

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 21 November 2019 commencing at 10.00 am and finishing at 1.45 pm

Present:

Voting Members:

Councillor Arash Fatemian – in the Chair

District Councillor Sean Gaul (Deputy Chairman)

Councillor Mark Cherry

Councillor Mike Fox-Davies

Councillor Jeannette Matelot

Councillor Laura Price

City Councillor Nadine Bely-Summers

District Councillor David Bretherton

Councillor Jane Hanna OBE (In place of Councillor Alison Rooke)

Councillor Liam Walker (In place of Councillor Hilary Hibbert-Biles)

Co-opted Members:

Dr Alan Cohen

Barbara Shaw

Officers:

Whole of meeting

Martin Dyson, Policy and Performance Officer; Colm Ó Caomhánaigh, Committee Officer

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

61/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from District Councillor Neil Owen, Councillor Hilary Hibbert-Biles (Councillor Liam Walker substituting) and Councillor Alison Rooke (Councillor Jane Hanna substituting).

62/19 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Dr Alan Cohen declared a personal interest as a Trustee of Oxfordshire Mind.

63/19 MINUTES

(Agenda No. 3)

The minutes of the meeting on 19 September 2019 were approved and signed with one amendment as follows:

Item 52/10, on Agenda Page 5 -

Delete the bullet points:

“publishing risk assessments”

and

“The risk assessments ...”

And insert before “Members of the Committee asked about”

“Councillor Jane Hanna asked if the risk assessments that support the statement of no significant risk can be published. Louise Patten responded that the risk assessments are subject to Freedom of Information requests anyway so she was happy to AGREE to publish them. She also AGREED to find out if they include issues raised in Operation Yellowhammer.”

64/19 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following requests to speak at this meeting:

Agenda Item 6 Oxfordshire Clinical Commissioning Group Update
Clive Hill

Agenda Item 7 Future arrangements for NHS commissioning
Joan Stewart, Oxfordshire Keep Our NHS Private
Charlotte Bird, Keep The Horton General

Agenda Item 9 CAMHS
Helen Evans

65/19 FORWARD PLAN

(Agenda No. 5)

The Chairman explained that the item on Mental Health which was supposed to be on the agenda for this meeting and on the agenda for the November meeting of the Performance Scrutiny Committee was not ready. It will now come to the January meeting of Performance Scrutiny Committee and the February meeting of this Committee. This will cause problems since elements of the contract have budget implications and this timing will not now fit in with the budget process. The Chairmen of the Committees have made their displeasure at this clear.

Councillor Jane Hanna suggested that the Committee should consider risk assessments on Brexit planning across the system. It was **AGREED** to ask officers to address Brexit issues in future reports.

66/19 OXFORDSHIRE CLINICAL COMMISSIONING GROUP UPDATE

(Agenda No. 6)

Clive Hill stated that he did not see why the award-winning Chipping Norton First Aid Unit (FAU) needed to be moved into the GP surgery. He asked that if it was not a cost problem, if paramedics will not take on primary care work, if the FAU will be commissioned separately and operate independently and if patient records can be accessed in the hospital, why does the FAU need to be moved to the GP surgery? He said that he understood that the SCAS paramedics could be used to help less qualified surgery staff.

He asked the committee to instruct OCCG to either cancel the proposed change or conduct a full public consultation before any change is implemented. People see the proposed move as a major backward step and a significant downgrade of the Community Hospital based services. In addition, this change must not be forced through in a hurry because after the General Election there will be a new Government and policies could well change.

Louise Patten, CEO, responded that NHS national guidance in 2017 stated that everything must be either an urgent treatment centre or primary care. OCCG did not want to lose the FAU which was working well so asked for more time to consider the options.

Being a reactive service there can be a lot of down time but by placing paramedics with other clinicians there can be a better utilisation of staff. The FAU will not be under the GP practice. It will be commissioned separately but will not operate in a silo. She **AGREED** to come back and report on the benefits.

Councillor Laura Price questioned if the decision made sense being taken in isolation from the community hospital issue. Louise Patten replied that the FAU has to be part of the primary care hub. Services in Chipping Norton are a wider issue which could include consideration of digital solutions.

Barbara Shaw asked if medics were overstretched and their mental health was being considered. Louise Patten said that paramedics were often the most stressed staff but that opportunities to work on something different can be helpful. Staff were in favour of working together. They had felt isolated. Councillor Nadine Bely-Summers asked if there were records of the staff feedback. Louise Patten **AGREED** that she would see what was available to share.

Councillor Jane Hanna asked when there would be a strategy for community hospitals. Clarity was needed around community beds especially in areas of expanding population such as OX12.

Louise Patten described how some community hospitals are part of a network such as for stroke rehabilitation. Some have specialisms. But local services out of hospital need to be considered as well as social care. One third of beds are social care funded.

Members agreed that they were **not ready to agree** that the re-location of Chipping Norton FAU is **not** a “substantial change”. The Chairman asked that the toolkit be revised to take account of the wider issue of the viability of the Community Hospital.

Louise Patten stated that there was a commitment to the Community Hospital in the Health and Wellbeing Board’s (HWB) planning but that decisions cannot be made without understanding the overall health and social care needs. She **AGREED** to flag the Committee’s concerns at the HWB.

On the Winter Plan, Barbara Shaw asked if interim performance data could be provided at the February Committee meeting. Louise Patten **AGREED** to provide this.

Councillor Laura Price noted that there seemed to be some inconsistencies from year to year. It was reported last year that appointing the Winter Director was impactful but yet it is not being done this year. The Committee received a paper outlining how the appointment of trusted assessors was crucial but it seems that the OCCG cannot recruit all of the posts needed. The focus seemed to shift each year and yet the high numbers of Delayed Transfers of Care (DTCs) remains.

Louise Patten responded that plans had to be flexible because things inevitably change during the winter. For example, the Australian flu was expected this year but has not made an impact yet.

The Chairman asked if trend data for DTCs over the years can be shared with the Committee.

Councillor Jane Hanna stated that it was recorded in the minutes of the last meeting that the risk assessments relating to Brexit would be published. She had not seen them. She asked to see on what basis the OCCG had concluded that there was no significant risk, which she said was out of line with the general view – especially regarding the impact of a no-deal Brexit.

Louise Patten responded that any risk assessments that are available are at a national level. The opinion of local partners that there was no significant risk was their interpretation of the national risk assessments. The Chairman stated that in his opinion the links already circulated were satisfactory.

Dr Alan Cohen stated that he had repeatedly called for an example audit from Healthshare on quality of outcomes. He asked that the clinical lead demand this.

The Chairman questioned why the report was briefer than usual with purdah being cited as the reason. He noted that hospital waiting times can be published during purdah and that should inform OCCG’s interpretation. He said that he will bring this up with legal officers.

Louise Patten responded that the NHS gave them clear guidance on this and she would welcome their interpretation being challenged.

The Chairman reminded Members that the draft minutes of the previous meeting are included in the agenda published eight days before the Committee meeting and it was open to all participants to request amendments, not just councillors.

67/19 FUTURE ARRANGEMENTS FOR NHS COMMISSIONING

(Agenda No. 7)

Joan Stewart of Oxfordshire Keep Our NHS Private urged the Committee to insist on a formal public consultation on the proposed merger of Clinical Commissioning Groups. She maintained that it was more than just streamlining. It was being designed for key stakeholders. There were concerns that a more remote CCG would be more difficult to hold to account. The merger is not inevitable – GPs have stopped similar mergers elsewhere. She circulated a letter from the NHSE to her local MP on the matter.

Charlotte Bird of Keep The Horton General stated that the proposed merger would make things more difficult for the 'Banburyshire' area. Although Banbury is the second largest town in Oxfordshire its hospital services have been whittled away. Thirty three percent of those attending live outside Oxfordshire – mostly in Northants and Warwickshire. Her group has already found it very difficult to get early communication with OCCG and OUH on proposals and this will be even more difficult in the proposed BOB footprint. Most BOB members will not have visited Banbury – it will be an afterthought. The commuter areas in the south of the region will be prioritised.

Surveys about the next five years' services were put on the CCG's and OUH's websites but no information whatsoever was given to the Banbury local newspaper despite requests. She asked that the Committee insist that these organisations keep the Banbury press fully informed and to ensure that Keep The Horton General is fully involved in BOB CCG planning and that the needs and geography of Banburyshire are fully considered in future strategy.

The Chairman noted that there was no mention of scrutiny in the report or the presentation. This was one of the Committee's main concerns.

Louise Patten, CEO OCCG, gave a presentation on the BOB CCG engagement. She said that there was already joint commissioning on ambulance services, for example, because that was the most effective level. The Integrated Care Partnership is the key part. There are no plans to change services - it's about managing commissioning.

The experience of the Horton HOSC involving a number of counties has been useful. Banbury will be the next area for health and social care planning which will involve the Horton and stakeholders. She would welcome the way it will broaden the discussion beyond acute services.

The CCGs are member organisations and GP practices will vote in each one. The NHS could impose a decision, but they would be mindful of the size of majority in the CCGs.

Ansaf Azhar, Corporate Director of Public Health, added that there has been a lot of integration of services at a local level. There is an emphasis on prevention across the spectrum which should have positive impact on demand for services.

The Chairman added that there was a meeting of HOSC Chairs in the BOB area, Councillor Mike Fox-Davies attended for him. They have asked for guidance from the Secretary of State whether scrutiny of BOB will be at the BOB level or will continue at county level. It is expected that BOB will account for about 20% of commissioning while 80% will still be local.

Councillor Laura Price asked, if it is not about service changes, why joint commissioning cannot happen anyway. It's not changing the people, they are all meeting together anyway. She said she could not see how it is going to change anything. There were no tangible examples given. She asked how it would help with Delayed Transfers of Care or recruitment of care workers for example. She noted that with the Mental Health budget delegated to providers there is no democratic oversight. They are late coming to the committees with information and out of line with the Council's budget system. She asked how BOB will fit in with the Council system?

Laura Patten responded that it is just a management restructuring. She has never seen this level of engagement for a restructuring before. It tends to be more about service change. In setting the ICP we will develop our local plan. Most decisions will stay local. With the Mental Health contract there will be a prime provider. The next step will be to get the local accountability.

Barbara Shaw noted that when Primary Care Networks are given money it ends up with a scattering of providers. She asked how that will be scrutinised to ensure patients get the best services.

Louise Patten responded that governance will be dealt with in the February report. It will show how it looks in generic form and put that in the public domain.

Dr Alan Cohen asked about oversight of ICP by the Health and Wellbeing Board. He noted that elected councillors were a minority on the HWB. Mostly it would be the same people reviewing themselves. Louise Patten responded that it has worked that way in Bucks for two and a half years and does not stop scrutiny.

The Chairman stated that he will write to the Health and Wellbeing Board on this matter.

District Councillor David Bretherton asked if a 20% saving on administration is realistic given that there will still be two levels operating. Louise Patten described how the merger would avoid the duplication of service design in each CCG for example. They are already working together and are confident they can deliver on those savings.

City Councillor Nadine Bely-Summers expressed concern about the mental health budget being opened to private providers. Louise Patten responded that there was

one main provider with others subcontracted, including some third parties. She felt that scrutiny of management and services were being mixed up.

Councillor Jane Hanna asked if meetings of a merged CCG will be in public. Louise Patten confirmed that they will be in public either way.

68/19 HEALTH INEQUALITIES COMMISSION IMPLEMENTATION GROUP UPDATE REPORT

(Agenda No. 8)

Ansaf Azhar, Corporate Director of Public Health, introduced the report. Kiren Collison, Clinical Chair OCCG, gave a presentation to demonstrate how theory can be brought to reality.

Ansaf Azhar stated that while most indicators are green across the county, when you look at local areas some reds show up. The plan is to apply the approach in these areas first and then apply elsewhere. He believes that preventative work can be quite powerful.

Councillor Mark Cherry asked if the Council had a response to the very sad County Lines case featured recently in a Channel 4 programme. Officers said that the case showed how you cannot just look at a geographical level. They recognised that there are real problems with social isolation. They will make sure that the learning from this case is applied across the system.

District Councillor Sean Gaul noted that the list of deprived areas has not changed much since 2016. He asked was there a specific ambition to change this. Ansaf Azhar responded that they will analyse the impact in areas but that they also need to engage with councillors and stakeholders to get community insights.

City Councillor Nadine Bely-Summers asked how prevention was working with the NHS when the reality is that they have to ration care. Kiren Collison responded that resources were finite and decisions on who to treat follow guidelines based on analysis of outcomes.

Barbara Shaw asked about hidden deprivation especially in the GRT and rural communities. Kiren Collison accepted that there can be pockets that do not show up in the data. PCNs can have a role in identifying local needs. The NHS is investing in local data analysis but this is at an early stage.

Councillor Laura Price welcomed the presentation but asked how the strategy could be pursued properly given the current "grant-pot" culture. Kiren Collison accepted that, even though great work is being done, it is piecemeal and sustainability is a concern. That is why a strategic view is needed. The next stage is to prioritise and then allocate resources.

Ansaf Azhar stated that this was raising the profile of tackling inequality and will also help reduce demand. The healthcare challenges are not just about new houses.

The Chairman thanked officers for the report and looked forward to hearing more in the annual report of the Director of Public Health in February.

69/19 CAMHS
(Agenda No. 9)

Helen Evans described her son's story in order to put a face on the report. He was one year waiting for an assessment and was eventually diagnosed with autism. An urgent referral in April which should have taken 7 days, actually took 3 months. Staff are overloaded, often have not had time to read notes and the information can be wrong.

Every day her son hits and hurts those around him. He doesn't want to hurt them. He desperately wants help. Six months after the urgent referral he has only just been observed at school. Hundreds of other children and their families are going through the same ordeal. They are being failed by CAMHS.

The following officers addressed points raised by the public speaker and Members of the Committee:

Sarah Breton, Head of Children's Commissioning
Debbie Richards, Managing Director, Oxford Health
Dr Andrew Valentine, Deputy Locality Clinical Director, OCCG

Officers acknowledged that the case was very difficult to hear and highlighted the challenges the service is facing. Recruitment is a national issue, it's not just a problem about money. They are further developing recruitment options from the third sector. The service is in the middle of a transformation to a multi-agency approach to include colleagues in education.

Councillor John Howson noted that an Educational Scrutiny Committee Working Group had looked at school attendance problems and concluded that the most common reasons were illness and medical appointments. A lot of it was related to mental health, compounded by the problems with CAMHS waiting. He asked if the £5.4m government grant will help reduce waiting time.

Sarah Breton stated that the extra funding will provide four pilot Mental Health Support Teams, two in Oxford City and one each for Banbury and Bicester. There will be 8 persons per team covering 8,000 students. Each school will appoint an MH lead.

OCCG has been selected for a pilot to reduce waiting times for CAMHS. The pilots will be monitored quarterly and will be part of the national evaluation. The teams will be able to see more students but also in a more timely way.

City Councillor Nadine Bely-Summers asked if online support from a private provider is an appropriate service for autism. Officers responded that it works across the UK and is well evaluated and evidence-based. It is not the only option available but users have found it helpful and it is available outside normal work hours. Those waiting longest are prioritised. There is strong clinical governance in place.

Feedback indicates that members of some minority ethnic groups find it is more acceptable.

Councillor Laura Price asked why the new teams will be managed by Response, why it is easier to do this through the third sector and if the public sector can be made more attractive. Officers responded that the third sector has a huge resource of skills and experience different from conventional services. A proportion become NHS workers and the Council promotes apprenticeships. The arrangements include clinical supervision and mentoring.

Councillor Price also noted that Further Education colleges are not mentioned in the report. Sarah Breton responded that the new teams will not be involved with FE colleges but special work is targeted at individual young people.

The Chairman thanked officers for their report. He asked for a further report at the February meeting which would help better understanding of the third sector and report the impact on waiting times.

70/19 HEALTHWATCH OXFORDSHIRE
(Agenda No. 10)

Rosalind Pearce, Chief Executive, summarised the Healthwatch report. On CAMHS there is concern about the sustainability of the pilots and that the wider population will still be subject to Oxfordshire’s budget issues.

Healthwatch will respond to the engagement process on BOB particularly on the questions of scrutiny and accountability. They are currently a non-voting member of OCCG but do not know how it will work with BOB.

The Oxfordshire Wellbeing Network has had its first meeting with over 100 participants including parish councils. Eleven members of the Health and Wellbeing Board were present. The main issues that came up were isolation, transport, access and information.

71/19 CHAIRMAN’S REPORT
(Agenda No. 11)

Dr Alan Cohen noted a Radio 4 News report on increased numbers of S136s. He would like mental health services to address this at the February meeting.

..... in the Chair

Date of signing