OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 27 February 2014 commencing at 10.00 am and finishing at 1.00 pm

Present:

Voting Members:	Councillor Lawrie Stratford – in the Chair
	District Councillor Alison Thomson (Deputy Chairman) Councillor Kevin Bulmer Councillor Mark Lygo Councillor Laura Price Councillor Alison Rooke Councillor Les Sibley District Councillor Martin Barrett District Councillor Dr Christopher Hood Councillor Susanna Pressel District Councillor Rose Stratford Councillor Neil Owen (In place of Councillor Pete Handley)
Co-opted Members:	Dr Harry Dickinson, Dr Keith Ruddle and Mrs Anne Wilkinson
Officers:	
Whole of meeting	Claire Phillips (Chief Executive's Office); Director of Public Health
Part of meeting	J. Dean and S. Whitehead (Chief Executive's Office)

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.

1/14 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor Neil Owen substituted for Councillor Pete Handley.

2/14 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest submitted.

3/14 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 5 December 2013 were approved and signed as a correct record subject to the references to 'Mr Stephens' in Minute 130/13 being corrected to 'Mr Stevens'.

4/14 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following requests to address the meeting:

- Keith Strangwood, Chair, Keep the Horton General Group (Agenda Item 5)
- Jenny Jones, a member of the public (Agenda Item 5)
- Patricia Astle, a member of the public (Agenda Item 6)

Patricia Astle urged the Committee to scrutinise the OCCG plans to progress a new form of contracting termed Outcomes Based Commissioning as set out at Agenda Item 6. She believed the plans to be untried and untested leaving successful delivery in doubt.

Mr Strangwood asked the following questions of Andrew Stevens as a source of clarification in relation to Minute 130/13 of the last meeting:

- Did an independent review of the Emergency General Surgery (EGS) service take place by the Royal College of Surgeons?
- Did a series of workshops take place during the second half of 2013 and why were the public not aware of it?
- Why had a full consultation on the proposals not been carried out in a similar vein to that which took place in 2006 following the proposal to alter the maternity and paediatrics services at the Horton Hospital? He added that it was only during this consultation that all aspects, facts and consequences of the proposed service removal became clear. A Banbury public meeting to take place 12 months after the EGS service had been removed was promised at the last meeting of this Committee.

Mr Strangwood added that despite promises made at the last meeting from Dr Stephen Richards, a full year's data had not been made available at this meeting for consideration, nor had 2 public meetings taken place. In his view, the public meeting, which was held at a country golf club during adverse weather conditions, was not adequate for its purpose and therefore did not constitute a full consultation. He urged the Committee to obtain an assurance from the Oxfordshire Clinical Commissioning Group (OCCG) that a full consultation would take place and if this was not given, to carry out a referral to the Secretary of State for Health on the grounds that consultation was inadequate.

Jenny Jones urged the Committee to request that a full consultation be carried out in order that all issues could be highlighted. It was her view that the service was not equitable across the county giving the example that Henley–on–Thames was situated

less than 11 miles from the Royal Berkshire Hospital and that the OCCG had stated that 50% of the SE Locality Group referred their patients to this hospital. She also pointed out that her own village, Claydon, was situated at the most northern point of the county which was less than 20 miles from Warwick Hospital. In light of this, she added her personal discomfort about the service offered by the South Central Ambulance Service.

5/14 STRATEGY FOR SERVICES AT THE HORTON HOSPITAL, BANBURY INCLUDING EMERGENCY ABDOMINAL SURGERY

(Agenda No. 5)

At its last meeting, the Committee had responded to a number of concerns voiced by the Keep the Horton General Group regarding their perceived lack of adequate consultation on changes which had been made to the emergency abdominal surgery service at the Horton Hospital, Banbury. This had been temporarily suspended in 2013 for clinical reasons that the Oxford University Hospitals NHS Trust (OUHT) had been unable to foresee (Minute 130/13).

The Committee had before them two reports from the OCCG and the OUHT (JHO5) on the public meeting held in February to discuss their plans and strategy for services for local people served by the Horton Hospital.

Members were asked to consider if the Trust Board's rationale for its suspension of the emergency abdominal surgery was to their satisfaction and if not, whether the consultation was adequate in terms of content or time allowed; or whether the proposals would not be in the interests of the local health service; or, whether the reasons given for the suspension of the service because of an immediate risk to safety or welfare of patients or staff was adequate.

The interim Chief Executive of the OCCG, Ian Wilson, introduced his report explaining that the OCCG had put the same questions as the Committee had to the OUHT about their plans for public consultation, and had been satisfied with the responses given. The OCCG believed that the Horton Hospital had a good future ahead of it for the new provision of other general/specialist services and that the view that services at the Horton were being downgraded was ill-founded. He added that he believed the public meeting was both substantive and exhaustive of the issues brought to it; and could be viewed on the OCCG website. He expressed his satisfaction also that the patient survey of GP practices in the locality and a conversation he had had with the Keep the Horton General Group had taken into account all the salient points. However, he stated that important lessons and examples of good practice needed to be learned by everybody from this, particularly in light of an apparent history of mistrust for the NHS inherent within the local community of Banbury and its environs. He added that the OCCG was of the view that it was good practice to start public engagement early if there were changes that needed to be made. He apologised on behalf of the OCCG for any shortcomings in communication and informed the Committee of the OCCG's intention to draw up mutual plans with all bodies, including the district council, to ensure that there is proper engagement with stakeholders in the north of the County in the future.

Mr Wilson stated that GPs within the locality had taken substantial clinical advice on the situation, and various feedback had concluded that the case for suspension of the service, and its eventual permanent closure was compelling on safety grounds. GPs had then engaged with colleagues to address some modification and extension to services provided by the surgical clinic to enable more minor surgery to take place at the hospital. He added that the survey of patients referred to in pages 4/5 of the report indicated that there was not a strong difference of opinion between those patients in the control group and the group of patients who were transported to the JR Hospital. However, efforts were being made by the OUHT to minimise the number of patients being transported to the John Radcliffe Hospital.

Andrew Stevens reiterated Ian Wilson's point that the Horton Hospital had a very positive and vibrant future with the expansion of the chemotherapy and renal dialysis services, together with future plans. However, it had been necessary for some services to change, such as those for cardiac patients. Mr Stevens added that the Royal College of Surgeons had agreed with the Trust's decision in relation to the suspension of one of the emergency procedures on the grounds that there were no specialist consultants trained in that particular procedure. Moreover, initial work with the GPs had resulted in an inability to identify other options which could be presented to the public.

He accepted that public consultation in the earlier stages of the changes could have been better but that the unavailability of five members of staff on the rota had been unforeseeable. However, the Trust had sought assistance from the Community Partnership Network (CPN) in their networking with the public and had attended meetings with the Keep The Horton General group, together with attendance at a series of other events. Mr Stevens also pointed out that the Trust was committed to continual engagement with the public and had endeavoured to improve its engagement with the public over the last few years and to find acceptable solutions to problems . For example, it had found an innovative solution to the provision of Obstetric services and as a result had been able to keep the service at the Horton Hospital. In addition it had taken feedback from the CPN, GPs and others to improve patient care with regard to Pharmacy services. A specially designed out-patient facility was a project about to be embarked upon and the Trust were looking to expand the number of elective operations listed per annum from 200 to 350.

Sir Jonathan Michael, Chief Executive, Oxford University Hospitals NHS Trust, stated that it was the opinion of the Board that from a quality of patient care perspective, the temporary suspension of the service should be made permanent.

Members of the Committee then commented on the reports and put a series of questions to the Panel. There was a general appreciation for the improvements to be made to services offered at the Horton Hospital and for the apology made by Mr Wilson for the manner in which consultation with the public had been handled. Concern was expressed, for the reasons of transparency, that the public consultation had not begun sooner. Mr Stevens was asked about the time span between the first, second and third surgeon leaving and what actions had been taken to replace them in that time. He responded that they had left their employment during a period of 4 to 6 weeks, adding that the Trust had been able to sustain the service over a short period, but for health reasons, this had proved unsustainable for the remaining

individuals who were working long hours. He added that there were no longer any general surgeons, all were trained in their specialities.

Councillor Thomson made reference to the point made by addressee Jenny Jones regarding the closer geographical situation of out of county hospitals and that the Ambulance Service should not override patient choice. Mr Stevens agreed that administrative boundaries should not get in the way of patient choice.

Mr Wilson was asked if, in his opinion, there were any reasons why the Committee should not ask for a full consultation to be carried out. He responded that if the Committee felt it was likely that the Trust and the OCCG could achieve a safe and affordable system for dealing with emergency assessment of abdominal surgery and if there were any new facts to be adduced for a full, and expensive, consultation, then the Committee should go ahead and request one. Sir Jonathan Michael commented that a detailed discussion of the clinical evidence for the decision made to temporarily suspend the service for patient safety reasons, had taken place at the public meeting. He advised that his Clinical Director of Surgery would be happy to attend a future meeting with the evidence, if required. Members were advised that the clinicians evidence was also available on Youtube.

Mr Stevens was asked for assurance that there would be no delays for patients going to Oxford if the Committee was to agree to no further consultation on the change. He responded that if the 3 or 4 patients a day it applied to were acutely ill, they would be seen immediately. In response to a question regarding the means of travel for these patients, Mr Stevens stated that it would depend on the clinical needs of the patient. He added that the OUHT had agreed some protocols with the South Central Ambulance Trust to address any need. Mr Wilson added that the highlighted issues from the patient survey would be taken on board.

Members of the Committee then considered their views having heard from all the stakeholders concerned with the proposals and

RESOLVED (nem con) to:

(a) support the proposal by the OUHT and the OCCG that the suspension of the emergency abdominal surgery performed at the Horton General Hospital be made permanent on the grounds of better patient outcomes and patient safety;

(b) support the CCG's call to encourage the OUHT to continue their further efforts to ensure that the number of patients needing to be transferred from the Horton General Hospital to the John Radcliffe Hospital site in Oxford for surgical assessment is minimised; and to welcome the OCCG monitoring of the situation;

(c) advise the OUHT that they should begin their dialogue with the Committee on how they intend to consult with the public on proposals at a much earlier stage in the future; and

(d) to welcome the proposal that the OCCG and OUHT should work in collaboration with the other stakeholders represented on the Community Partnership Network to draw up plans for securing the wider engagement of the local population in health and social care planning.

6/14 OXFORDSHIRE CLINICAL COMMISSIONING GROUP (OCCG) STRATEGIC PLAN

(Agenda No. 6)

Ian Wilson, Interim Chief Executive and Dr Joe McManners, OCCG attended the meeting to present their OCCG update (JHO6).

During the presentation Mr Wilson referred to the OCCG's revised constitution at which he paid tribute to Dr Stephen Richards, the former Chief Executive of OCCG, for the considerable support he had given to him in his new role as interim Chief Executive. Members of the Committee took this opportunity to thank Dr Richards in appreciation for his contribution to the work of the Committee and wished him well for the future.

Mr Wilson made reference to a modified version of Outcomes Based Commissioning which the OCCG Governing Body had decided to take forward at their January 2014 meeting, as set out at paragraphs 2 and 3, of the report, which had taken the best elements forward using a collaborative approach, following consultation. The Committee received an assurance that the public would be able to see evidence of the new modified model in action in the OCCG Board papers online. In relation to mental health commissioning, Mr Wilson also reassured Members that because data would be collected in an assiduous manner, any problems would be picked up early which would in turn lead to better outcomes for patients and a better quality of service. The intention was to monitor this very closely.

Reference was also made to feedback received from the recent series 'A Call to Action' public meetings which were held around the county from November 2013 to January 2014 with the aim of understanding what people wanted from their NHS service. Since then, the OCCG had agreed six objectives for its 5 year Strategic Plan and 2 year Operational Plan (to be presented to NHS England in February) which had been revised in light of the public feedback. In response to a question, Mr Wilson confirmed that the OCCG had modified their objectives in response to public consultation, adding that once the objectives were put into practice, they would cease to feel like 'motherhood and apple pie'.

In response to questions raised by Members of the Committee, Dr McManners confirmed that data on the ethnicity of patients was being collected by GPs. This was linked to the requirements of the Joint Strategic Needs Assessment (JSNA) to seek out where the inequalities were in the County and closer links between Health and Public Health teams were being forged. The Director of Public Health commented that the various responsibilities of Health and Public Health to contribute to the Joint Health & Wellbeing Strategy and the JSNA ensured that a close eye was kept on areas of health inequalities within the County. With regard to the issue of longer waiting times for patients in general practice, Dr McManners referred to the considerable emphasis being placed on preventative care which it was envisaged

would serve to combat this problem. He added that there had been a large increase in people wanting appointments and considerable variability in how practices were responding. The Locality Teams were gleaning information on where the problems lay and thought was being given to ways of improving patient care, given the limited resources.

Mr Wilson and Dr McManners were thanked for the update.

7/14 EMERGENCY SERVICES IN OXFORDSHIRE

(Agenda No. 7)

The Committee had previously raised various issues relating to the performance of Accident & Emergency, ambulance response times, community responders and services aimed at diverting pressure away from Accident & Emergency Departments and had expressed a wish to perform a scrutiny exercise on the services in question.

The following representatives attended the meeting in order to respond to questions:

- Ian Wilson CBE and Dr Joe McManners, OCCG
- Sir Jonathan Michael, Paul Brennan and Andrew Stevens, OUHT
- Yvonne Taylor and Anne Brierley – Oxford Health NHS FT(OH)
- Steve West – South Central Ambulance Service NHS FT (SCAS)
- Martin Bullock – London Ambulance Service

The Committee had before them an Urgent Care Briefing, which had been produced on behalf of NHS Partners in Oxfordshire (JHO7), giving performance figures for Accident & Emergency, the Ambulance Services, Emergency Multidisciplinary Units, NHS 111, the Out of Hour service and Minor Injuries/First Aid Units.

Steve West and Martin Bullock, Community Defibrillation Officer for the London Ambulance Service were invited up to the table. Martin Bullock described his role in supplying a defibrillator, and giving training in its use, to 54 towns and parishes across West Oxfordshire district as a result of an anonymous donation and District Council funding, following concerns about falling ambulance response times. West Oxfordshire was the first rural district in the country to receive this level of coverage.

The Committee asked for clarification on the reasons for the falling ambulance response times across the county and asked for a table to be produced over a period of time to illustrate the exact size of the problem. Mr West responded that the bad winter of 2013/14 had created pressures at various points, a significant one being at the JR Hospital itself. SCAS were very grateful for the support given to them from the OUHT who had responded by designing the rapid nurse assessment system which is now in place on admission at the JR . This had helped enormously, though it had not completely eradicated the problem. The Committee asked that further data be presented in relation to this initiative.

In response to questions from the Committee clarification was given that there was no policy directing paramedic clinicians as to which hospital was appropriate for particular conditions which patients were presenting with. The Chairman asked that officers review the evidence on this matter. There was some discussion of the

resources being invested and a query on what plan there was if matters did not improve. The Committee was assured that there was vigorous monitoring of the position and there was a recognition of the need to keep a focus on local areas. There was reference to the co-responding pilot with the Fire Service. There was a recognition that as demand continued to grow there was a need to look at doing things differently making use of the NHS Pathway.

There was some discussion of the Witney Emergency Multi-disciplinary Unit (EMU). Although it was recognised that it was early days, signs were good that it was following the expected pattern as achieved at Abingdon. The EMU function could be rolled out further but there would be no new building connected with any expansion of the programme.

The Committee discussed the 111 Service and some concern was expressed over patient waiting times. The importance of getting the service right in order to reduce numbers attending A&E was recognised. Steve West referred to the Call Answering Standards that saw 95% of calls answered in 60 seconds.

The Committee raised the issue of waiting times at the A&E Units and heard the steps that were being taken in the face of increasing numbers.

The Chairman thanked those attending and it was **AGREED** that they would be invited back to discuss the further statistics requested and EMU's in due course.

8/14 PUBLIC HEALTH UPDATE

(Agenda No. 8)

Jackie Wilderspin, Public Health Specialist explained the priorities of the 2014 Joint Strategic Needs Assessment (JSNA), a draft of which was to be considered at the Oxfordshire Health & Wellbeing Board on 13 March 2014. Councillor Hibbert Biles attended for this item.

Jackie Wilderspin undertook to circulate a copy of the JSNA to Committee members when it was available. The Chairman agreed it would be appropriate to receive what was being considered at the Health & Wellbeing Board and at a future meeting to review the priorities and to look at monitoring. Jackie Wilderspin confirmed that early input from members of the Committee would be most helpful.

In response to a question about monitoring Jackie Wilderspin stated that it was the intention to make as much data as possible available for use by all. The Health & Wellbeing Board would be monitoring progress.

A Member highlighted the role Government policies played in promoting better health (such as minimum pricing for alcohol) and queried what could be done to raise such issues with them. The Chairman felt that the data would be interesting and the Committee should focus on areas where it was possible to have a direct influence. He believed that the District Council's themselves might well welcome the challenge and support from the Committee. Responding to requests for detailed information on a number of matters, the Chairman noted that the level of detail would be with the data when received.

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9/14 CHAIRMAN'S UPDATE

(Agenda No. 9)

The Chairman gave a verbal update on meetings he had attended since the last formal meeting of the Committee. Members also had the opportunity to discuss the Forward Plan (JHO9).

The Chairman indicated that it could be the last meeting for some of the Co-opted members and thanked them for their support and contribution to the work of the Committee. Dr Harry Dickinson replied that he had enjoyed his time on the Committee which he had found to be effective and well chaired. He also paid tribute to the officers and former officers who supported the Committee and in particular, Roger Edwards, Claire Phillips and Julie Dean.

The Chairman advised the Committee on the process to recruit co-opted members.

He noted that it would be Claire's last meeting for some time as she was going on maternity leave and her role would be covered by Ben Threadgold who already supported the Health & Wellbeing Board. The Committee gave Claire their best wishes.

..... in the Chair

Date of signing