to address this. For example, OUHT were looking at a programme of rotations of staff and were working with Oxford Brookes University on their 'return to practice' courses. They were also looking to recruit key nurses in London as the cost of living was slightly lower in Oxfordshire. In addition a number of successful open days had taken place in the hospitals, which had gleaned a better intake of high calibre staff. In response to a question from the Committee about the uptake of key worker housing, it was reported that this was proving less attractive to people nowadays than when it had first started.

Councillor Les Sibley, local member, asked why there had been a delay to the opening of Bicester's new Community Hospital and why there was an insufficiency of beds for the ever increasing population of the Bicester area. He added that the Cherwell local Plan had indicated that an extension to the hospital was required to ensure that the Health infrastructure grew at the same rate as the community. Moreover, Bicester was set to become the second largest town in Oxfordshire, adding that now was the opportunity to bring forward an extension programme.

Yvonne Taylor explained that the completed building had to be made safe to house the patients and there were snagging issues normal for a new building. Also staff training had to take place prior to opening. She added that all of these issues were managed by NHS Property. Preparations to make the move during the first week of December were underway, but beyond this, the move would take place in the New Year because of the holiday period.

In response to a request about the possibility of keeping the older hospital open to help with winter pressures on beds, Yvonne Taylor said that although she recognised that this would be helpful, there would still only be staffing available for 12 beds and also that ownership of the old hospital would transfer out of the NHS once the move had taken place.

When asked about the sufficiency of car parking facilities, Yvonne Taylor responded that this was not set by the NHS but by the local planning authority. She added that a number of public meetings had taken place on the plans with the opportunity given to voice views at the time.

Cllr Sibley commented that the local plan had indicated that there would be 4 additional beds and asked if it would be possible to add bed space in the future. Yvonne Taylor informed him that the hospital had been built under design and the contract had been set some years ago. Oxford Health was the provider and it was not in their gift to increase bed numbers.

In response to a question about incentives for nursing staff, such as overtime opportunities and free car parking, Anne Brierley explained that they had not deviated from national Terms & Conditions. As far as the employment of agency nurses was concerned, she added that agency workers were a fact of life and that the Trust worked very hard with agency providers to ensure the quality of nursing staff. Pete McGrane informed the Committee of a number of issues that had been identified to attract nurses to consider community nursing:

- An upskill of clinical staff – the University of the West of England provided a day course to give staff more clinical skills; and
- A series of open days.

With regard to points raised about demographic increases across Oxfordshire, Anne Brierley explained that the issue was how to balance resources against need. New housing tended to attract young families and there would be a need to provide the kind of services all would need. Pete McGrane added that GPs recognised the changes in their responsibilities to patients in the current time – such as greater acuity which gave a diagnostic challenge to get patients out of hospital on a more sustained recovery. This would be a challenge to their competency to manage the process. There was much more of a need for strategic discussion about how to align the bed base, for example.

The panellists were asked how the relocation of Oxford Community Hospital was going. They responded that the move was going well and there was more opportunity for levels of clinical support. The Trust was pleased to see that HWO were doing a walk-through talking to patients about their experiences. They welcomed in particular their involvement with the mental health patients as well as the physical health patients.

When asked by the Committee what was going to improve in the community hospitals, Peter McGrane said that there was a significant drive to use technology within healthcare. For example, a piece of work was underway with a view to introducing simple technology with which to use video conferencing between the patient and the consultant. He commented, however, that there was a need to consider, generally, that of information governance and security. A further example given was to establish a nutritional standards policy with a trust-wide clinically led group doing regular dietary reviews. The Panel agreed that the hospitals were struggling to provide GP input.

The Committee **AGREED** to thank all for attending and responding to questions.

59/14 OUTCOME BASED COMMISSIONING

(Agenda No. 9)

..... Diane Hedges (OCCG) and Yvonne Taylor (OH) introduced the report (JHO9). They were asked how they defined outcomes with which to measure mental health. Yvonne Taylor gave some examples of the key measuring indicators for the outcome 'improving and functioning' which were 'reduced admission to hospital' and 'enjoying a leisure centre'. A further example of the key outcome 'engaging and communicating' might be 'getting a job'. They added that all these factors would be measured using a single tool so that impact could be measured also. Various disorders would be measured by clustering and the evidence base for these would be done on a national basis.

In answer to a question about how outcomes were agreed and how they were monitored, Diane Hedges explained that there would be an engagement process at every level. The starting point for agreement of outcomes would be to take 'I' statements as leads in order to make it meaningful. If it could not be measured it would not be put into the process. As the process became more sophisticated these might be put in over time. Yvonne Taylor explained that the process has to state what the clinical model would be. This would then become part of the contract.

Yvonne Taylor offered to provide a workshop for members of the Committee to take them through more of the detail relating to Outcome Based Commissioning. The Chairman, on behalf of the Committee, welcomed this.

The Committee thanked Diane Hedges and Yvonne Taylor for their attendance and **AGREED** to review it in 6 months or by the September 2015 meeting, after it had become operational. The review would include a look at the clinical models for the mental health and older people contracts.

60/14 CHAIRMAN'S REPORT AND FORWARD PLAN

(Agenda No. 11)

The Committee discussed the Forward Plan which had been circulated along with an Addendum. Members suggested that the following items be added into the Plan:

- cancellation of scheduled operations. The Chairman suggested that HWO be asked to input an understanding of patient experience into the report;
- Oral Health inequalities;
- A review of Ofcomm (Oxford Community Hospital);
- Health in prison in light of the increase in number of suicides and outcomes of the unannounced visits by the CQC and the area team.

..... in the Chair

Date of signing