HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Monday, 25 February 2019 commencing at 10.30 am and finishing at 11.55 am

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	District Councillor Neil Owen
	Councillor Wallace Redford
	District Councillor Barry Richards
	District Councillor Sean Woodcock
Co-opted Members:	Dr Keith Ruddle
Officers:	
Whole of meeting	Sam Shepherd and Julie Dean (Resources)

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

1/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillor Sean Gaul, Councillor Kieron Mallon, Councillor Alison Rooke and Councillor Adil Sadygov.

2/19 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

The Chairman, Councillor Arash Fatemian, declared a personal interest in Agenda item 5 on account of his former employment with Pragma.

3/19 MINUTES

(Agenda No. 3)

The Minutes of the last two meetings held on 26 November 2018 and 19 December 2018 were before the Committee for approval and signature.

It was **AGREED** that the Minutes for 19 December 2018 be carried over to the next meeting on 11 April 2019 for approval, in order that the maximum number of Committee members could be present to agree them.

The Minutes of the meeting held on 26 November 2018 were approved and signed as a correct record. There were no matters arising.

4/19 PETITIONS AND PUBLIC ADDRESS

(Agenda No. 4)

The following request to speak at Agenda Item 5 had been agreed from
Councillor Andrew McHugh – as Cabinet Member for Health and Wellbeing, Cherwell District Council

He re-stated the wish of Cherwell District Council (CDC) to see obstetrics re-established at the Horton Hospital and offered CDC as a strategic partner to work with the Trust and/or the CCG to help ensure that this was achieved.

Councillor McHugh welcomed the Trust's decision to embark on a recruitment programme in South Asia. He had become aware, from a reliable source, that there were a number of highly trained, highly motivated and highly suitable candidates in both nursing and medical roles. He understood that the campaign in South Asia had been focusing almost exclusively on recruiting nursing and midwifery staff. If this was the case, he felt that this might call into question the seriousness of the Trust in trying to recruit doctors for obstetric posts at the Horton. He suggested that the Committee re-visit the commitment of the Trust in relation to this.

He stated that he had attended a stakeholder engagement event, organised by the CCG, concerning options for the Hospital. He felt it was well organised, and was pleased to see that the CCG had taken on board the points raised by Councillor Hudspeth at the 19 December meeting of this Committee. He had suggested that there could be a re-drafting of the catchment areas for the future obstetric service. Councillor McHugh pointed out that the CCG report before the Committee today included CCG projections for additional births based on predicted housing growth. These predictions predicted between 800 and 1600 additional births per year by the year 2031 in an expanded Horton catchment area. He wished to emphasise to the Committee that these projections were based on current District Council projections and did not factor in any additional growth that was likely to come with the Oxford-Cambridge arc. He added that what he thought the projections showed was that it would be possible to establish two mutually supportive obstetric services – one at the Horton and one at the John Radcliffe, sharing the 8.5k (approximate) births per year.

Another point raised at the stakeholder engagement meeting was that the John Radcliffe had spare capacity. He refuted this, pointing out he had understood from reliable sources that the system was under stress, the system that, in order to deal with pressures of demand, had had to close the midwife-led unit at the Horton, in order to redeploy midwives to the John Radcliffe. It was his view that two obstetric units would be able to mutually support each other to balance out the peaks and troughs in demand in the two locations.

He informed the meeting that the purpose of the stakeholder day was to review the criteria by which the various options for obstetrics in Oxfordshire would be compared. There were 14 separate criteria covering domains of quality of care, access, affordability and value for money, workforce and ease of implementation. He pointed out his belief that one domain had been ignored which was deprivation and health inequality. The CCG had responded that health inequalities was covered in the first two domains. He reported that he was unconvinced of this, stating that one of the reasons why he wanted the obstetric service to be maintained at the Horton was in order that a service could be delivered to the women and families of the deprived areas in Banburyshire and West Oxfordshire (he was not disputing that the 11 wards in Oxford and Abingdon were also in the first or second decile for multiple indices of deprivation, but these were within easy reach of the John Radcliffe Hospital. The remaining wards were situated in Banbury). Councillor McHugh reminded the Committee that the link between deprivation and poor health outcomes was clear. Numerous studies had reinforced this link, more specifically in obstetrics, a possible link between deprivation and more severe maternofetal morbidity had been identified in the work of Convers et al, published in the friend journal Gynaecology, Obstetrics and Fertility in April 2012.

He concluded that any future decision on obstetrics across Oxfordshire that did not see the reintroduction of an obstetric service at the Horton would be embedding and formalising health inequalities for the deprived communities of Ruscote and Grimsbury. He believed it essential for openness and transparency that the effect of each of the options before the Committee on deprived communities in Banbury and surrounding area was assessed alongside the other 14 criteria. He requested the Committee to scrutinise this.

5/19 RESPONDING TO THE IRP AND SECRETARY OF STATE RECOMMENDATIONS

(Agenda No. 5)

The Oxfordshire Clinical Commissioning Group (OCCG) and the Oxford University Hospitals Foundation Trust (OUH) were present to report on progress with regard to the following workstreams:

- Travel and Transport
- Clinical Model
- Housing Growth and Population
- Engagement Work – Stakeholder events and Survey

The Chairman welcomed the following representatives to the meeting:

- Louise Patten, Chief Executive, OCCG
- Catherine Mountford, Director of Governance, OCCG
- Ally Green, Head of Communications, OCCG
- Veronica Miller, Clinical Director, Maternity, OUHFT
- Kathy Hall, Director of Strategy, OUHFT
- Professor Meghana Pandit, Medical Director, OUHFT
- Sarah Breton, Head of Maternity Commissioning, OCCG
- Anna Hargrave, South Warwickshire CCG

Louise Patten introduced this item stating that the primary concern of this update was that of the visionary work taking place by Cherwell District Council and the ongoing work of the revised Oxfordshire Health & Wellbeing Board (HWB). The CCG had established a Stakeholder Group which aimed to look at potential need, and what needed to be put in place. Over time, this would be looked at from a local perspective. She reported that the first Stakeholder Group event, which had very recently taken place on 22 February 2019, had been well attended and had been presided over by a neutral Chair. There was a good mix of representatives across the table, including people from Warwickshire and Northamptonshire. It had proved to be a good opportunity to give information, and to discuss the weighting of the criteria, which had previously been shared with this Committee. She undertook to provide more information on the discussions which had taken place, at the next meeting of this Committee.

Ally Green took the Committee through the first part of the report (HHOSC5) which concentrated on the engagement regime (agenda pages 27-30), the two main areas of work being the survey and focus groups and two stakeholder events. The survey, which was due to be launched immediately following this meeting, was to aid understanding of the experiences of women who had used the maternity services since the temporary closure of the obstetric service at the Horton. The stakeholder group was holding two events with the aim of engaging wider stakeholders in the work of the programme. Both events would be facilitated by an independent, external professional who would also write up the reports on each.

Ally Green reported orally on the first event to which some elected members had attended. The second event was planned to take place in June 2019. The purpose of the first event was to consider information, including evidence and data relevant to the criteria, most of which was included within the papers for this Committee. Participants were asked to focus on considering the criteria to be used for addressing options and deciding on a weighting to be applied. The scores from this would be collated and used to finalise the scores for each option. The aim of the second event was to consider the outcomes of the option appraisal.

She further reported that the survey had been launched at the same event, which was an integral part of the programme. The planning of the survey would be undertaken by the OCCG, together with some members of the group who helped appoint the engagement supplier (including Keep the Horton General Campaign Group). Pragma had been the engagement supplier appointed to work on it. There had been many comments on, and feedback given, on the questions to be used for the survey, with a view to their refinement. The areas it covered were;

- The planning of the birth, including the choices available to women;
- The experience of the women during labour;
- The experience of women during post labour; and
- Transport.

She added that the survey would be very detailed and there was a need to get it right for it to be a platform to be tested. Details of the work would be shared with the local media in order to attract as many responses as possible.

Catherine Mountford then took the Committee through the remaining workstreams contained in the paper ie. workstream 4 on activity and population modelling in relation to the size and share of the market (pages 31 – 40): workstream 5c Travel and Access (pages 41 – 65) and the options for obstetric provision (page 67 – 70). This paper was presented to the Committee as a draft for discussion and comments were particularly invited on:

- Were the assumptions about the shift of baseline towards the Horton by geography reasonable? and
- Should other options be modelled?

Questions and Responses received, together with comments from Committee members

- A member commented that it was pleasing to see work on housing growth but asked about the increase in the number of births and sustained housing growth across Oxfordshire. Wouldn't this put another pressure on the John Radcliffe rather than just the Horton? Louise Patten undertook to take this away and to bring a response back to the Committee;

- With regard to pages 31-33, tables 6 and 14 – what are your thoughts about the decline in ambulance response times in Oxfordshire from 79% to 59%? Are you comfortable with this? – Catherine Mountford responded that the statistics were based on calculations of changes in time. The CCG had balanced various factors when arriving at these. She also commented that the CCG was not particularly happy with the decline in ambulance response, but there was a requirement to look at all factors, including the need to provide a safe service;

- In response to a comment that the Trust was prioritising staffing issues over where its patients were, Veronica Miller stated that it was very important to deliver services to those women who were in need of the services. The Trust had been told nationally to try to reach a target of 80% of babies delivered on site. The Trust had improved the numbers of women able to access the service whilst increasing the baby survival rate. She appreciated that the Trust must provide care, but it was more important that delivery was in the right place. The Chairman, in answer to this, asked if the Trust should make travel times longer for the most deprived, or should it find a way to deliver where the most deprived were?

- A member asked if the CCG/Trust were looking to justify their preferred way forward via a survey, in the face of all the harrowing experiences told to the Committee at its meeting on 19 December? Ally Green commented that she understood this point of view because she was aware that increasingly, surveys were being called upon to forge a way forward. However, the IRP had requested that this be undertaken as an exercise in reviewing the problems. The CCG was inviting all women to come forward to tell of their birthing experiences since the Obstetrician Service had ceased at the Horton. What the Committee needed to know was that the results were not as predicted. There was an assumption that many women

would not respond to the survey and it had been recognised that there would be a need on the part of the CCG to give extra encouragement to them. In addition to this, Pragma, an independent company who had been appointed to undertake the survey, had been tasked with analysing the outcomes, to ensure confidence in the capturing of the experiences of women. If this was not reached, then there were plans to hold focus groups and/or 1:1 interviews. To add to this, the stakeholder group had requested that some members of the 'Keep the Horton General' Campaign Group look at the survey beforehand in order to make arrangements more robust than previously;

- A member directed the Committee's attention to Table 3, page 46, in relation to Midwife Led Units (MLU). With regard to the Cotswold Unit, the South Central Ambulance Service (SCAS), when they attended the meeting on 19 December, advised the Committee to add a minimum of four minutes to the times if there was not an ambulance on site. This should be reflected in the data. Catherine Mountford stated that this could be reflected going forward – these were statistics from the last few years;

- A member reminded the representatives present that, at the 19 December 2018 Horton HOSC meeting, SCAS were unable to answer the questions relating to patient experience and transfer times because they did not provide the dedicated ambulance at the Horton. A member commented that the figures on ambulance transfer times which compared the Horton to other MLU's was not comparing like with like because of the dedicated ambulance. It was the Committee's view that Category A response times should be shown if the dedicated ambulance was not available. Catherine Mountford responded to say OCCG could present figures which included what the transfer times would be with a usual ambulance. A member stressed the importance of including the practical experience of patients using the ambulances;

- A member commented on the importance of ensuring the capture of experiences of those people who were deprived and difficult to get to groups. Moreover, that the detailed level of responses included in the survey would not just cover Oxfordshire, but the other Local Authorities involved also;

- It was also hoped that reasonable rises in birth rate statistics, up to 2k, to 2031 would be used when the option analysis was reached. Also, when revisiting training status, it would be ensured that the options were flexible enough to allow creative thinking. There were 34 small units across the county, each with less than 2k births. Of these, 10 were using hybrid models and some had retained their training status. In his view, the OUH was capable of sustaining these units. He hoped for a good, objective look. Veronica Miller agreed that a look at all small units was important and Kathy Hall would be including all of those units with smaller birth numbers. She had met with the Royal College of Obstetricians who were exploring a number of different models. In response to a question asking if this would be undertaken by the Trust, Kathy Hall responded that OUH would do the

work with the Royal College providing independent guidance, and would bring this back to the Committee an analysis of the list of units which had 2k births or less and their training status.

- A member asked for clarification in relation to the recruitment policy, asking who was the Trust recruiting for, the John Radcliffe or the Horton Hospital; and where were the current post holders working during the closure of the of the Obstetric Services at the Horton? Veronica Miller responded that it was for the Horton, to support the Obstetric Unit and they were currently working at the John Radcliffe Hospital. She stated that she had taken on board the opinion of the Committee that the Trust was advertising for a job that was not there. The Committee felt that this could give the wrong impression, would feed into the narrative and lead to a pre-determined outcome. Kathy Hall stated that previously, Obstetrics were asked to go to other placements for good practice. She also felt that, to have an independent person looking at it was a very good suggestion, and the Trust would be more than happy to do this. She reminded the Committee that this was part of the workstreams not being reported on at this meeting;

- The Chairman queried when the financial analysis would be available. Catherine Mountford stated that this had been a complex piece of work and more information would come to the next meeting;

- A member declared his acceptance that the Trust had a recruitment problem which had led to Obstetrics having to close, but he was still not able to understand how a Trust with an international brand, as the John Radcliffe Hospital had, was unable to recruit to this service. The Oxfordshire Joint Health Overview & Scrutiny Committee (HOSC) at a recent meeting, had heard how the Trust was recruiting nurses from all over the world, why not obstetricians? He had been led to believe that eminently qualified American doctors were wanting to come over to this country to work. He asked if obstetricians would still leave their posts if there was more of a momentum to undertake Trust - based recruitment only? Professor Meghana Pandit responded that Obstetricians faced a very high-density clinical specification and there were more obstetricians dropping out of training than any other clinical specification. She added that the OUH was trying to be as creative as possible in order to attract people to work including a training regime which involved several units, including educational training and clinical support etc. To date the Trust had been unable to appoint 9 or 10 suitable candidates all in one go, which would lead to ongoing recruitment. It had been made clear to candidates that once the Trust got to that number of appointments, then it would enable them to make the transition to their place of employment which would be the Horton;

- In relation to the challenges facing the Trust regarding recruitment, Louise Patten undertook to take a look at the smaller units operating in other parts of the country, in particular at those smaller units in places outside of London. She also referred to the moves from Oxfordshire to be considered for similar London weighting. The Chairman added that, on the other side

of the coin, a clinician could very easily live within 5/10 miles of the hospital in places which were cheaper to live. This could be explored. Kathy Hall stated that the Trust was keen to explore all options, including some of the suggestions made by the Committee. She added that the Trust was in conversation with Cherwell District Council and had engaged with the Community Network Partnership giving updates. The Trust did genuinely want to work with all, with a view to engaging the right people with the right skills. The Chairman welcomed this, stating again that it required a bigger shift, rather than relying on the John Radcliffe Hospital branding. He asked Veronica Miller if there was now a sufficiency of staff working at the John Radcliffe to be able to move over to the Horton, to which she replied there were not. He asked if there was a means by which the current obstetricians could have their contracts extended in order to cover work at the Horton (which could lead to a number of births returning to the Horton)? Veronica Miller responded that there was an issue concerning the coverage of obstetric units nationally. The skills of those at the John Radcliffe differed to the skills required the Horton and rotas would be affected – it was an accreditation issue. She added that the Trust was looking to increase the number of doctors training and qualifying in this area, adding that perhaps the John Radcliffe could work at gaining a reputation in the ability to train doctors in this area in order to satisfy the need. Veronica Miller reminded the Committee that this was an issue for the Royal College of Obstetricians & Gynaecology to address, not the Trust. Primarily there was a necessity to provide a safe service. She assured the Committee that the Trust would be exploring and covering all issues and options in its quest to bring the Obstetrician training back at the Horton.

- In response to a question about what numbers were needed if the John Radcliffe and Horton Hospitals was an integrated site, Veronica Miller explained that this needed to be looked at in depth as it was not straightforward, and indeed very complex. Different tiers were involved. She was also asked if two Obstetric Units with no Special Baby Care Unit would be viable. She responded that was not as straightforward as it seemed as there would be a need to look at the statistics in depth. She assured the Committee that this would be covered in depth in the options;

- A member made a plea for flexibility when looking at the ways in which it could be done, in the interests of the patients and public. If there were consultants working at two different sites, it would be about using a number of different methods. The Royal Sussex Hospital Trust, in Brighton was a good example of this. Catherine Mountford responded that the CCG was doing this work and discussions were taking place with the Royal College of Obstetricians and Gynaecologists. She added that one of the options was to ask another provider to undertake it. A provider session with hospitals in Oxfordshire, Northamptonshire and Warwickshire was to be set up to discuss possible models.

The Committee asked if the work which remained still matched with the planned timescale. Catherine Mountford stated that the decision-making meeting was on course to take place in September 2019, but this depended upon the NHS Assurance

process. The meeting planned to take place on 11 April could go ahead and confirmation would be given for the 24 June 2019 meeting in due course.

All representatives were thanked for their attendance.

6/19 CHAIRMAN'S REPORT

(Agenda No. 6)

The Chairman's report was received.

..... in the Chair

Date of signing .....