

## WEST OXFORDSHIRE DISTRICT COUNCIL

Minutes of the meeting of the Economic and Social Overview & Scrutiny Committee  
held in Committee Room I, Council Offices, Woodgreen, Witney, Oxon  
at 6.30pm on Thursday 10 July 2014

### PRESENT

Councillors: P J Handley (Chairman), Mrs E H N Fenton (Vice-Chairman), Mrs L C Carter, R A Courts, Mrs M J Crossland, H B Eaglestone, J Haine, P D Kelland, Mrs L E C Little, D A Snow and B J Woodruff

Also Present: J C Cooper

#### 4. APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

An apology for absence was received from T N Owen.

#### 5. MINUTES

**RESOLVED:** That the Minutes of the meetings held on 24 April and 4 June 2014 be approved as a correct record and signed by the Chairman.

#### 6. DECLARATIONS OF INTEREST

There were no declarations of interest from Members or Officers relating to matters to be considered at the meeting.

#### 7. PARTICIPATION OF THE PUBLIC

No submissions were received from the public in accordance with the Council's Rules of Procedure.

#### 8. CHAIRMAN'S ANNOUNCEMENTS AND UPDATE REPORT

Mr Handley advised that he intended to take item numbers 8 and 9 before item number 6.

The Committee then received and noted the Chairman's update report.

#### 9. RESPONSE TO A COUNTY PATIENT TRANSPORT SERVICE CONSULTATION

Consideration was given to the report of the Joint Head of Leisure and Communities informing the committee of the current consultation in the County on changes to the patient transport service (PTS) being run by Oxfordshire Clinical Commissioning Group (OCCG).

The Health Policy Officer briefly outlined the report and indicated that OCCG was, as were other organisations, facing financial challenges. It was advised that demand was growing for patient transport services and a review of the provision of non-emergency patient transport had been undertaken and revised criteria consulted on.

Mr Matthew Pearce, Commissioning Manager for OCCG, advised the committee of areas being considered within the consultation and clarified that it did not relate to emergency transport or NHS funded mental health services.

Mr Pearce outlined commissioning guidelines and criteria relating to social need. It was noted that the district was rural in nature and there was a lack of public transport in many areas. Mr Pearce highlighted that the service was very good in Oxfordshire and provided transport for a wider range of people than in some neighbouring areas.

Mr Pearce defined the eligibility of people to receive transport and confirmed that it did not relate to those in wheelchairs, those requiring a stretcher or had specific requirements during the journey such as the need for oxygen. Mr Pearce advised that approximately £3.8million per year was spent on NHS transport and this was likely to increase significantly in the coming years particularly in areas such as transporting obese patients.

Mr Pearce advised that two options were outlined in the consultation regarding the criteria for assessing the eligibility of patients to receive non-emergency transport. Mr Pearce reported that impact assessments had been undertaken, acknowledged that rurality was a key consideration and gaps in alternative transport provision were being identified.

The sub-committee was advised that OCCG was working with organisations such as Oxfordshire Rural Community Council (ORCC) to look at initiatives to provide transport. In addition Oxfordshire County Council (OCC) was looking at the possibility of integrated hubs and use of shared transport. Another possible solution was to introduce a fee paying service for some patients.

In conclusion Mr Pearce acknowledged that some patients would be disadvantaged and the proposals would save approximately 37,000 journeys per year and impact on about 6,000 patients.

Mrs Crossland expressed concern at the changes and suggested that the eligibility criteria were somewhat subjective. Mrs Crossland highlighted that West Oxfordshire was a rural area and often it would involve two or three changes on public transport for a patient to access the hospitals in Oxford. Mrs Crossland expressed a particular worry for older people and highlighted the lack of parking and high parking costs at the hospitals if patients were transported by relatives or friends.

Mrs Crossland expressed the hope that non-emergency services would be retained for as many people as possible and welcomed the fee paying option as a way of providing transport for those who could make a contribution towards the costs.

Mr Pearce acknowledged the concern and advised that a number of voluntary car schemes operated in the district. In addition discussions were ongoing with OCC regarding options for improved public transport including the possibility of a direct bus service from Witney to the John Radcliffe Hospital. Mr Pearce advised that it was also hoped to provide care closer to home and use local resources.

Mr Pearce clarified that patient eligibility for transport would be assessed each time and their mobility and ability to use alternative transport discussed when determining if transport could be provided.

Mrs Crossland expressed support for an enhanced bus service giving direct access to the hospitals and suggested that Cabinet could be asked to consider this. The Strategic Director clarified that no information was available as to the likely cost of providing this service and the district council had its own financial challenges but it was open to the committee to make whatever recommendations it wished to Cabinet for consideration.

Mr Courts referred to the options outlined in the consultation regarding the assessment as to whether somebody could walk or had sufficient mobility to use other transport and asked about the criteria and who made the judgement in such cases. Mr Pearce clarified that initial assessment would most likely be by a GP or hospital staff. After that each request would be assessed by staff at the ambulance service in line with a series of questions and a decision made on whether patient transport could be provided.

Mr Courts emphasised the need for objectivity and for the criteria to be applied fairly. Mr Pearce reiterated that the initial decision would be made by a clinician and the standard questions would be applied in all cases.

Mrs Carter expressed support for a direct bus service and suggested that it would be beneficial if it served other areas of the district and not just Witney. Mrs Carter drew attention to missed appointments and suggested that this could increase if patients were reliant on other forms of transport and this would have a financial implication for the OCCG. Mr Pearce advised that figures for missed appointments were carefully monitored as part of the process. In addition data could also be captured to identify if patients were for instance visiting GP's more regularly rather than attending hospital.

Mrs Carter highlighted that Chipping Norton did not have a voluntary car scheme. Mr Pearce advised that ORCC were looking at initiatives such as transport hubs that could cover a bigger area. Mr Pearce suggested that any scheme was dependent on people volunteering for it to be successful.

Mr Kelland referred to friends/relatives taking people to hospital themselves and that it would be beneficial if there was better access to facilities such as wheelchairs when people arrived at hospital. Mr Kelland also highlighted high parking charges and problems in finding somewhere to drop off patients as a concern. Mr Pearce advised that drop off points were sited close to the reception areas. It was acknowledged that more wheelchairs being available would be beneficial and this was being addressed. Mr Pearce advised that a key concern was misuse of parking places at the hospitals which had become apparent as a result of charging at the park and ride sites.

Mr Kelland suggested it would be positive if appointment times could be linked to bus timetables to prevent people having to wait a long time between bus journeys. Mr Pearce advised that this would be very difficult to administer. Clarification was also given regarding the travel cost scheme which allowed some people to reclaim costs incurred.

Mrs Little asked if there was an option to co-ordinate transport so that people from a specific area/community could be transported to appointments together. Mr Pearce advised that some minibus transport was available and this approach was taken when possible. It was further highlighted that voluntary drivers also tried to plan routes to ensure that people were transported as efficiently as possible. Mr Pearce reiterated that performance indicators were constantly monitored in respect of waiting times in transport etc.

Mr Little suggested that it may be better if consultants came to local facilities thus reducing the need for travel. Mr Pearce acknowledged that this was an option under consideration but there needed to be a balance and judgement made on the best use of the specialists time.

Mr Woodruff highlighted the potential use of taxi/private hire vehicles, with suitably trained drivers, as a way of providing transport between communities and hospitals. Mr Pearce agreed it was an option and some contracts had already been let to taxi companies to provide a service. It was emphasised that there were training issues and liability matters needed to be properly considered but it was agreed that meetings with companies could be undertaken to ascertain interest.

Mr Courts questioned the capacity of voluntary services to pick up gaps in the service and whether there was some kind of 'safety valve' for those no longer eligible for transport. Mr Courts emphasised the need for discretion to be exercised in some cases. Finally Mr Courts highlighted Option B and that the situation could change rapidly in respect of the patients identified.

Mr Pearce indicated that often cancer patients did not use transport services but acknowledged the need to scope any changes to take account of changes in condition. In respect of volunteer capacity it was reiterated that as much support as possible would be provided and a more co-ordinated approach developed. Mr Pearce acknowledged the concern regarding discretion for some patients however it was considered that this was difficult and all cases needed to be judged on the same criteria. It was unfortunate that some patients would no longer be supported but it was important that alternatives were available and brought to their attention.

Mr Handley asked how the information collected during the consultation would be taken forward. Mr Pearce advised that it was a 12 week consultation and the views of a wide range of stakeholders and users of the service were being sought. Mr Pearce assured members that officers were actively listening to feedback and picking up recurring themes. A report would be considered by the OCCG board at the end of September and there would be further discussion with the Oxfordshire Joint Health Scrutiny Committee.

Mr Handley highlighted the lack of buses in some areas and that often patients lived on their own and were isolated and unable to easily access other transport options. Mr Handley asked what would happen if changes were implemented and problems arose with the new system. Mr Pearce clarified that all contracts were monitored and if problems became apparent they would need to be addressed promptly.

Mr Handley acknowledged the need to make budget savings but reiterated previous concerns that this could be offset by the cost of more missed appointments. Mr Pearce acknowledged the point and highlighted the budget challenges facing the OCCG. It was advised that the partner organisations were always trying to work together to ensure that money was spent as efficiently as possible.

Mr Handley thanked Mr Pearce for his attendance at the meeting and for detailing the consultation process.

After discussion the sub-committee:

**RESOLVED:** That Cabinet be recommended:

- (a) That neither of the proposed options as shown in the report can be supported;
- (b) The Economic and Social Overview and Scrutiny Committee strongly believes that the patient needs to be the priority when such decisions are made and has the following specific concerns:

- The rural nature of West Oxfordshire and other areas of Oxfordshire does not seem to have been fully assessed as these are areas where alternative public transport can be difficult to access for people living on their own and do not have relatives who can offer transport.
  - The committee acknowledges the good work of the voluntary sector in providing transport for those in need however it is considered that extra pressure will be placed on these organisations as a result of the proposed changes and proper resourcing is required to assist voluntary organisations in the future.
  - The assessment criteria appears to be somewhat simplistic in its definition of being able to walk and the committee is not reassured that patients will be able to access the transport they need as a result.
  - It is considered that as a result of the changes there is likely to be an increase in people not attending appointments as they are unable to access transport thus negating any savings in costs.
- (c) The committee suggests, in the event of changes being approved, the following should be considered:
- The clustering of outpatient appointments around geographical areas so that transport such as minibuses could be used.
  - The use of alternative transport providers such as private hire and taxi companies should be explored subject to the relevant training being provided for drivers.
  - Options for a direct bus service from West Oxfordshire to the main hospitals in Oxford.

## 10. HOUSING RELATED SUPPORT PROPOSALS

The Committee received the report of the Head of Planning and Strategic Housing seeking consideration of the implications of Oxfordshire County Council's (OCC) proposals for reduced spending on housing related support.

The Housing and Development Support Manager introduced the report and advised that the views of the committee were being sought on how the cuts should be split between the various services. It was highlighted that floating support was used in West Oxfordshire whereby people were given help in their homes until matters were resolved and then the support was moved on to another client. The committee was advised that a lot of the support was helping to manage household budgets and thus avoid homelessness.

Mr Eaglestone sought clarification of the potential funding impact on floating support in the district. The Housing and Development Support Manager advised that there could be a reduction of £65,000 in West Oxfordshire. It was further confirmed that move on accommodation could be halved to four units.

Mr Eaglestone asked if the implications of the proposals could be to push funding requirements on to the district council. In response it was clarified that OCC had no duty with regard to homelessness and were looking to concentrate funding on areas over which they had direct responsibility.

Mrs Carter expressed her concern at any reduction in funding for domestic abuse services as this was a particular issue in rural areas. The Housing and Development Support Manager acknowledged that outreach services could be lost and there was no refuge provision in the district. It was clarified that a 40% reduction was proposed and then the service reviewed.

Mrs Crossland indicated that cuts were inevitable but she felt unable to support any reduction in the domestic abuse provision. Mr Courts concurred and suggested that victims of abuse were vulnerable and often trapped. Therefore, unlike some other services, victims were unable to access support easily. In response to Mrs Little it was confirmed that outreach services were used to help domestic abuse victims and often they had to leave the district to find a safe environment.

Mr Kelland referred to the substance misuse budget being removed completely but then receiving a £150,000 grant. The Housing and Development Support Manager clarified that some funding was being moved between different budgets.

In response to a question regarding move on accommodation it was confirmed that the budget for Cherwell was being increased as they commissioned services differently and did not have sufficient provision for the size of population. It was clarified that West Oxfordshire was the only district to receive fully funded outreach support for victims of domestic abuse.

Mr Eaglestone suggested that there was a risk that if the district council funded services then people from outside the area would try and access them as provision had been reduced in their own area. The Housing and Development Support Manager confirmed that services were currently commissioned on a countywide basis but if the district council financed a service then it could be ring-fenced for local residents.

Mr Courts highlighted paragraph 3.18 of the report and suggested that floating support represented good value for money as it reduced the possibility of homelessness so for a relatively small budget it saved a lot of money. The Housing and Development Support Manager concurred and further advised that proposed changes away from one to one to group support may not necessarily work in a rural area.

**RESOLVED:** That Cabinet be advised that the Economic and Social Overview & Scrutiny Committee:

- (a) Expresses disappointment at the budget cuts that have been made in respect of housing related support; and
- (b) Would make the following comments regarding the cuts:
  - That the floating support budget should be retained if possible as it provides a vital value for money service in the district. Any reduction in the provision of housing related support in the District is likely to have an adverse impact on homelessness prevention at a time when the need for floating support in particular is increasing in connection with the impact of welfare reform.

- That no reduction in the domestic abuse budget should be made as it provides an important service for vulnerable people who are often unable to access services themselves.
- When commissioning services the rural nature of the district should be borne in mind.
- The committee has concerns at the apparent inequality of proposed funding for move on services with some districts receiving increased funding whilst others are reduced.

## II. COMMITTEE WORK PROGRAMME 2014/2015

The Committee received the report of the Strategic Director seeking consideration of a work programme for the committee for 2014/2015.

### RAF Brize Norton

It was noted that a meeting of the Liaison Group had been held and it was suggested and agreed that a copy of the notes be circulated to members when they were published.

### Quality of Care in Hospitals

Mr Handley suggested that a number of health related issues and consultations would be forthcoming and it may be beneficial to expand the work area to include those matters. The committee was reminded that they were due to receive an update from the council representative on the Joint Health Scrutiny Committee at a future meeting.

### Police, Community Safety and CDRP

It was suggested and agreed that the annual update from the TVP Area Commander be received at the next meeting.

### Elements of the Local Development Framework (LDF)

Mrs Little highlighted issues around the use of industrial units in Carterton by the aircraft industry could be explored. The Strategic Director reminded the committee that the LDF was at a fairly advanced stage and strategic issues regarding industrial land were included. It was acknowledged that the suggestion by Mrs Little could be the focus of some specific work at a later stage.

### Marriotts Walk

The Strategic Director advised that due to changes in membership of the committee and staffing matters the work of the review group had stalled. Mr Kelland indicated that the group had identified matters relating to the success of the actual development but not the wider impact on the town. It was agreed that an update report be presented at a future meeting.

### Leisure Contract

Mr Kelland suggested it would be good to look at the provision of outdoor gym equipment for local communities as this had proved successful elsewhere. The Strategic Director agreed the matter could be raised with officers but was not relevant to the leisure contract. It was indicated that such schemes were often instigated by local councils.

### Welfare Reform Act

It was agreed that an update report be presented to a future meeting.

**RESOLVED:** That the Committee Work Programme for 2014/2015 be approved subject to the matters raised at the meeting.

## 12. CABINET WORK PROGRAMME

The report of the Chief Executive giving an opportunity for the Committee to comment on the Work Programme published on 17 June 2014 was received.

**RESOLVED:** That the Cabinet Work Programme published on 17 June 2014 be noted.

## 13. START TIME OF MEETINGS

Consideration was given to the report of the Head of Democratic Services regarding the start time of meetings for the remainder of the 2014/2015 municipal year.

**RESOLVED:** That meetings for the remainder of the municipal year commence at 6.30pm.

## 14. PERFORMANCE INDICATORS – YEAR END 2013/2014

The report of the Shared Head of Business Information and Change providing information on the Council's performance for the fourth quarter of year 2013/2014 was considered.

The committee was advised that the most recent figures relating to indicator HO2 had improved considerably and there were now four households in temporary accommodation. The Strategic Director made reference to indicators PL4 and PL5 and acknowledged that there had been some disruption as a result of the introduction of the new IT systems.

**RESOLVED:** That the report be noted.

## 15. MEMBERS QUESTIONS

There were no questions from members of the committee.

The meeting closed at 8.50pm

Chairman