Agenda Item No. 8

WEST OXFORDSHIRE DISTRICT COUNCIL

ECONOMIC AND SOCIAL OVERVIEW & SCRUTINY COMMITTEE
THURSDAY 26 MARCH 2015

HEALTH SCRUTINY UPDATE

REPORT OF COUNCILLOR MARTIN BARRETT

(The report is for information)

1. PURPOSE

To update the committee in respect of the work of the Oxfordshire Joint Health Overview & Scrutiny Committee (HOSC).

2. RECOMMENDATIONS

That, the information be noted.

3. BACKGROUND

Establishment and Role of HOSC

3.1. The HOSC comprises of 15 members, seven are from OCC, one each from each of the five District Councils and three co-opted members to provide a community perspective. This committee, unlike most Scrutiny Committees, has a more outward looking brief across many agencies and it may also look at services provided by local councils which have health implications.

3.2. The district council representative on the committee is appointed on an annual basis by Cabinet.

3.3. The Committee is just a small part of the health provision and scrutiny framework at a national, regional and local level. This is at Appendix 1.

3.4. HOSC reviews or scrutinises any matter relating to the planning, provision and operation of health services in the area of its local authorities. This covers *all* health issues, systems or economics, not just those services provided, commissioned or managed by the National Health Service (NHS). The committee function is to:

- Provide a challenge to all organisations providing health care, including the NHS
- Examine performance of NHS and other relevant organisations
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making
- Responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Encouraging "joined up" working across organisations
- The promotion of health care
- Ensuring health care is provided to those who need it most

3.5. It is important to note that Health Scrutiny is not about making day to day service decisions or about investigating individual complaints.

3.6. Unlike many scrutiny bodies the HOSC cannot "call in" any Cabinet decision. However it is empowered to *require* NHS and other providers to provide sufficient information to allow scrutiny of the planning, provision and operation of local health services (including finances). HOSC cannot overturn any decision made by a provider other than those decisions directly related to substantial reconfiguration proposals where consultation has not been carried out in the appropriate way or there are concerns it is not in the best interest of the local area, in which case HOSC can refer in this instance, to the Secretary of State.

Health Indicators – West Oxfordshire

3.7. The health profile of West Oxfordshire shows that the district is enjoying a wider and better overall position than many other areas. This accords with the council priority to sustain vibrant healthy and economically prosperous towns and villages.

3.8. West Oxfordshire is better than the average for England in overall health terms for the following indicator groups:

- Life expectancy for men and women is greater than national average
- Depravation is lower (indicator 1 shows zero local deprivation)
- Children's in poverty - but note that 8.5% (1,645) children live in poverty
- Of children at Year 6, 13% (123) are classified as obese.
- Alcohol related hospital stays for those under 18 was 27.1* representing 6 stays per year.
- Alcohol related harm hospital stays was 528*
- 19.6% of adults are classified obese
- 144* Smoking related deaths per year
- Rates of sexually transmitted infections 452*
- Rates of incidence of TB 3*
- Statutory homelessness 37**
- Violent crime 747 **
- Long term unemployment 132**
- Smoking status
- Breastfeeding initiation
- Under 18 conceptions
- Adult smoking prevalence
- Percentage of physically active adults
- Excess weight in adults
- Hospital stays for self-harm 176*
- Drug misuse 162**
- Recorded diabetes 4400
- Hip fracture in people over 65 116*
- Infant mortality 3**
- Suicide rate 10*
- Under 75 mortality rate – cardiovascular 53*
- Under 75 mortality rate – cancer 125*

3.9. West Oxfordshire is lower than the England average in the following groups:

- Incidents of malignant melanoma 29*
- Excess Winter deaths 54* over 3 year period
- Killed or seriously injured on roads(56*)

3.10. There are 32 indicators published by Public Health England. In all but three, West Oxfordshire is consistently in the 75th percentile. In respect of road traffic accidents and malignant melanoma the indicator status is red whilst winter deaths are ranked as yellow.

* Crude rate per 100,000 ** Crude rate per 1,000

Ambulance Services

3.11. A major topic for the HOSC, and this committee, in recent years has been the performance of South Central Ambulance Service Trust. It would be useful to outline the history of the trust, their main responsibilities, performance issues and plans for the future.

3.12. South Central Ambulance Service NHS Foundation Trust (or SCAS for short) is part of the National Health Service (NHS). It was established on the 1 July 2006 following the merger of four ambulance trusts in the counties of Berkshire, Buckinghamshire, Hampshire and Oxfordshire.

3.13. This area covers approximately 3,554 sq. miles with a residential population of over four million. On 1 March 2012, SCAS became a foundation trust and the emergency operations centres handle around 500,000 emergency and urgent calls each year

Main Functions

3.14. The main functions undertaken by SCAS include:

- Accident and emergency service to respond to 999 calls
- The 111 service for when medical help is needed fast but it's not a 999 emergency
- Patient Transport Services including bariatric capabilities (of which two vehicles are capable!). This covers weight limit of tail lift, stretchers, height and width of special stretcher and trolley capability.
- Logistics Services - delivering and collecting items such as medical records, pathology specimens, patient medical records and mail; and providing a staff shuttle service in East Berkshire
- GP Out of Hours - Call Handling and GP driving services
- Commercial Training - First Aid at work and Emergency First Aid courses, including Advanced Levels
- Community First Responders

3.15. There is no doubt that first responders are very important, and recently there has been a good response in West Oxfordshire with some 20–30 individuals being recruited though there is often a fall-off when people in rural areas become somewhat disenchanted with infrequent call-outs!

3.16. The types of call that a first responder may attend include:

- Cardiac arrest
- Heart attack
- Strokes
- Choking
- Diabetic emergencies
- Traumatic emergencies (but not road traffic collisions) First responders are not trained to deal with Road Traffic Accidents (RTA) situations. Other regulations apply. Safety issues, requirement for "Blue Lighting" presence. Hazardous substances etc.

- Breathing difficulties
- Patients suffering from seizures
- Chest Pains
- Unconscious patients
- Paediatric and children aged one year and over

3.17. In the case of cardiac arrest, for every minute that passes without cardio-pulmonary resuscitation (CPR) and defibrillation, a patient's chances of survival decreases by 14%. First responders can therefore make a significant difference to outcomes in these incidents.

3.18. It should also be noted that the fire service are providing support and RAF Brize Norton and RAF Benson are negotiating with SCAS to find a way of RAF staff being trained up to lend support whenever possible.

3.19. The fire service is not allowed to convey patients to hospital. Over the last year the fire service was first on scene in about 300 events. Latest figures indicate that first responders are first to scene in approximately 10% of cases.

Response Times

3.20. Ambulance response times have been a major concern and this committee has met with representatives of SCAS on several occasions and the HOSC has also had it as a priority on their work programme.

3.21. It is worth clarifying the various categories of response time. Members may be familiar with terms such as Class A Red 8 etc. but as of the first of June 2014 the A8 measure (immediately life threatening) was split into two parts, Red 1 and Red 2. These categories are defined as follows:

Red 1 - These calls are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions. For these calls, the existing call connect clock start will remain, ensuring that patients who require immediate emergency ambulance care will continue to receive the most rapid response. 75% of ambulances responding to a patient in a life threatening situation (such as cardiac arrest) are expected to arrive at the patient's location within 8 minutes of a 999 call being connected to the Emergency Operations Centre.

Red 2 - These calls, which are serious but less immediately time critical and cover conditions such as stroke and fits, a new clock start will allow call handlers to get more information about patients so that they receive the most appropriate ambulance resource based on their specific clinical needs.

Red 19 - Indicates a performance target for a conveying response to reach an incident which is urgent but of a non-life threatening nature within 19 minutes from the time a call is connected to an ambulance emergency control centre. The national target is to respond to 95% of all these calls within 19 minutes

3.22. Overleaf are two tables showing performance of the trust in recent years (table 1) and more detailed information relating to the period April 2014 to January 2015 (table 2)

TABLE 1 Annual Response Performance for Oxfordshire and by Individual Oxfordshire District Council Areas for Red 8 (Target 75%) and Red 19 calls (Target 95%)

	2012 - 2013				2013 - 2014				2014 - 2015 (2 Months)			
	% Red 8	% Red 19	Red Incidents	Average Growth (%)	% Red 8	% Red 19	Red incidents	Average Growth (%)	% Red 8	% Red 19	Red incidents	YOY Growth (%)
Oxon	76.8%	95.2%	18917	26.1%	74.5%	95.2%	20588	8.83%	75.0%	95.3%	4095	28.61%
Cherwell	84.5%	97.%	4283	30.8%	82.6%	96.1%	4893	14.24%	83.6%	95.0%	970	33.43%
Ox City	91.2%	99.%	5503	31.6%	91.6%	99.2%	6469	17.55%	92.0%	99.7%	1281	27.34%
S Ox	57.3%	90.%	3150	16.3%	52.6%	91.5%	3232	2.6%	51.5%	90.9%	647	26.37%
VoWH	69.2%	92.%	3071	26.4%	68.0%	94.0%	3451	12.37%	70.7%	95.2%	663	26.05%
West Ox	66.5%	91.%	3141	18.2%	52.4%	89.4%	2678	-14.74%	52.0%	90.1%	557	28.34%

Note 1: The 2013 -2014 figures presented to the E&S committee showed that the growth in incident numbers for West Oxfordshire had dropped by 14.74% On examining this strange negative growth it transpired that "*for West Oxfordshire 2013/14 there was a change in reporting methods as agreed with the PCT where patients treated at the Chipping Norton First Aid Unit were excluded from the overall figures unless an ambulance was called to that location*".

Note 2: Because the definitions have been redefined, it won't be meaningful to make year on year comparisons of response times prior to June 2012.

TABLE 2 - Monthly Response Performance for West for Oxfordshire from April 2014 to January 2015

	% Red 1 Target 75%	% Red 2 Target 75%	% Red 19 Target 95%	No. Red 1 Incidents	No. Red 2 Incidents	No. Red 19 Incidents
Apr-14	73%	50%	91%	22	266	287
May-14	74%	50%	90%	19	251	270
Jun-14	42%	51%	90%	24	244	268
Jul-14	55%	55%	85%	29	301	328
Aug-14	67%	50%	87%	12	294	293
Sep-14	38%	55%	88%	16	273	286
Oct-14	22%	53%	89%	18	256	272
Nov-14	53%	47%	88%	19	279	297
Dec-14	64%	55%	88%	28	363	390
Jan-15	57%	59%	88%	14	302	314
"Means"	55%	53%	88%	20	283	301

Note: the above "means" are not strictly a reliable statistic

3.23. Problems which may contribute to prolonged response times include:

- Dependence upon the location of the ambulance when the despatch instruction is received.
- Bariatric capability
- Weather
- Time of day or night
- Availability – on call? In for maintenance? In "deep" clean?
- Ambulance distribution
  - 76 ambulances covering Oxon/Bucks. Note that High Wycombe has no A&E facility which necessitates additional drive time (Sends to Stoke Mandeville or Wokingham)
  - 40 ambulances in Berkshire
  - 113 ambulances covering Hampshire

3.24. I have on two occasions advised that it would be more meaningful if the percentage figures we have been looking at were accompanied by an average response time plus the variation around that average – maybe standard deviation or statistical variance and the number of incidents. I am still waiting for a response and have taken the matter up with SCAS again.

3.25. Notwithstanding the above, the Trust is working on ways to improve response times. For example:

- A new immediate triage assessment of patient illness severity has been put in place
- Accommodation offered is appropriate to need
- A rapid registration procedure has been put in place
- More nursing staff have been trained in ambulance reception procedures
- Because there has been a significant change in the pattern of 111 calls activity (changing profiles) the Trust is working on changing rotas to match this variation in demand. This imposes a real challenge for the workforce and there is to be a consultation period on these plans.
- The Trust is looking at other resources such as St. John's private and voluntary ambulance support. You will be aware that there is now a rapid response vehicle stationed in Witney (on loan from St. John's Ambulance Service). However this will not normally respond to a call involving a drive time in excess of six minutes.
- The Trust is contracting with a number of private companies for paramedics of which there is a shortage. Note that Paramedics and all private ambulance staff are trained to the same standard as HS use.

3.26. I have raised the issue of "outcome based" analysis. This is used in some countries in favour of basing everything on response times. It is almost self-evident that an ambulance will reach an incident as fast as possible but what matters is the outcome for the patient. There is some degree of support for this idea but one of the problems is that in order to track a patients progress through the NHS hospitals' system they have to be assigned a " hospital patient number" but there is no way for the ambulance service to access this as the two systems can't "talk" to each other. However, the ambulance service is now working with commissioners on the opportunities to share data.

3.27. Over the last year at HOSC, the subject of ambulance response times is one of five areas of particular concern to the committee. These are reported as an extract from the *HOSC Chairman's report* at Appendix 2.

The Way Forward

3.28. Meetings of the HOSC are scheduled to be held every two months and details of membership and papers for the meeting can be accessed from the OCC website.

3.29. Finally, if this committee, or individually, have any questions in the future, or issues you think should be addressed, then I will be happy find answers or if appropriate bring to the attention of HOSC.

4. ALTERNATIVES/OPTIONS

None.

5. FINANCIAL IMPLICATIONS

None.

6. RISKS

None.

7. REASONS

Participation in the HOSC gives the council an opportunity to raise issues of concern in respect of health matters.

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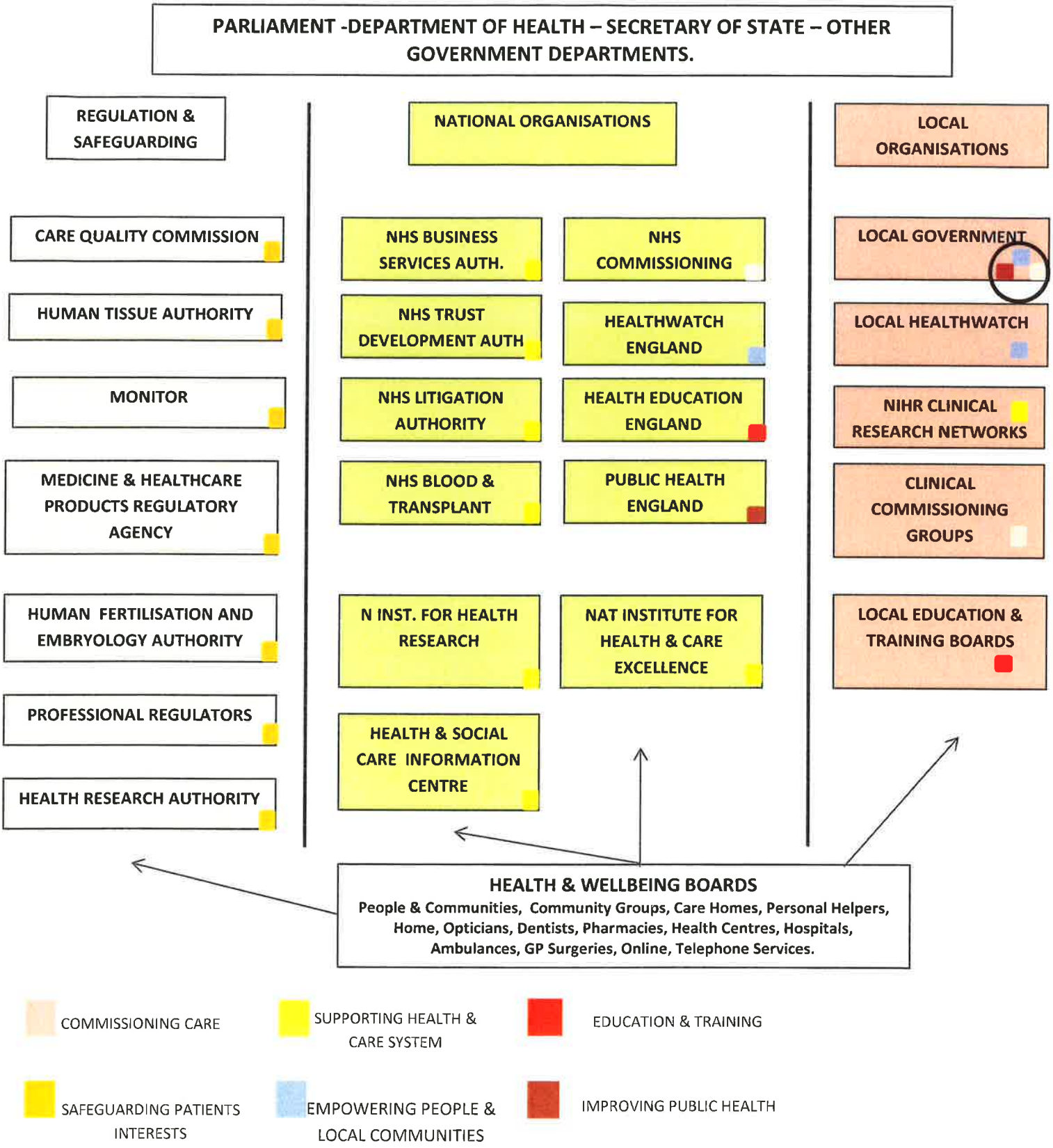
Date: 13 March 2015

Background Papers:
None

Appendix I


PARLIAMENT -DEPARTMENT OF HEALTH – SECRETARY OF STATE – OTHER GOVERNMENT DEPARTMENTS.
REGULATION & SAFEGUARDING
NATIONAL ORGANISATIONS
LOCAL ORGANISATIONS
CARE QUALITY COMMISSION
HUMAN TISSUE AUTHORITY
MONITOR
MEDICINE & HEALTHCARE PRODUCTS REGULATORY AGENCY
HUMAN FERTILISATION AND EMBRYOLOGY AUTHORITY
PROFESSIONAL REGULATORS
HEALTH RESEARCH AUTHORITY
NHS BUSINESS SERVICES AUTH.
NHS COMMISSIONING
NHS TRUST DEVELOPMENT AUTH
HEALTHWATCH ENGLAND
NHS LITIGATION AUTHORITY
HEALTH EDUCATION ENGLAND
NHS BLOOD & TRANSPLANT
PUBLIC HEALTH ENGLAND
N INST. FOR HEALTH RESEARCH
NAT INSTITUTE FOR HEALTH & CARE EXCELLENCE
HEALTH & SOCIAL CARE INFORMATION CENTRE
LOCAL GOVERNMENT
LOCAL HEALTHWATCH
NIHR CLINICAL RESEARCH NETWORKS
CLINICAL COMMISSIONING GROUPS
LOCAL EDUCATION & TRAINING BOARDS
HEALTH & WELLBEING BOARDS
People & Communities, Community Groups, Care Homes, Personal Helpers, Home, Opticians, Dentists, Pharmacies, Health Centres, Hospitals, Ambulances, GP Surgeries, Online, Telephone Services.
COMMISSIONING CARE
SUPPORTING HEALTH & CARE SYSTEM
EDUCATION & TRAINING
SAFEGUARDING PATIENTS INTERESTS
EMPOWERING PEOPLE & LOCAL COMMUNITIES
IMPROVING PUBLIC HEALTH

Appendix 2

Extract from Chairman's Annual Report

During the past year there have been five significant issues covered by the Committee.

South Central Ambulance Service

The performance of the South Central Ambulance Service has been and continues to be a concern for the committee. Demand for services has risen in Oxfordshire which has put significant pressure on performance delivery. While Oxford, Cherwell and Oxford City districts perform well the increase in demand has shown a reduction in performance in South Oxfordshire, West Oxfordshire and the Vale of the White Horse. Delays in rural areas are the biggest challenge for the ambulance service. A point highlighted following some serious incidents in these areas which were brought to the attention of members. Additionally the service has seen a change in the pattern of 111 activity which had increased demand and put pressure on the workforce.

These strains on the services combined with concerns about ambulance response to specific incidents led the committee to call South Central Ambulance Service to account three times in 2014/15. The ambulance service were invited by the committee to present in detail the difficulties they were facing and provide answers to delays in their response to specific incidents.

While the South Central Ambulance Service performs well in comparison to some areas of England the committee were keen to understand how national standards were filtering down to the local level. It was essential for the members to understand how ambulance delays were impacting in other areas and what continuity planning the service had in place. The connection with other partners was a key feature to discussions with an emphasis on more joined up working to deal with challenges. Financial cuts to the service are well rehearsed at national levels, but that does not mean Oxfordshire's residents should have a compromised service.

The Committee have challenged the service and their commissioners and emphasised the importance to them of providing a consistent service across Oxfordshire. The Committee continue to monitor service delivery and will delve into the response to specific incidents where they are unsatisfied with the response to ensure that processes are improved and policies reviewed in order to ensure lessons are learnt.

Delayed Transfers of Care

Delayed Transfers of Care continues to be an area of poor performance by Oxfordshire. The number of days of delay for people waiting for social care and further health services is over targets. While efforts to address social care capacity show promise and much progress has been made, all the relevant agencies have acknowledged that there is more to be done in this area.

A well-publicised and often criticised area has been on the committee's radar for some time and it is well placed to take a system wide view of the problem. The committee pushed for a wide reaching discussion with the main health partners to understand why delayed transfers of care continues to be a problem and how that affects performance in other social care areas. The committee were given a detailed presentation which highlighted the

problems of an increasing ageing population, changes in demand for services and resource capacity. While health care professionals have been coming together to develop a whole systems plan for addressing unacceptable levels of discharge delays, improvements have been slow.

To ensure they were not looking at delayed transfers of care in isolation the committee were careful to link in wider social care issues including performance of the reablement service and the utilisation of community hospitals. They probed on ways services could be improved and explored what other issues were at play, including resources, staff retention and housing adaptations. During discussions the committee were able to flush out some further concerns, including how best to deal with the costs of patient delays.

The committee emphasised the need for effective whole systems collaboration and that they will be watching closely developments within the Better Care Fund as this should be a means to deliver better outcomes and greater efficiencies through a more integrated service across health and social care.

Having such a wide reaching discussion meant the committee decided there were some other important issues they needed to explore. Most fittingly outcomes based commissioning and how that could contribute to future service delivery.

Community Hospitals

The committee have taken an interest in community hospitals this year, as concerns were brought to light about adequate provision. These hospitals provide sub-acute and rehabilitation care, as well as palliative care for people who are not able / do not wish to die at home. Oxfordshire has eight sites with specialist services at some, including stroke rehabilitation and fragility fracture. Oxford Health, NHS Trust Foundation, who provide the service explained to the committee the improvements to models of care that had been made over the last two years, including discharge planning.

Concerns about bed numbers, staffing and future provision were addressed. Despite a reduction in actual open beds the committee understood that the overall service had become more productive with activity remaining high and no detrimental impact on patient safety, quality or satisfaction rates. It was clear that challenges for sustainable and high quality delivery of community hospitals focused around the increased acuity and dependency of the patient population, recruitment of nursing and medical staffing and the state of the community hospital estates.

Recruitment of high calibre nursing staff is not a unique problem to Oxfordshire. It is a national challenge affecting all areas of social and medical care. Members were concerned at the scale of the problem that seemed to be developing. They queried what incentives could be made for nursing staff and what efforts were being made to attract nurses to consider community nursing.

The committee satisfied themselves that provision in community hospitals was currently meeting the needs of residents. However they acknowledged that a careful juggling act will be required to ensure a balance of resources against need, especially taking into account future growth. The committee stressed how the community hospitals were seen as a valuable community resource and were pleased that actions were in place to mitigate challenges.

Primary Care Services

It quickly came to the attention of the committee this year that they needed to look into the provision of primary care services within Oxfordshire. National concerns about the sustainability of GP services were at the forefront of their minds. With the Departments of Health and NHS England describing their vision of 'Transforming Primary Care' the members wanted to get to the root of the national strategic priorities for improving general practice and what they would mean at a local level.

With Health and Social Care services facing a number of challenges including demographic changes, changes in public expenditure regarding access, workforce pressures and economic and financial challenges, this was a topic of great importance. Oxfordshire's significant growth is set to put further pressure on primary care resources and the members were keen to understand the local challenges and what needed to be done to address need.

Excellent turn out at the committee meeting considering this item proved to the committee the importance being placed by the care partners. With a good balance of partners invited the committee were able to generate an in-depth analysis of the issues surrounding primary care services and to hear what it is like at the 'coalface'.

Collaborative working within Oxfordshire has been generating discussion on the formation of primary care federations. Representatives of two of these federations addressed the committee to explain what benefits they offer to member practices and how services can be improved.

The committee welcomed understanding better the challenges facing general practice and how the emerging vision and strategy to address these challenges would sustain and improve the quality of primary care.

The strain on resources combined with growth plans in Oxfordshire highlighted to the committee that there is a risk of a shortfall in medical services as the population of Oxfordshire grows and so they undertook to promote this gap in the current planning system.

While noting the concerns are wider than Oxfordshire the committee undertook to keep abreast of developments in primary care, both nationally and locally and to continue to actively engage with partners to ensure a good primary care service is maintained within Oxfordshire.

Understanding Substantive Change in Services

In order to have real impact the committee wanted to ensure that all health providers in Oxfordshire can be held to account regarding service changes. In light of this the Committee agreed a "toolkit", in consultation with health providers to cement a joint understanding of substantive changes in services and when the Committee need to be consulted on such changes. Improving this understanding means the Committee now has an enhanced capability to scrutinise service changes by health partners and ensure that changes to services are not made without proper consideration of the effect on service users.

Forward Planning

The Committee is keen to make service delivery and patient experience central to its work. In addition to reviewing and scrutinising planned changes in the provision of healthcare in Oxfordshire, the Committee will be looking carefully at the impact on patients. The Committee will continue to scrutinise performance and quality of service issues as they arise and hold health partners to account where services are unacceptable. Improving the quality of care and ensuring value for money for Oxfordshire residents remains at the forefront of the Committee's work. The planned usage of the Better Care Fund in Oxfordshire, will be a key part of the Committee's work in the coming year.