Notice of Meeting Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 15 September 2011 at 10.00 am
County Hall

Membership

Chairman - Councillor Dr Peter Skolar
Deputy Chairman - District Councillor Dr Christopher Hood (South Oxfordshire)

Councillors:	Jenny Hannaby Val Smith	Don Seale C.H. Shouler	Keith Strangwood Lawrie Stratford
District Councillors: *Co-optees:*	Hilary Hibbert-Biles (West Oxfordshire) Dr Harry Dickinson	Susanna Pressel (Oxford City) Ann Tomline	Rose Stratford (Cherwell) Mrs A. Wilkinson

Notes: ***There will be a pre-meeting at 9.00 a.m. for members of the Committee only***
Date of next meeting: *10 November 2011*

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Dr Peter Skolar E.Mail: peter.skolar@oxfordshire.gov.uk
Committee Officer	-	*Roger Edwards, Tel: (01865) 810824* *roger.edwards@oxfordshire.gov.uk*

Peter G. Clark

Peter G. Clark
County Solicitor

September 2011

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 6 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. Minutes

To approve the minutes (**JHO3**) of the meeting held on 7 July 2011 and to note for information any matters arising from them.

4. Speaking to or Petitioning the Committee

5. Public Health

10.10
The regular report from the Director of Public Health on matters of relevance and interest.

6. South Central Ambulance Service - update on performance

10.30
The Chief Executive of the South Central Ambulance Service NHS Trust (SCAS), Will Hancock, will provide members with an update on the performance of SCAS in Oxfordshire. He will also talk about changes to national performance targets.

Mr Hancock will be joined by John Black, SCAS Medical Director; John Nichols, Divisional Director for Oxfordshire and Duncan Burke, Director of Communications and Public Engagement.

7. Ridgeway Partnership Merger/Acquisition (Pages 1 - 6)

11.00
Following discussions with South Central Strategic Health Authority, the Ridgeway Partnership (Oxfordshire Learning Disability NHS Trust) Board announced at their Board meeting on 31 March 2011 that the Trust will not be taking its stand-alone Foundation Trust application forward.

The decision by the Board is a consequence of the way that Monitor (the organisation responsible for regulating NHS Foundation Trusts) now assesses the financial forecasts of aspiring Foundation Trusts in the light of the changed economic climate.

Therefore the Trust will be looking to enter into some form of partnership with another organisation. Oxfordshire County Council commissions some 65% of Ridgeway's

current business.

The Chief Executive of the Trust, John Morgan and the County Council's Pooled Budget Manager for Learning Disability services, Ann Nursey will explain the latest position and notify members of the plans for the way ahead.

A copy of the presentation is attached **(JHO7)**.

8. Reconfiguration of the Gynaecology Service at the Horton Hospital

11.20
The Gynaecology Service at the Horton General Hospital (HGH) delivers elective and emergency care to the local population north of Oxfordshire and the surrounding counties. The Oxford Radcliffe Hospitals Trust recently announced a number of changes to the service. This is one of a number of developments that have taken place since the Independent Reconfiguration Panel (IRP) report in 2008. Further developments are planned.

The purpose of this item is to provide an update on the gynaecology service changes and to consider a major item for the November agenda aimed at reviewing what has happened at the HGH since 2008 and whether the recommendations of the IRP are being met.

9. Safe and Sustainable Review of Children's Congenital Heart Services in England (Pages 7 - 20)

11.50
Following the consultation on paediatric cardiac surgery services, Safe and Sustainable has issued an independent report on the outcome of the consultation. This provides the Committee with an opportunity to add to their earlier submission should they wish to. A copy of the Executive Summary from the consultation report **(JHO9a)** and the original HOSC response to the consultation **(JHO9b)** are attached for information.

This additional consultation will run until 5 October 2011 following which the Joint Committee of PCTs (JCPCT) will make a decision on the future configuration of children's congenital heart services in England. The outcome of the JCPCT deliberations is expected to be published in November 2011.

10. Chipping Norton Hospital - Update on position following the letter to Secretary of State (Pages 21 - 26)

12.05
At the July OJHOSC meeting members agreed that a letter should be sent to the Secretary of State for Health seeking Independent Reconfiguration Panel (IRP) intervention on the issue of staff employment at Chipping Norton Hospital.

Subsequently a copy of a letter from the Chair of the South Central Strategic Health

Authority to the MP for Witney was forwarded to the Chairman of the HOSC. The letter, which is attached **(JHO10a)** stated that "all remaining issues" about the management of the hospital should be resolved by the end of August. Clarification has been sought from the Chief Executives of the PCT and Oxford Health about just what that statement means.

Members will be brought up to date on what has happened since the letter (attached **JHO10b**) was sent to the SoS

11. Future work programme

12.20
At the July HOSC meeting members asked for clarification of possible ways to make progress with two items for the work programme; Prison GP Services and Alcohol Addiction Services.

This item will provide an opportunity to consider options for taking the work forward.

12. Oxfordshire LINk Group – Information Share (Pages 27 - 30)

12.35
The regular update from the Oxfordshire LINk is attached. LINk representatives will be at the meeting to answer questions if required.

13. Chairman's Report

12.50
The Chairman will report on meetings etc that have taken place since the previous HOSC meeting.

Declarations of Interest

This note briefly summarises the position on interests which you must declare at the meeting. Please refer to the Members' Code of Conduct in Part 9.1 of the Constitution for a fuller description.

The duty to declare …
You must always declare any "personal interest" in a matter under consideration, i.e. where the matter affects (either positively or negatively):

(i) any of the financial and other interests which you are required to notify for inclusion in the statutory Register of Members' Interests; or

(ii) your own well-being or financial position or that of any member of your family or any person with whom you have a close association more than it would affect other people in the County.

Whose interests are included …
"Member of your family" in (ii) above includes spouses and partners and other relatives' spouses and partners, and extends to the employment and investment interests of relatives and friends and their involvement in other bodies of various descriptions. For a full list of what "relative" covers, please see the Code of Conduct.

When and what to declare …
The best time to make any declaration is under the agenda item "Declarations of Interest". Under the Code you must declare not later than at the start of the item concerned or (if different) as soon as the interest "becomes apparent".
In making a declaration you must state the nature of the interest.

Taking part if you have an interest …
Having made a declaration you may still take part in the debate and vote on the matter unless your personal interest is also a "prejudicial" interest.

"Prejudicial" interests …
A prejudicial interest is one which a member of the public knowing the relevant facts would think so significant as to be likely to affect your judgment of the public interest.

What to do if your interest is prejudicial …
If you have a prejudicial interest in any matter under consideration, you may remain in the room but only for the purpose of making representations, answering questions or giving evidence relating to the matter under consideration, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise.

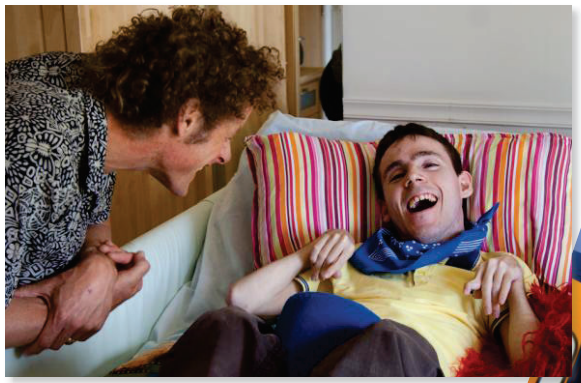
Exceptions …
There are a few circumstances where you may regard yourself as not having a prejudicial interest or may participate even though you may have one. These, together with other rules about participation in the case of a prejudicial interest, are set out in paragraphs 10 – 12 of the Code.

Seeking Advice …
It is your responsibility to decide whether any of these provisions apply to you in particular circumstances, but you may wish to seek the advice of the Monitoring Officer before the meeting.

Oxfordshire Learning Disability NHS
NHS Trust

RidgewayPartnership

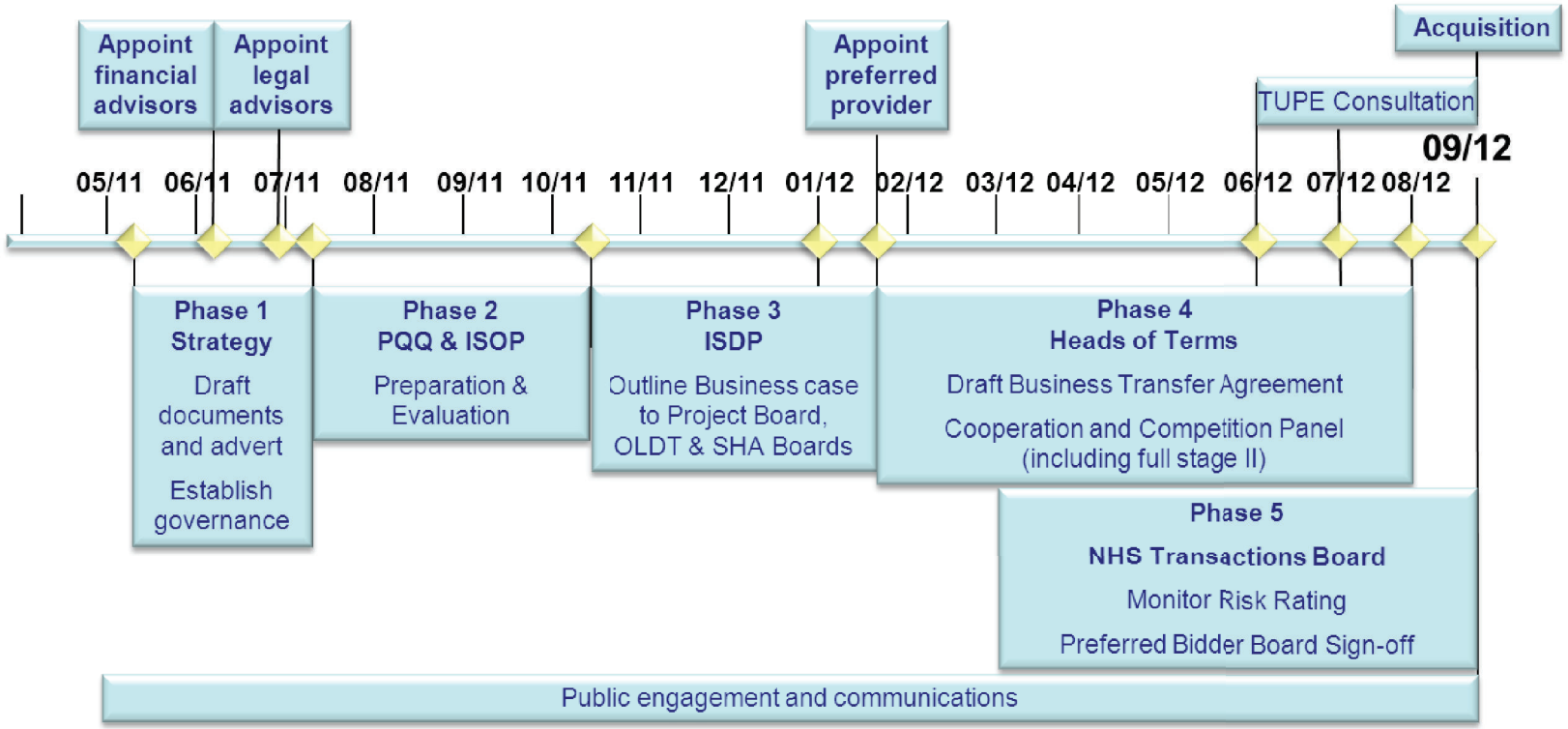
Presentation to Oxfordshire Health Overview and Scrutiny Committee – 15 September 2011



Divestment of OLDT

- At the end of March 2011, the Board decided to discontinue the Trust's application to become an NHS Foundation Trust (FT).
- After appraising various strategic options, the Board – with the agreement of the NHS South Central Strategic Health Authority (SHA) – opted to seek a suitable NHS organisation to acquire the Trust's services.

Oxford Learning Disability NHS Trust: timeline



Oxfordshire Learning Disability NHS
NHS Trust

Ridgeway Partnership

Stakeholder Engagement

- **Consultation on criteria to inform selection of future partner**

- Establishment of Stakeholder Engagement Group
- Involvement of Stakeholders in evaluating Outline Proposals
- Site visits and further opportunities to engage with final three bidders in November.

- Major Commissioner represented on Project Board and Team
- Engagement with Commissioners on Commissioning Intentions

Ensuring a smooth and effective transition

- Our priority is to ensure that the divestment process meets the needs of service users and ensures that they receive high quality, cost effective and safe care;

- During the transition, we will maintain our focus on –
  - compliance with CQC standards,
  - delivering efficiency savings through its Value Improvement Programme, and
  - increasing its capacity in healthcare through investment in its estate.

Oxfordshire Learning Disability NHS
NHS Trust

RidgewayPartnership

Questions?

Safe and Sustainable Review of Children's Congenital Heart Services in England

Report of the public consultation

Executive summary

This report contains an independent analysis of the responses received to the public consultation on the proposals put forward by the *Safe and Sustainable Review of Children"s Congenital Heart Services*. The review has proposed new National Quality Standards and changes to the way in which services are planned and delivered in the future. The consultation ran for four months and received a large number of responses – over 75,000 – from patients, families, health professionals and other groups. Respondents used a number of channels to feed back their views:

- A response form with questions on specific aspects of the proposals, available online and in hard copy;
- Written comments submitted in letters and e-mails; and
- Text messages

There were also consultation events and supplementary qualitative research, both of which are reported on separately. It is important to remember that the results contained in this report are not representative of the population – they only refer to the people and organisations that responded to the consultation.

The suggested new approach

Five Key Principles

Respondents supported the Five Key Principles underpinning the proposals. Around a third of personal respondents and a half of organisations chose not to respond to these questions, but of those responding, around nine in ten respondents supported each of the following principles:

- **Children**: the need of the child comes first in all considerations.
- **Quality**: all children in England and Wales who need heart surgery must receive the very highest standards of NHS care.
- **Equity**: the same high quality of service must be available to each child regardless of where they live or which hospital provides their care.
- **Personal service**: the care that every congenital heart service plans and delivers must be based around the needs of each child and family.

In fact, nearly all respondents agreed with the principles concerning *Quality, Equity* and *Personal service*. However, there were slightly lower levels of agreement with the fifth principle:

- **Close to families' homes where possible**: other than surgery and interventional procedures, all relevant cardiac treatment should be provided by competent experts as close as possible to the child's home.

Among those responding, 70% of personal respondents and of 86% organisations agreed with this principle. Written comments suggested that many of those *disagreeing* were particularly concerned that surgery and interventional procedures

have been excluded – they would like to see these also being provided close to home. Some highlighted the impact of increased travel times and the problems this can cause for the patient and their families.
Other respondents though suggested that high quality care should always take precedence over ease of access.

Views on different aspects of the new approach

Respondents were also asked for their views on particular elements of the proposals. Again, not all respondents chose to address these questions, showing a greater interest in other aspects of the proposals. Amongst those that did, the majority supported each of the elements, but there were substantial differences between specific aspects.

There was strongest support, amongst both personal respondents and organisations, for **the need for 24/7 care in each centre** (94% of each audience).
There was lowest support for the statement "**without change the service will not be safe or sustainable in the future**" – under half of personal respondents (46%) and two-thirds of organisations (64%) who provided an answer were in support. Many of those disputing this idea believed that all hospitals were safe at the moment and questioned the evidence on which the statement was based.

There was also lower support for the suggestion that there is a **relationship between higher-volume and better clinical outcomes** – 52% of personal respondents and 70% of organisations were in support. Some respondents commented further on this and disagreed with the interpretation of „higher volumes" if defined at over 400 cases a year. Many of these argued that the evidence showed only that outcomes were worse below a minimum of 200 cases. Others thought there was insufficient evidence on which to base a conclusion.

The majority of respondents agreed with the proposal that systems should be implemented to improve the collection, reporting and analysis of mortality and morbidity data. **Over eight in ten of those responding to the question agreed** (85% of personal respondents and organisations).

National Quality Standards

There was extremely strong support for the National Quality Standards amongst respondents providing an answer. Around nine in ten stated their support for the standards under each of the seven themes:

- Congenital Heart Networks
- Prenatal Diagnosis
- Specialist Surgical Centres
- Age Appropriate Care
- Information and Making Choices
- The Family Experience
- Ensuring Excellent Care

There was particularly strong support for the standards relating to **Ensuring Excellent Care** (93% of personal responses and 94% of organisations).
Only a minority of respondents chose to provide further comments on the National Quality Standards; the majority of these related to the **Specialist Surgical Centre** theme. Again, some respondents discussed the relationship between higher volumes

of cases and better outcomes and put forward their view that the interpretation was incorrect.

A small number of respondents did provide comments on the other themes, and these often simply stated the perceived importance of the standards and the subject covered by the standards.

Proposals for Specialist Surgical Centres in London

Around three-quarters of respondents supported the proposal for two Specialist Surgical Centres in London. This dropped to just under half of individuals in London itself (47%), with many of these suggesting that all three hospitals in London should retain heart surgery services for children. They noted that all three hospitals provide high quality care and would like to see them work together to deliver services. Some had concerns that two centres in London would not be able to cope with the demand of its population.

On the other hand, some respondents who disagreed with the proposal (particularly those living outside London) suggested that there should only be one centre in London, so that another centre could be situated elsewhere in the country.
If there were to be two centres in London, the majority of those responding supported the proposed choice of **Great Ormond Street Hospital for Children NHS Trust (GOSH)** and **Evelina Children's Hospital – Guy's and St Thomas' NHS Foundation Trust** (65% of personal respondents and 56% of organisations). Just under one in ten personal respondents preferred **Royal Brompton and Harefield NHS Foundation Trust and GOSH** (8%) and 16% preferred **Royal Brompton and Evelina**. The pattern for the two alternative options is reversed amongst organisations though, where 11% preferred **Royal Brompton and GOSH** and just 5% preferred **Royal Brompton and Evelina**.

Around half of the comments made here related to the specific hospitals themselves and their merits, particularly **Royal Brompton**. Most people stated their support for the hospital and were positive about the care and service provided. Amongst other things, they named its ground-breaking research, the full range of services and the childhood to adulthood care provided at the hospital. Some also expressed concerns about the risks posed to patients (particularly cystic fibrosis patients) and the negative impact on other services at the hospital if the children"s heart surgery service were to cease.

Proposals for Specialist Surgical Centres outside London

Almost all respondents provided views on the proposed options for centres outside London – they were asked for their support or otherwise for each option, then asked which they preferred.

Views on options

Option A received the highest level of support from personal respondents (58%), followed by **Option B** (34%). Amongst organisations though, more respondents supported **Option B** (63% compared to 22% for **Option A**). Ten per cent or fewer of both audiences supported Options C and D.

As might be expected, there were substantial differences in support for each option in different parts of the country. A large proportion of respondents to the consultation

came from the East Midlands and the South Central regions, and their responses have influenced the overall results. Outside these two regions, there was greater support for **Option B** – 43% compared to 35% for Option A), though **Option A** was supported by more respondents in six of the ten regions.

These results were largely replicated when respondents were asked for their *preferred* option. Again, **Option A** was selected by more personal respondents than any other (54% compared to 30% for Option B, 1% for Option C and 8% for Option D). Outside the East Midlands and South Central regions though, **Option B** was again preferred – 33% compared to 27% for Option A).

Organisations clearly expressed a preference for **Option B** (41% compared to 18% for Option A, 1% for Option C and 4% for Option D).

A large number of respondents chose to give further comments on specific hospitals rather than their views on the configurations. Most commonly mentioned were Southampton University Hospitals NHS Trust, Leeds Teaching Hospitals NHS Trust and the University Hospitals of Leicester NHS Trust (Glenfield). Generally respondents referred to the good service they had experienced at each hospital and the high standard of care received there.

Southampton received the most comments – in addition to positive comments about the care received, many respondents also mentioned:

- Its rank as second in the country in the review
- Its location and accessibility for the south of the country (particularly mentioning the Isle of Wight and the Channel islands)
- Its good transport links.

Leeds was also commented on favourably by many respondents who had prior experience of it. Large numbers also mentioned:

- Its ability to provide a range of services in one location
- Its central location and large population served.

Glenfield received similar comments about the standard of care provided at the hospital. In addition, there were comments about:

- The extracorporeal membrane oxygenation (ECMO) facilities provided at the hospital
- Its central location for a large population
- Its good transport links.

However, some respondents did comment further on the options proposed. **Option A** was considered by some respondents to offer the least disruption to patients as it would mean no relocation of specialised services. Others thought that it offered a good geographic spread.

Some were concerned though that it would require Leeds to be involved in four networks. Many respondents offering further comment thought that **Option B** offered the best solution in that it included the centres scoring highest for quality and which were able to undertake complex surgery. Others thought that it offered the best access for patients from different parts of the country. However, some thought it did not cover the north of the country sufficiently well.

The level of support for **Option C** was low, and few respondents offered further comments on it. Those who did provide a response tended to say that the number of centres in the configuration was too low.

Some respondents commented positively on **Option D** – in particular that it would ensure that all centres would perform the minimum 400 cases a year. However, other respondents disliked it as having too few centres and because it would mean that transplant and ECMO services would need to be relocated.

Finally, respondents were also asked for any comments on the assumptions made concerning how postcodes have been assigned in any of the four options. The majority of comments received were negative – the most common of which stated that the assumptions ignore patient choice.

The importance of quality

The **quality of care** provided was the most frequently mentioned issue for respondents discussing either specific hospitals or the options more generally. In fact, quality of care featured heavily throughout the consultation responses, at each of the questions posed in the response form and in the letters and emails that were submitted. There was a strong belief amongst many that quality should be the deciding factor in service planning.

However, **location** was also a common concern, with many arguing that there should be an equitable geographical spread of locations across the country. Some respondents noted the difficulties that families would face if they had to travel further for surgery.

Preferred configuration

Where respondents did not express a preference for any of the proposed options, they chose their own preferred configuration of centres. Many respondents simply selected the one hospital they wanted to provide services (most commonly Glenfield and Southampton). The only configuration that was selected frequently – and wasn"t formed of one of the proposed options – consisted of **all three London centres plus Alder Hey Children's NHS Foundation Trust and Birmingham Children's Hospital NHS Foundation Trust**.

Text message responses

The majority of text messages received during the consultation contained support for (and, in a small number of cases, opposition to) each of the proposed options. **Option B** received the highest number of text messages in support (13,487), followed by **Option A** (10,233). The remaining two options were referenced in far fewer messages.

A number of respondents also showed their support for particular hospitals in their text messages. Almost half of these referred to **Newcastle**, followed by **Leeds**, **Leicester** and **Southampton**. Although generally much shorter in length, the reasons given were very similar to those submitted via other methods of response.

Petitions and campaign responses

A total of 25 petitions or campaign responses, some with a very large number of signatories, were received to the consultation. These tended to show support for a specific hospital or option. In particular:

- Almost half a million people (445,945) signed a petition to save heart surgery services in **Leeds**.
- Almost a quarter of a million people (240,094) signed a petition in support of **Southampton**.
- Around fifty thousand people (47,258) signed a petition in support of **Glenfield**.

Other petitions and campaigns also supported these three hospitals and Newcastle, Royal Brompton, Alder Hey and Oxford Radcliffe.

Key findings

- There were over 75,000 responses to the consultation via the various methods of response, with most using the response form[1].
- Over 20% of the responses received via the response form were from individuals from minority ethnic backgrounds.
- There was strong support amongst these respondents for the Key Principles.
- There was strong support for the need for 24/7 care in each of the Specialist Surgical Centres.
- There was strong agreement that systems should be implemented to improve the collection, reporting and analysis of mortality and morbidity data.
- Three-quarters of respondents supported the proposal for two Specialist Surgical Centres in London (75% of personal respondents and 74% of organisations responding).
- Almost half of respondents from London supported the proposal for two Specialist Surgical Centres in London (47% of those responding).
- The majority supported the proposed choice of Great Ormond Street Hospital for Children NHS Trust and Evelina Children"s Hospital (65% of personal respondents and 56% of organisations responding).
- Option A received the highest level of support from personal respondents (58%) followed by Option B (34%). The majority of respondents to the consultation were from the East Midlands and South Central regions. Outside these two regions, more respondents supported Option B, as did organisations.
- There were lower levels of support for Options C and D, with Option D receiving most support from respondents in the Yorkshire and Humber region.

[1] It is important to remember that the results contained in this report are not representative of the population – they only refer to the people and organisations that responded to the consultation.

Oxfordshire Joint Health Overview and Scrutiny Committee

Response to the Safe and Sustainable consultation on Children's Congenital Cardiac Services in England

Introduction

1. Members of the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) have given careful consideration to the proposals for changes to Children's Congenital Cardiac Services in England. What follows is the response of the OJHOSC to the initial consultation. Once the promised independent report on the outcome of the consultation is published in August 2011 the OJHOSC would wish to add to this submission.

2. The OJHOSC has chosen to respond in narrative form rather than use the response form provided. This is because it was considered that the form did not provide sufficient flexibility to allow for the level of comment that members of the OJHOSC wish to make.

3. What follows can be summarised as follows:

    i. The OJHOSC considers that the consultation is flawed and should be withdrawn
    ii. If the consultation were not to be withdrawn then there appears to be only one rational option and that is Option B
    iii. Option B would only be acceptable if the South of England Congenital Heart Network (i.e. the Oxford/Southampton link-up) were to be seen as integral to that option
    iv. If the consultation is not withdrawn and Option B is not chosen; or the South of England Congenital Heart Network was not included as an integral part of Option B, then the OJHOSC would reserve the right to refer the matter to the Secretary of State on the grounds that any other option would not be in the best interests of the health services in the OJHOSC's area.

Comments on the consultation relating to the omission of the John Radcliffe Hospital from the consultation

4. Members of the OJHOSC wish to express their dismay that:

    i. The John Radcliffe Hospital (JR) was not included in the consultation
    ii. The changes that have taken place at the JR since the SHA review have not been acknowledged by Safe and Sustainable
    iii. The consultation document contains no reference to the work that has taken place between the Oxford Radcliffe Hospitals NHS Trust (ORH) and the Southampton University Hospitals NHS Trust (SUHT) to establish a joint paediatric cardiac service – the South of England Congenital Heart Network
    iv. The fact that the JR has been omitted from the consultation and the lack of any question in consultation response form such as; "Do you agree to the closure of cardiac surgery at Oxford?" prevents any proper discussion of the issue and is intended to create a de facto acceptance of the closure of the service at the JR

5. It is the view of the OJHOSC that these omissions call into question the validity of

the whole consultation process. The consultation asks for a response to a document that fails to contain full and up-to-date information and does not address all of the pertinent issues. That cannot be a proper basis for a consultation on such an important matter as this.

Further comments on the consultation document

6. The omissions identified above are not the only ones that concern members of the OJHOSC. The choice of options seems to be predicated mainly on the distance that patients might have to travel but nothing appears to have been done to evaluate actual patient flows. Evidence is clear that parents will decide where their child should be treated on the basis of quality rather than geography. All of the parents who addressed the OJHOSC emphasised their wish for children to have access to high quality services. The consultation document seems to put a much greater emphasis on the distance to a facility and access and retrieval times. That seems strange when there is so much emphasis being given to quality standards.

7. Quality always comes above distance in making decisions about where treatment should take place.

8. Patients travel to Southampton General from both the south west and south east (e.g. Plymouth and Guildford) as well as from the north (e.g. Northampton). And Oxford patients have been going to Southampton since March/April 2010 not just because it is nearer than Bristol or London but because they recognise the quality of service provided. That is how parents and carers exercise choice; something else that has been ignored by Safe and Sustainable.

9. Not only do patients exercise choice but GPs also do so in deciding where they should refer patients to. It seems remarkable that at a time when GPs are to be given the leading role in commissioning services, they rate barely a mention in the consultation document and certainly have not been included to any degree in formulating the options.

10. The quality of services provided at SUHT has been recognised by the 2010 Kennedy Review which rated Southampton General as providing the country's highest quality service outside London. Kennedy saw "exemplary practice" in the management of paediatric intensive care, supporting parents with information and choice and training and innovation.

11. The omission of the JR is symptomatic of a process that has concentrated on the issue of congenital heart disease but has failed to address the effects that the proposals would have on the health services required for those children with heart problems who do not need surgery. That is a massive black hole at the centre of the consultation. There is far more to the care of children than elective heart surgery and that has been ignored by Safe and Sustainable.

12. There are a number of assertions in the consultation that are not backed up by any evidence. Chief among these is the statement that there should be a minimum volume of 400 paediatric surgical procedures for each Specialist Surgical Centre. No evidence is provided for that figure and in fact there is a statement in the consultation document that; *"the scientific papers reviewed do not provide sufficient evidence to make firm recommendations regarding the cut-off point for minimum*

volume of activity for paediatric cardiac procedures" . The document refers to, *"available evidence"* but does not show what that evidence is. There is however evidence that hospitals in Scotland for example are able to provide a high quality service with smaller volumes than 400 but that evidence is not referred to.

13. Furthermore, travel is assessed by road times from the centre of post code areas. No consideration is given to air ambulances or the fact that the JR already has a helipad and SUHT is having one built. Travel by helicopter between Oxford and Southampton takes about 15 minutes.

14. Surgical numbers have increased significantly at Southampton in the past year owing to the cessation of surgery in Oxford and the hospital is close to achieving the minimum number of cases required (400) in 2010/11.

15. Since March when surgery was suspended in Oxford, Southampton has undertaken the majority of cases and from the start there have been joint management teams. Catheter cases are now done in Southampton by the Oxford team. All of this has been ignored by the Safe and Sustainable team.

16. As stated above, the Southampton/Oxford based network (South of England Congenital Heart Network) has not been considered by Safe and Sustainable. This is despite that fact that discussions about future joint working between the ORH and SUHT began as early as October 2009 with Oxford patients being treated at Southampton since April 2010.

17. Then, in February 2011, the two Trusts announced that they had entered a Joint Strategic Partnership and indicated that detailed plans for implementing a new joint fully integrated service would shortly be published. Sadly, Safe and Sustainable, despite being aware of these discussions, refused to delay public consultation to consider any new options alongside the options presented to the Joint Committee of Primary Care Trusts (JCPCTs). This is in spite of the commitment given by Simon Burns MP, Minister of Health at a meeting with Nicola Blackwood MP and Young Hearts representatives from Oxfordshire that any options for a joint Oxford / Southampton service would receive full consideration by the Safe and Sustainable Review Team.

18. The OJHOSC deplores this and wishes to state its full support for the network and its further development.

19. The omissions highlighted above add weight to the view that this is a flawed consultation. None of the points are picked up by Safe and Sustainable and yet people are being asked to come to a conclusion about which option they would wish to support.

20. Therefore the OJHOSC would wish to see the consultation document withdrawn. Members of the Committee are not persuaded that any further consultation would then be necessary for the south of England as the Southampton/Oxford network would clearly provide a safe and sustainable service that could continue to develop further.

21. However, if there were to be a new consultation then further thought must be given by Safe and Sustainable to producing something that is based more on facts and evidence than opinions. Any new consultation must also recognise the work that

has been done, and continues to be done, between Oxford and Southampton.

The risks to children's healthcare if the service at the John Radcliffe closes

22. Assuming that the above recommendation that the consultation should be withdrawn is not acted upon, the OJHOSC would remain very concerned that, if paediatric cardiac services do not continue at the John Radcliffe Hospital, other vital paediatric services will be lost. Evidence was provided to the Committee that the proposals as set out in the Safe and Sustainable document threaten the wider paediatric services provided in Oxford.

23. It is not possible to know what weight Safe and Sustainable has given to this because, due to the very narrow focus of the consultation document, there is no description of a vision for non-surgical services.

24. Most heart problems related to children are not congenital but the service configuration advocated by Safe and Sustainable would have a major effect on all children with heart problems. What for example would happen to the intensive care service? What emergency provision would survive for children with acquired heart deficiencies as opposed to those with congenital problems? Would heart/lung facilities cease? Removing cardiac surgery would diminish the expertise available from other disciplines and, as caseloads would inevitably fall; there could be a very real threat to the training status in some paediatric disciplines.

25. As was said to the OJHOSC, children's services cannot be run one at a time. They are interdependent and if one major service goes then others are threatened. None of the above questions are addressed by Safe and Sustainable.

26. Congenital heart patients need many services over a long period of time and it is much better for patients if care is provided in an integrated way within one hospital or campus where the whole range of services can be provided. The John Radcliffe Hospital is a prime example of a large specialist hospital where patients can be treated for all aspects of their care from conception onwards.

27. In the early pre-birth stage mothers are offered foetal cardiology services to correct birth defects in the womb. This includes ante-natal screening, monitoring and treatment of the foetus in the womb for some conditions. Mothers can then have their babies delivered in the high risk maternity unit in the JR's Women's Centre. This unit also provides maternity care to adult congenital heart patients jointly with the Oxford Heart Centre as these women may be at higher risk when giving birth. Once born a child can be given support in the JR's Neonatal Intensive Care Unit which serves a large regional catchment and their mothers can stay with them.

28. Children needing in-patient treatment for congenital heart surgery are treated in two designated and superbly equipped wards at the Oxford Children's Hospital at the JR. In addition parents are offered on-site accommodation in the unit.

29. It is important that families can stay as close together as possible during such hugely stressful occasions.

30. Children with congenital heart conditions often need treatment for other conditions (kidney, liver, brain, gastrointestinal, genetic etc.) and have access to on-site related children's specialties within the dedicated Oxford Children's Hospital. An

excellent range of outpatient facilities are also provided in the Oxford Children's Hospital with ready access to the full range of diagnostic modalities. These include the Oxford Homograph Bank (Heart Valve Bank.)

31. The JR also has a dedicated new paediatric Emergency Department and 24 hour helicopter landing facilities for acutely ill patients.

32. When children reach adolescence they move on to be cared for in the Adult Congenital Heart Service which is housed in the new state of the art Oxford Heart Centre which opened in 2010. Thus the transition from child to adult care can be planned and take place on the same site. The young person can meet the medical staff who will be looking after them in the future and get to know them before the handover takes place. That would not happen if the nearest hospital for the child's treatment were to be in Bristol or London.

33. The OJHOSC is persuaded of the importance of continuity of lifelong care for patients with congenital heart problems. The John Radcliffe Hospital has a deserved reputation for the quality of care provided to heart patients of all ages. It is recognised that patients do best where there is support available throughout their lifetime. If the paediatric services provided by the hospital were to be closed it could put at risk all of the services outlined above as well as the successful transfer of patients from children's to adult cardiac services.

34. It is the considered opinion of the OJHOSC that nothing should be done that would put those services at risk. It is clear that the proposals as outlined in the Safe and Sustainable consultation document would do just that. Closing the John Radcliffe cardiac surgery service and also removing the developing South of England Congenital Heart Network would be nothing short of disastrous.

35. The fact that clinicians from Oxford have been working in Southampton has demonstrated that paediatric patients from Oxford are able to be provided with continuity of care that would not be possible if Oxford were not to be included with Southampton in the chosen option.

South of England Congenital Heart Network

36. The OJHOSC accepts that it is desirable for patient safety and sustainability of service to have larger groups of surgeons undertaking consistent numbers of operations. There is obviously logic to ensuring that there are sufficient surgeons available to provide a 24/7 service. This could be dealt with by training more surgeons but realistically that is unlikely to happen and certainly not in the near future.

37. The OJHOSC also takes the realistic view that, having made up their minds for whatever reason that the JR paediatric cardiac surgery service should remain closed, the Safe and Sustainable team is unlikely to reverse that decision.

38. While the OJHOSC would be very disappointed to see the final end of paediatric cardiac surgery at the JR, OJHOSC members do not adhere dogmatically to a view that all cardiac paediatric services should be offered in Oxford. However there must be a comprehensive service that enables patients to be cared for as close as possible to their home.

39. It has been shown in practice already that surgery can be done by Oxford clinicians

working in Southampton. Those children who receive surgery and/or catheterising in Southampton can subsequently receive further care and provided with all other necessary services in Oxford. That has the major of advantage of maintaining the excellent services referred to earlier and ensuring that the children are cared for near to home.

40. None of the options apart from option B would allow this to happen. Therefore if a complete service is not to be maintained then the OJHOSC would support Option B as this is the only one that includes Southampton.

41. It is the view of the OJHOSC that option B must be seen to encompass the whole of the developing network across the south of England. Such a network, based upon close links between the ORH and SUHT, would be the best solution for patients from Oxfordshire and the whole of the South of England as far as the Midlands.

42. However, this support is conditional on recognition by Safe and Sustainable of the link between the ORH and SUHT and agreement that the South of England Congenital Heart Network is the best way forward for patients and their relatives/carers.

43. Option B is supported because of the following:

    1. The evaluation undertaken by Professor Sir Ian Kennedy and his panel for Safe and Sustainable showed that Southampton is the second best surgical centre in the country for the ability to meet the required clinical standards. Clinical quality is the most important criterion for parents/carers.
    2. It is clear that Southampton and Oxford working together would achieve the required number of 400 operations a year.
    3. The network is already up and running with plans for future development.
    4. Parents whose children have been looked after in Southampton by Oxford clinicians see it as a great success and are very supportive.
    5. The importance of local services for emergency treatment must not be ignored. Option B in the network configuration would provide a much safer option for patients in around the Oxfordshire area.
    6. The importance of lifelong access to integrated cardiac services cannot be overstated. The John Radcliffe Hospital, through the Children's Hospital and the Oxford Heart Centre for adults is able to provide such an integrated service.
    7. The important and extremely high quality paediatric services currently available at Oxford would be preserved.
    8. The network would ensure that children and their families from Oxford and the surrounding area would need to travel only for surgery or catheterising. None of the other options are acceptable as travel for these people would be too difficult and/or lengthy and expensive.
    9. The network provides the best opportunity for patients from Oxford and the surrounding area to be able to gain access to as many local services as possible.
    10. There are excellent facilities at Oxford for families who need to stay near to their child; the same is not thought to exist in other places.

44. Hence it is the conclusion of the OJHOSC that the only viable option would be

Option B with the caveat that it must include the South of England Congenital Heart Network.

Referral to the Secretary of State

45. If Option B were not to be chosen, or there was no agreement by Safe and Sustainable that, in choosing Option B, the link between Oxford and Southampton should be recognised, then the OJHOSC would consider that the possible effects on services provided in Oxford would be such that they would amount to a substantial service change. This would leave the OJHOSC with no option but to refer the matter to the Secretary of State on the grounds that the changes would not be in the best interests of health services in Oxfordshire.

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South Central

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8 August 2011

Dear David,

Andrew Lansley wrote to you on 14 June about the employment of nurses at Chipping Norton Hospital, in which he said he had asked me to write to you. Unfortunately his letter was not copied to me at the time and I was unaware of his request until recently.

Since then, Andrea Young, my Chief Executive at the SHA, and Olga Senior, Director of Communications & Corporate Affairs have reviewed the matters raised in the Secretary of State's letter with the Chief Executives of Oxfordshire PCT, the service commissioner, and Oxford Health NHS Foundation Trust, the provider of community services in Oxfordshire of which Chipping Norton Hospital is a part. The Chief Executives have agreed a series of actions to address the anxieties of local residents about the future of the hospital.

Nurses at Chipping Norton Hospital are currently employed by the NHS. Under the terms of the contract with the Order of St. John, nurses working at the hospital would continue to be employed by the NHS for a period of three years. Thereafter, nurses retiring from, or leaving the hospital would be replaced by nurses employed by the Order of St John.

As you will know, local residents are concerned that the replacement of NHS nurses with nurses from the Order of St John highlights a change in status of the hospital and a diminution of the range and quality of care provided there.

The employment of staff at Chipping Norton Hospital remains complex. At present, all nurses are employed by Oxford Health NHS Foundation Trust. This follows implementation of the Transforming Community Services policy, under which PCTs were required to devolve their community services. Day-to-day clinical management of the nursing staff is provided by the Order of St John. I understand from the enquiries I have made that this arrangement is working effectively and that patients are being cared for safely and well.

The contract with the Order of St John is comprehensive and is being carefully managed. Changes to the terms of the agreement that, after three years, nurses retiring from, or leaving the hospital would be replaced by nurses employed by the Order of St John, rather than the NHS, would result in substantially increased costs that would need to be found from elsewhere within the Oxfordshire NHS budget, and would seriously compromise the efficiency of the hospital.

It is essential that local residents are reassured about the safety, quality and efficiency of the services provided at Chipping Norton Hospital. Accordingly, Andrea has agreed with the Chief Executives of Oxfordshire PCT and Oxford Health NHS Foundation Trust that they will work with the Order of St John to ensure that, by the end of August, all remaining issues about the practicalities of the management of the services in Chipping Norton are resolved and that the outcome is communicated, promptly and fully, to local residents and stakeholders.

You will understand that my primary focus, as that of the SHA, is to assure the safety, quality and sustainability of the health services provided to the local population. To this end, Andrea and her team, together with the Chief Executives of Oxfordshire PCT and Oxford Health NHS Foundation Trust, will also work with the emerging clinical commissioning group (CCG) that will, subject to legislation, be responsible for commissioning services for the Chipping Norton area by 2013. Their purpose will be to ensure that the CCG is fully aware of the importance of Chipping Norton Hospital, and continues to commission a range of safe, high quality services appropriate to the needs of the local community.

All concerned are also mindful of Government policy on enabling any qualified provider to compete on quality to provide services to the NHS and of the need to ensure that services remain safe and of high quality as well as clinically relevant and deliverable from within available resources. A great deal of work is going on to ensure that this is the case for all patients using Chipping Norton Hospital.

Yours sincerely

As ever,

Geoff

Dr Geoffrey Harris
Chairman

INVESTOR IN PEOPLE

OXFORDSHIRE COUNTY COUNCIL
CHIEF EXECUTIVE'S OFFICE
www.oxfordshire.gov.uk

The Rt. Hon. Andrew Lansley MP
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Department of Health
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79 Whitehall
London SW1A 2NS

Oxfordshire Joint Health Overview and Scrutiny Committee
County Hall
New Road
Oxford OX1 1ND
Tel: 01865 792422
Fax: 01865 247805
DX 4310 OXFORD

My ref: Your ref: Date: 14 July 2011

This matter is being dealt with by Roger Edwards	Direct line 01865 810824
	Email: roger.edwards@oxfordshire.gov.uk

Dear Andrew

Nursing staff at Chipping Norton Hospital

At a meeting last week members of the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) discussed the issue of the employment of nursing staff at the new Chipping Norton Hospital. As you will know, the hospital opened recently and is run by the Orders of St John (OSJ) who also manage a care home on the same site.

This item was on the HOSC agenda, and has been on a number of occasions recently, because in 2005 and again in 2007, the PCT stated the following with regard to the employment of nursing staff at the hospital:

i. To enable staff at the Hospital to decide which choice was better for them as individuals, they would be given the option of whether to remain as NHS employees and be seconded to the Orders of St John (OSJ) for a period of three years or to transfer under TUPE to the OSJ
ii. The PCT would not indicate a preference with regard to the above options
iii. In the event that an NHS employed staff member was to leave during the three year period, their replacement would be placed on NHS terms and conditions for the remainder of the three years.

At the end of the three years a review would take place.

The transfer of existing staff has happened in accordance with the first two statements above and all nurses employed in the hospital chose to be employed by the NHS. However, as you know, the PCT decided that new staff employed during the three year period following the opening of the new hospital would be employed by the OSJ.

This is a matter of great concern for local people who are worried that if nurses are employed by the Orders of St John (OSJ) they would be seen as care staff and the hospital would eventually become part of the care home. Furthermore there is a strong view that, because the nurses are managed by OSJ staff, the NHS ethos could be lost and there could well be confusion around the divisions between the care home and the hospital. Plainly the skills required for the former are quite different from those needed for the latter.

Members of my Committee are also very much aware that Chipping Norton would be used as an exemplar for future Community Hospitals in Oxfordshire where NHS beds would co-exist in a Nursing Care Home and staffing arrangements would have to be ironed out. Two new hospitals are planned for 2012 in Bicester and Henley and it will be important to be assured that the best staffing solution would be developed for those.

The original agreement was a compromise between the wishes of local people and hospital staff for the hospital to continue for all time with NHS staff and those of the PCT and the OSJ to see OSJ employees staffing the hospital. The compromise would allow time for development of the hospital and to see whether the NHS/OSJ hybrid would prove to be workable. It would also ensure that, as promised new services came on line, NHS trained nurses would deliver them. The review was to consider all that had happened in the three years and lead to a final decision on whether staff should be NHS or OSJ employees.

Quite obviously, replacing NHS staff who were to leave with OSJ staff would pre-empt that decision and the very purpose of the review would be lost.

We are aware that you have been advised by the South Central Strategic Health Authority and that the SHA supports the PCT in changing its position from that originally stated. The PCT and the SHA both argue that the quality of services provided to patients would not be diminished by replacement staff being employed by the Order of St John rather than the NHS. They consider that appropriate commissioning arrangements are in place to ensure this and that the control of quality should be ensured through commissioning decisions.

We are aware also that you wrote to David Cameron in his capacity as the local MP for the Witney constituency that includes Chipping Norton. In that letter you stated that the decision around who employs staff should be made locally and was not something that you would wish to be involved with.

What you may not have known is that the HOSC had written to the SHA asking them to mediate in this matter. That could not happen once it had been made clear that the SHA supports the PCT.

You might also not be aware of the fact, as set out earlier, that the PCT had on more than one occasion given an undertaking to the HOSC, as well as local people, that all staff employed in the hospital for the three years after it opened would be NHS employees. There have been no satisfactory explanations of why those undertakings have been broken. Both the PCT and the SHA talk about the original business case but cannot explain why they gave the three year undertaking if it conflicted with the business case.

They also refer to changes that have taken place since 2007. Nobody seems very clear what those changes are except for the fact that the nurses would not now be employed by the PCT but by Oxford Health (the organisation that now provides all community health services). It is accepted that having staff employed by one organisation and managed by another could cause difficulties. However that would have been the same had the nurses been employed by the PCT as was envisaged when the original undertakings had been given. So nothing much seems really to have changed.

Members of my Committee are of course extremely disappointed that the PCT has chosen to go back on undertakings freely given and that the SHA supports them in that action. The whole basis of local consultation and transparency in decision-making is undermined once trust is lost and that has unfortunately happened in the case of Chipping Norton. I would be interested to hear your views on that.

However the purpose of this letter is not just to complain about the actions of the PCT and to go over past history. It is to suggest to you a way forward that might go some way to restore trust and provide more confidence to local people over the future.

Would you be willing to ask members of the Independent Reconfiguration Panel to visit Chipping Norton, speak to all parties involved and to come to an objective conclusion as to the best way forward for the future of Chipping Norton Hospital? The IRP is an organisation that is trusted in Oxfordshire and we are sure that their view would be accepted by all parties.

I appreciate that this is not a normal referral to you in the accepted sense of that term. It would also probably be an unusual use of the IRP. However the HOSC would be very grateful for their advice and input into this matter which has now been under consideration in one form or another for several years.

You will know that anything to do with Chipping Norton Hospital is highly sensitive. What the HOSC is asking is that the IRP should act as an honest broker in this matter; consider the issues and principles involved and try to come to some sort of judgement on the best way forward.

I look forward to your response.

Yours sincerely

Councillor Dr Peter Skolar
Chairman of the Oxfordshire Joint Health Overview and Scrutiny Committee

The Oxfordshire Joint Health OSC comprises councillors from Oxfordshire's County, District and City Councils as well as co-opted members of the public

Copt to: David Cameron MP

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www.oxfordshirelink.org.uk

Your Voice on Health & Social Care

Oxfordshire LINk Newsletter

August 2011

Dear Reader,

Welcome to the first edition of our new-look newsletter. You are receiving this as you are one of over a thousand participants in Oxfordshire LINk. You may recall from previous news that the LINk team have now transferred to a new Host organisation, Oxfordshire Rural Community Council. Our contact details can be found on the back of this newsletter. We hope you enjoy reading about Oxfordshire LINk and how we are working to improve the health and social care services that you, your family, friends and colleagues use.

ORCC
OXFORDSHIRE RURAL COMMUNITY COUNCIL

Inside this issue:

Message from the Chair of Oxfordshire LINk

Welcome to the latest edition of the LINk newsletter. Firstly, as the newly elected Chair of Oxfordshire LINk, I would like to thank the former members of the Stewardship Group and in particular Dermot Roaf for their unstinting efforts and commitment in guiding LINk so ably into position ready for the transition to HealthWatch in 2012.

The staff too have worked hard to deliver key projects which include the highly successful Hearsay! events as part of innovative consultation in the local Community. Inevitably, as part of change and shifting budgets we have sadly had to say 'goodbye' to Man Lui Clark and Nancy Darke and we thank them too for their hard work and influence on projects and marketing.

The LINk is now working closely with Oxfordshire Rural Community Council as the new host and we have restructured the decision-making process with Priority and Finance Groups, together with an overarching 'Core Group'.

In recognising the success of certain project work completed during the year by LINk volunteers, the aim is to be more proactive within the network and to look for creative partnerships with others in the community.

We are mindful of the Government's guidance to the NHS for Health and Social Care and will continue to work hard to talk with and listen to individuals in the community putting people central to the commissioning process. With this in mind I urge you to join LINk to help with this massive task and make use of the opportunity to shape services in the future.

Sue Butterworth

Oxfordshire LINk host team

Adrian Chant
Locality Manager

Nicky Robinson
Development Officer

Sue Marshall
Development Officer

Update on the work of the LINk

LINk Core Group — what is it? What does it do?

The first meeting of the new 'Core Group' was a great success, with people who have been a part of LINk projects coming along to hear how they can become more involved.

Core Group members are participants in a project group, working in partnership with the LINk or representing other organisations in the LINk network. The purpose of the Group is to oversee and support the work of the wider LINk. From within the Core Group have been drawn Priorities and Finance Groups which will take responsibility for a part of the LINk budget and help to determine which project proposals are taken forward.

As a focal point for LINk members, the Core Group acts as the channel for communications between the various project activities and provides networking opportunities for LINk participants.

LINk Core Group — Meeting in Public

If you actively participate in the work of the LINk, we are inviting you to attend the next Core Group meeting, on the **21st September**, where you can share information with others and hear about new or ongoing projects which are being taken forward this year.

This will be a 'meeting in public' where you are welcome to come along to observe the meeting and find out more about the work of the LINk and perhaps join a project group, if we are looking at something of interest to you and the services which you receive. Please phone the LINk office for more information and directions to the venue.

LINk Core Group Meeting:
Wednesday 21st September
at Witney Methodist Church
High Street, Witney
Oxon OX28 6HG
6.30pm (networking & refreshments) for 7.00pm start, to 9.00pm

Annual Report 2010—11

The LINk Annual Report for 2010-11 has been recently published.

It contains articles on the work carried out over the past year to help improve *your* Health and Social Care services. Inside, you will find information and the results of LINk project work; how we involved the Community, all our HEARSAY! engagement events; 'Have a Say' Fund Awards and much more.

The report can be read on the LINk website, or for a hard copy, please contact the LINk office.

Do you have an idea for a LINk project?

We want local people to have a voice and make a change. The main remit of the LINk is to gather information about local health and social care services - ideas, suggestions for improvement, what is working well and what isn't - and to feed this information back to the people who are providing the services.

We want to enable local groups and individuals to carry out Projects to make changes to their health and social care. You may wish to canvas young mothers in a particular area about access to children's health services. You may want to do some work looking at signage in your local hospital for people with a visual impairment. The ideas are endless!

With the support of our experienced Development Team, you will be guided through the process. If you would like to put a proposal to the LINk to carry out a project, please contact Nicky or Sue for more information and to obtain a Project Pack.

Social Care Hearsay! 2011

The second annual 'Hearsay!' engagement event for those who use adult social care services, was held earlier this year to find out if things had changed for the better and to ask guests what they wanted Social & Community Services to improve or change during the year.

Everything that was said at the event and brought to our attention beforehand, was examined in detail and 5 key priorities were drawn up. These were: information & communications; standard of care at home; funding for care; standards in care homes & individual needs with regard to Personal Budgets. All are outlined in the 2011 Hearsay! Report, together with an action plan from the Council on how they will implement the recommendations made by our guests for the forthcoming year. The report is available to read on our website or to receive a copy by post please contact Sue at the LINk office.

"I got a lot more that I expected to get out of coming today"
- Hearsay! guest

Personal Budgets

Following a LINk project from last year to understand people's experience of the new system of Personal Budgets, the LINk agreed to conduct a follow-up piece of research with the aim of understanding the experience of Black and Minority Ethnic (BME) clients in receipt of a Personal Budget. Alongside in-depth interviews with BME clients, this new project contacted many of the participants in the 2010 study to find out how things have changed over the past year. The research is shortly to be submitted to the Director of Social and Community Services for a response to the recommendations contained within the report.

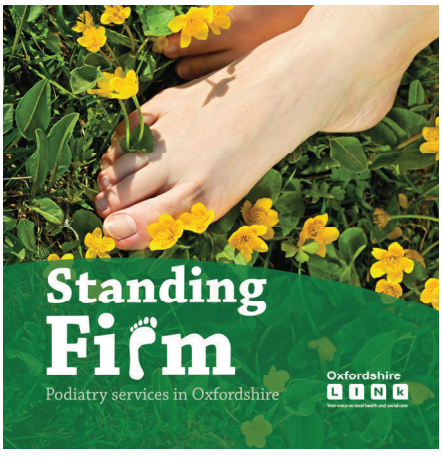
Podiatry Booklet — Out Now!

HELP! Where can I go if I've got a corn?

Do you need to access foot care services in Oxfordshire?

Following public comments regarding a lack of knowledge about services and alternative treatments available, the 'Standing Firm' booklet has been created by Oxfordshire LINk to provide advice on every aspect of foot care, helping you to get the right care at the right time.

It contains specific information about where you can go to access the services you need. For a copy of the booklet please contact Nicky



Your Voice on Health & Social Care

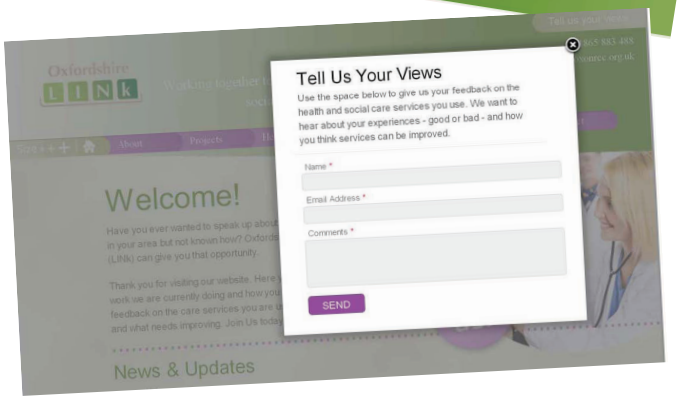
Oxfordshire LINk

Launch of new LINk website

Following the move to Oxfordshire Rural Community Council, the LINk Host team have been working to produce a new website, in collaboration with local designers onthelevel interactive

Please do have a look around the new site - there is a wealth of reports and information being added about your local LINk and services, together with straightforward means of joining the local LINk community, becoming more involved with LINk projects and 'Having Your Say' about the health and social care you receive. Any comments submitted will be recorded and can provide evidence for future project proposals.

The new site will be launched towards the end of August - let us know what you think.



www.oxfordshirelink.org.uk

For further information about the work of Oxfordshire LINk, or anything mentioned in this newsletter, please do not hesitate to contact us:

Oxfordshire Local Involvement Network

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ORCC
OXFORDSHIRE RURAL COMMUNITY COUNCIL

We're on the Web

Find us on Facebook

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Look out for our next Newsletter coming in December!