

## OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 20 May 2010 commencing at 10.00 am and finishing at 3.25 pm

**Present:**

**Voting Members:** Councillor Dr Peter Skolar – in the Chair

Councillor Tim Hallchurch MBE  
Councillor Jenny Hannaby  
Councillor Neil Owen  
Councillor John Sanders  
Councillor Don Seale  
Councillor Lawrie Stratford  
Councillor Susanna Pressel (Deputy Chairman)  
District Councillor Dr Christopher Hood  
District Councillor Jane Hanna  
District Councillor Rose Stratford  
Ann Tomline  
Dr Harry Dickinson  
Mrs A. Wilkinson

**Co-opted Members:** Ann Tomlin  
Dr Harry Dickinson  
Mrs Anne Wilkinson

**Other Members in Attendance:** Councillor Alan Davies (West Oxfordshire District Council) as an observer.

**By Invitation:** Councillor Aresh Fatemian

**Officers:**

Whole of meeting Julie Dean and Roger Edwards (Corporate Core)

*The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.*

### **25/10 ELECTION OF CHAIRMAN AND DEPUTY CHAIRMAN FOR THE 2010/11 COUNCIL YEAR**

(Agenda No. 1)

Councillor Dr Peter Skolar was elected Chairman and Councillor Susanna Pressel was elected Deputy Chairman, for the 2010/11 Council Year.

**26/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 2)

There were no Apologies for Absence and Temporary Appointments. Councillor Alan Davies, West Oxfordshire District Council, was present as an observer, Councillor Richard Langridge having submitted his resignation by virtue of his appointment to the Cabinet of West Oxfordshire District Council and there being no replacement appointment for him as yet.

The Committee congratulated Councillor Langridge on his appointment and thanked Councillor Langridge both for his very active and valued service on the Committee and in his capacity as Deputy Chairman for the previous two years.

**27/10 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**

(Agenda No. 3)

Councillor Jane Hanna declared a prejudicial interest in Agenda Item 8 by virtue of her partner being a Finance Director of one of the voluntary bodies affected by the proposals. She remained in the room in order to make a statement relating to the proposals being scrutinised and then left for the duration of the discussion.

Dr Harry Dickinson declared a personal interest in Agenda Item 8 by virtue of him being Chairman of 'Mental Health Matters', a charitable organisation.

Councillor Jane Hanna declared a personal interest in Agenda Item 10 by virtue of her being Director of 'Epilepsy Bereaved', a charitable organisation.

**28/10 MINUTES**

(Agenda No. 4)

The Minutes of the meeting held on 11 March 2010 were approved and signed as a correct record.

Matters Arising

Minute 19/10 – Public Health – Immunisation Targets - in response to a question as to whether Public Health had reached a 100% target in respect of immunisation targets for killer diseases, Dr Habibula commented that the department had reached all of its targets for this area, but that 100% was 'almost impossible'. Dr McWilliam added that compared with other counties, Oxfordshire was performing well and that more stringent targets were planned for next year.

Minute 19/10 – Public Health – Screening for Bowel Cancer – In response to a request for an update on the bowel cancer screening programme, Dr Habibula reported that the programme had been rolled out from 26 April to the whole of Oxfordshire. Uptake had been quite slow at this stage with 8,300 invitations having been sent to date, with an uptake of 3,200. However, it was very early in the programme and the Department were planning an extensive planning campaign to raise awareness and improve the uptake.

Minute 20/10 - Oxford Drug Rehabilitation Project – Recommendation (b) – Mr Edwards reported that a letter had been sent to Oxfordshire PCT and the DAAT and that they had confirmed that the re - provision was to proceed. Members asked that they be kept informed of progress at each meeting until the matter has been resolved.

## **29/10 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 5)

The Chairman had agreed to the following people speaking to the Committee:

- Jacquie Pearce-Gervis representing 'Patient Voice' (a patient involvement body focussed on the Oxford Radcliffe Hospitals NHS Trust) (Agenda Items 5 & 9);
- Councillor Jane Hanna (Agenda Item 8);
- Dr Peter Agulnik representing a group of voluntary sector organisations (Agenda Item 8);
- Councillor Hilary Biles (Agenda Item 9);
- Dr Nixon, senior partner, Shipton under Wychwood Surgery (Agenda Item 9);
- Mrs Catherine Hitchins, spokesperson for the Patient Involvement Group, Shipton under Wychwood Surgery (Agenda Item 9);
- Councillor Larry Sanders (Agenda Item 12).

At this juncture Jacquie Pearce-Gervis addressed the Committee raising the following points:

- She informed the Committee that Patient Voice had been commissioned by the Oxfordshire LINK to carry out a survey of discharge procedures. To date they had received 42 responses, but would like more. She appealed to the Committee to encourage their constituents to support the survey as the delays were causing concern. Their findings were to be presented to the LINK on 24 June;
- With regard to Agenda Item 12, Oxford City Community Hospital, she commented that Patient Voice were concerned that the present accommodation was adequate, but rather 'squashed' and urged Community Hospital Oxfordshire and Oxfordshire Radcliffe Hospitals Trust to proceed towards a final proposal as soon as possible.

### 30/10 OXFORDSHIRE LINK GROUP – INFORMATION SHARE

(Agenda No. 6)

Adrian Chant, Oxfordshire LINK Locality Manager, together with two members of the Stewardship Group, Alderman Dermot Roaf and Richard Lohman, gave an update on recent Oxfordshire LINK activities. They reported as follows:

- The LINK had commissioned 'Patient Voice' to conduct a survey of discharge procedures at the John Radcliffe, the Horton and at the Churchill Hospitals (see Agenda Item 5 above) . A full report was expected by 24 June 2010;
- The recommendations emanating from the 'Hearsay' event planning process were currently being prioritised. The majority of the work concerned Social & Community Services and a report would be submitted to the Adult Services Scrutiny Committee on 6 June 2010. This could lead to a further event next year;
- In the meantime other projects in their programme were underway;

Richard Lohman, on behalf of the Oxford Drugs Rehabilitation Project, thanked the Committee for the letter which was sent to DAAT and to the PCT, as set out in Minute 20/10 of the last meeting. However he pointed out that the question relating to the lack of public consultation on the closure had not been addressed by the Committee. He added that Andrew Smith MP had written to the PCT to ask if consultation had taken place and they had responded that it was not justified because the Unit only treated 15 – 20 people per annum. It was **AGREED** that Roger Edwards be asked to write to Oxfordshire PCT requesting confirmation that the Unit would re-open by October of this year.

The LINK were asked to give Roger Edwards and Julie Dean early notice of the items to be discussed in their regular slot on the agenda, so that the appropriate Health officials could be invited to respond to the matters raised.

### 31/10 PUBLIC HEALTH

(Agenda No. 7)

Dr McWilliam brought the following topics for information:

- Vulnerable groups within Oxfordshire – Health Services for the Armed Forces and their families

Officers were meeting with families, identifying any vulnerable groups, such as those needing dental care, those with post natal depression etc. He undertook to request one of his deputies, Jackie Wilderspin, to brief the Committee further on this liaison work;

- Cleanliness of Oxfordshire's Community Hospitals

The Care Quality Commission had carried out an unannounced visit to Witney, Wallingford and Abingdon Community Hospitals on 19 May 2010 and had found that there were no breaches of standards. Apart from very minor improvements required, all the hospitals had been given a clean bill of health;

- Preview of the Director of Public Health's Annual Report – the following issues would receive prominence within this year's report:
  - Alcohol Abuse;
  - Work in progress between the Armed Forces on Oxfordshire and the Health & Well-Being Liaison Committee;
  - Diabetes.

Dr McWilliam was thanked for his report.

### **32/10 KEEPING PEOPLE WELL - RE-COMMISSIONING OF DAY SERVICES PROVIDED BY VOLUNTARY AND COMMUNITY SERVICES FOR ADULTS WITH MENTAL HEALTH PROBLEMS**

(Agenda No. 8)

Prior to consideration of this item, the Committee were addressed by Councillor Jane Hanna and by Dr Agulnic. They each made the following points:

Councillor Hanna

- She spent four years as mental health lead during the course of her duty as non-executive director of one of the Oxfordshire PCT's. During this time she endeavoured to accrue as much information as possible on this highly vulnerable group of society;
- This Committee had a reputation for very careful scrutiny and she therefore hoped that its members would ensure that they were fully informed about the outcomes of service change for future and existing service users, when financial details were known;
- It was difficult to take a view at this time because there was an absence of key information in the form of the value of contracts going forward. It was understood that the specification for service suppliers was to be approved on 13 May;
- She hoped that an evaluation of the existing services would take place and that this would be an independent evaluation.;
- Much of the voluntary sector requires statutory funding; and
- A timeline with regard to the management of this process would be useful.

(Councillor Hanna left the room at this point for the duration of the consideration of this item)

Dr Agulnic (accompanied by Patrick Taylor, Chief Executive, MIND and Benedict Leigh, Director of Oxfordshire RESTORE)

- Was a retired psychiatrist who had worked for the Trust for 32 years, based at Littlemore Hospital;
- He had had a keen interest and involvement within the voluntary sector and had worked to represent some of the organisations listed on page 13 of the report;

- The county's voluntary services were lead agencies of a very high quality comprising models of good practice and innovation;
- Particular applications, such as day services which promote recovery and rehabilitation should be regarded as front line services as they have to meet some exacting standards of governance;
- A critical mass of core activity was maintained to meet objectives. Thus, small cuts in funding would threaten the survival of the organisation as a whole or, at best, would take years to repair;
- The above would put increased breakdown pressure on an already stressed service. It would serve to prolong illness, which would result in increased costs to the NHS service;
- A feature of Oxfordshire was close, collaborative working of which there was a strong voluntary contribution;
- He urged the Committee to support at least the maintenance of the current level of voluntary service.

Patrick Taylor and Benedict Leigh were invited to comment. Patrick Taylor commented that he had found the tendering process talks encouraging and that the current services were valued. Benedict Leigh added that one of the aims of his organisation was to help people back into employment, which ultimately saved the Government money. Any cuts would result in a small saving, but the long term implications would be dire.

In response to a question asking what the £2m funding was spent on, Mr Taylor referred to the services listed in the report, together with information services and Mr Leigh commented that the vast majority of the spend was on staff (80%).

Alan Webb, Director of Service Redesign, Fenella Trevillion, Head of Joint Commissioning for Mental Health and Ian Bottomley, Service Development Manager, Oxford PCT were invited up to the table. Alan Webb, introducing the report commented as follows:

- The PCT were committed to working with the voluntary sector who worked both in a complementary capacity and in the delivery of other services;
- The Health & Well-Being Partnership had produced a paper 18 months ago which described the current provider services and, whilst recognising that they were good, also recognised that they were not necessarily as integrated as they might have been. The PCT were therefore looking at a wide range of services, whilst keeping the wider Mental Health Strategy in mind.

Fenella Trevillion presented the main points of the report for the Committee. Members of the Committee asked a number of questions, some of which are included below:

Comments made by members of the Committee during the course of the discussion included the following:

- There is insufficient information. It would be useful to know the value of the contracts which are going forward;

- It may be a retrograde step that the new service will see the demise of some very good local services, particularly in the smaller towns and villages;
- Concentration on the geographical profile may be a red herring. The reason why they are concentrated on the Cowley Road is because that is where the users are situated;
- Mental Health sufferers can often feel quite isolated and the day centres help them with their communication skills and cooking skills etc;
- The Chinese Advice Service has a large membership;
- Most of the current funding focuses on the severe end of the illness. These proposals appear to be a change in focus to help those with milder illnesses – but would funding be redirected from the former to the latter. If this should happen the outcomes would be disastrous ;
- Poor service links to BME people and to the primary care sector do not appear to have been picked up in the proposals as they stand at the moment;
- If one FTE post is lost, then many more volunteers would be lost to the service.

The Director of Public Health commented that anything which improved services with regard to well-being and education would be a positive move. He added that one could not argue with commissioning on outcomes as long as one is commissioning for the right results. Although he gave the proposals, as far as they were known, a cautious welcome, he wondered where the 'human factor' would be in the light of the new 'business like' stance of the NHS and their partners. He praised Fenella Trevillion for her close work with the voluntary sector.

Alan Webb reported that the contract value had been reduced from £2m to £1.7m, adding that the PCT needed to work with the voluntary sector on what that would mean to the services and to give additional support if required. The intention was to increase throughput and people accessing voluntary services for a reduced amount of money. The focus of the services would be on local delivery, building on the Needs Assessment already carried out and also based on the Community Strategy. He added that there were significant numbers of volunteers in Oxfordshire, particularly in the Mental Health sector. With regard to the Committee's anxiety around the possible loss of smaller providers, sub-contracting would be actively encouraged and also joint bidding would be encouraged. It was hoped also that grant money would be accessed.

In response to concerns that money might be taken away from those with severe mental health difficulties in order to establish public health/community services, Mr Webb assured the Committee that funding for the acute mental health care services would not be affected.

Fenella Trevillion commented as follows:

- Very key service users were involved. Ian Bottomley had visited all current users who had expressed a wish to be involved. Moreover, carers and users sat on the Programme Board in order to feed in their views;
- People were aware of the changes and had been sympathetic to the adverse financial environment;

### JHO3

- The proposals encompassed a recognition that the geographical spread of services needed to be improved. Work was being done to assist people to retain their links with their community. There were a significant amount of services being delivered on the Cowley Road in Oxford which were very similar and therefore not a good use of resources;
- There would be a continuation of linkage to other services , however, there some dovetailing of services and linkage to key mainstream services would occur;
- Services for older people were being looked at within the aegis of 'Ageing Successfully' ie prevention.

Ian Bottomley responded to issues raised by the Committee concerning:

- Gaps in service for the Bangladeshi community and people of black minorities and ethnic background have been identified. There will be service specifications to state how that process will be managed. It was expected, however, that not all the services will be going to a community service provider;
- With regard to day service provision, there was no intention to abolish the peer support function. New buildings will not be commissioned, but creative thought will be given into different ways in which this could be given.

Whilst welcoming the very detailed discussions which had taken place with service users, members of the Committee continued to express their concern about the 20% reduction in funding for these services and the lack of information about where the cuts, reductions or reconfigurations would fall. It was this is mind that the Committee **AGREED** to

- (a) thank Councillor Jane Hanna and Dr Agulnic for their addresses;
- (b) thank Patrick Taylor and Benedict Leigh for attending the meeting;
- (c) thank Alan Webb, Fenella Trevillion and Ian Bottomley, Oxfordshire PCT for their presentations and for making themselves available to respond to questions; and
- (d) form a working group, comprising Dr Dickinson and Councillors Rose Stratford and Jenny Hannaby to work with the PCT commissioners to ensure that:
  - (1) the Keeping People Well service level outcomes were equitable, there was equity of access and that the current level of service was maintained and/or improved;
  - (2) that the process had been transparent throughout; and
  - (3) whether a full public consultation was required.



**33/10 PHARMACEUTICAL NEEDS ASSESSMENT - COMMISSIONING  
PHARMACEUTICAL SERVICES ACROSS OXFORDSHIRE**  
(Agenda No. 9)

The Chairman invited Jean Nunn Price and Mary Judge up to the table to comment on behalf of Oxfordshire LINK. Jean Nunn Price reassured the Committee that the LINK continued to challenge the PCT, where appropriate, with regard to the proposals. Indeed, both herself and Mary Judge had been involved in service changes over the last two years which had included carrying out a Pharmacy Survey (which had been presented to this Committee by the PCT's Patient & Public Involvement Group) and sitting on a PNA Steering Group where challenges had been made on quantity outcomes, equity of location, opening times etc. Mary Judge commented that one of the issues from the survey had been the need for patients to have the appropriate facilities with which to discuss their needs privately.

Ginny Hope, Head of Primary Care Contracted Services, Oxfordshire PCT, introduced the paper (JHO9) on PCT commissioning intentions for pharmaceutical services and the revised Control of Entry Regulations process, which PCTs were required to apply to new applications when opening a new pharmacy. A consultation on the Pharmaceutical Needs Assessment was required prior to submission to the Board. The Committee were asked if they found the consultation process acceptable.

Prior to discussion on the above the Chairman invited Councillor Hilary Biles, local member for Chipping Norton, Dr Ahmed, Pharmacist, Shipton under Wychwood GP Surgery, Catherine Hitchins, spokesperson for the surgery's Patient Involvement Group and Dr Nixon, senior GP partner, Shipton under Wychwood Surgery, up to the table. At the same time he advised that it was not within the remit for the Committee to be involved in individual applications for the development of new pharmacies, it being more strategic in nature. However, whilst the matter was not directly within the Committee's sphere of activity, the PCT representatives had been advised that it may be raised at this meeting as an example of the complexities of planning pharmacy provision. It related to a recent decision of the PCT to give permission for the development of a new pharmacy in Shipton under Wychwood. At present, there was no pharmacy in the area, but the local GP surgery contained a dispensary. If the pharmacy were to be opened the, under current regulations relating to dispensing in rural areas, the surgery would lose the right to provide medicines to patients living within a 1.6km radius of the new pharmacy. They would still be able to dispense to any patients who were deemed to be in a rural area outside of the 1.6 km radius of the pharmacy. In this context the concept of a 'rural area' is one that has a population within 1 mile of the pharmacy amounting to more than 2750 people. Below 2750 was considered to be a 'reserved area' and the 1.6km regulation did not apply. The population of Shipton under Wychwood was 2,796.

Councillor Hilary Biles made the following points:

- The application affected 5k patients in what was a rural area;
- The PCTs decision meant the loss of a GP dispensing service to people living within 1.6kms of the surgery and a loss of income to the surgery;

### JHO3

- In her view the decision constituted a major service change and no consultation had taken place;
- She urged the PCT to look at current provision for patients living in the area, to conduct a patient survey and to reconsider their decision;
- She asked why the PNA had not been sent to district councils for their views;
- In her view the surgery's pharmaceutical provision would far outweigh the benefits which a new, independent pharmacy would bring, for example, the current provision offered a needle exchange service. She added that any profits were ploughed back into services for the community; and
- The support that current pharmacy gave to members of the community served to avoid the need for patients to go into acute care.

Dr R.Ahmed, Pharmacist, addressed the Committee stating that the proposed change would directly affect his business. The Pharmacy had introduced a number of changes and were working together with the PCT as a team in order to bring about the changes in the best possible way.

Catherine Hitchins put forward the following points:

- She understood that it was the duty of the PCT to provide Health and Social Care to the local community and to respond to local demand. It was also their duty to make the service accessible to residents;
- Currently, both able bodied and disabled residents had ease of access to the service. The surgery reorders medicines for collection at 8.15am or at 6.30pm each day. There was no closure for lunch. This helped to cut down on transport problems for older people or for young mothers in an area which has sparse public transport facilities;
- No discussion had taken place within the Parish and District Council and the local Patient Involvement Group. Furthermore those living outside the designated area had been ignored;
- The whole community and in particular the Local Patient Involvement Group, were gravely concerned at the potential loss of the facilities offered at the surgery; and
- The Patient Involvement Group were also concerned at the lack of attention given by the PCT to the views expressed by the public.

Dr Nixon commented as follows:

- There is a large proportion of high priority groups served by the current Pharmacy, which include older people and young mothers;
- The Pharmacy undertakes risk assessments on medicines and also gives health advice;
- The service given is confidential and staff often have a personal knowledge of the patients;
- The Pharmacy offers exceptional access to patients covering a 25 mile distance;
- He expressed his confidence that the service it gives results in lower referral rates;
- The Pharmacy also offers enhanced diabetic care.

At this juncture, Alan Webb and Ginny Hope informed the Committee that the application was not subject to appeal with the PCT, rather, to an independent organisation, namely the NHS Litigation Authority – Family Health Services Appeal Unit. The PCT was therefore unable to comment on individual applications. The DoH PNA regulations were due to come into force on 24 May 2010 and the PCT was thus bound by the current regulations. They pointed out that any decisions made by PCTs were subject to a strict formal process to accord with a Statutory Instrument, Pharmaceutical Regulations 2005. These also determined regulations for rural surgeries. They added that although dispensing income at GP practices had to be separate from GMS; in practice there were links, but they were not co-dependent.

In response to a question seeking information on whether there were regulations enforcing who to consult on applications, Ginny Hope responded that there was a requirement to notify interested organisations about applications. As a matter of course, notifications were sent to parish and town councils, to the LINK and other representatives of the public. Unsolicited responses were received from members of the public and these were taken into account when the PCT made their decisions.

Following a further question and answer session and discussion with regard to the PNA process and consultation, the Committee **AGREED** to:

- (a) thank Jean Nunn-Price, Mary Judge of the Stewardship Group, Oxfordshire LINK, Dr R. Ahmed, Pharmacist, Shipton under Wychwood, Ginny Hope, Head of Primary Care, Contracted Services and Alan Webb, Director of Service Redesign, Oxfordshire PCT for attending the meeting;
- (b) thank Councillor Hilary Biles, Catherine Hitchins, Patient Involvement Group spokesperson and Dr Nixon, senior partner of Shipton under Wychwood surgery for addressing the Committee;
- (c) note that the Committee had no remit to intervene in the appeal process with regard to individual applications to set up a pharmacy; and
- (d) note the project plan for the Pharmaceutical Needs Assessment process and consultation.

#### **34/10 PARKINSON'S DISEASE - SERVICES TO OXFORDSHIRE PATIENTS** (Agenda No. 10)

Prior to the question and answer session with the invitees, namely Philippa Muir, Head of Specialist Commissioning and Clinical Networks, Alan Webb, Director of Service Redesign, and Sue Barnden, Service Development Manager, Oxfordshire PCT; and Dennis Morgan, Chair, Oxford Neurological Alliance, members of the Committee were addressed by Mrs Dickinson, mother of John Dickinson, who had made representations to the Committee on 16 July 2009 (Minute 42/09 refers) about alleged deficiencies in the service given in Oxfordshire Health services.

Mrs Dickinson informed the Committee that since July 2009, her son's treatment had not improved. She informed the Committee of a number of problems her son had encountered with the service and that they had lodged a formal complaint against the PCT and the ORH alleging a lack of leadership from within the Department, a lack of

support staff and that the wrong drug had been used during a Drug Challenge test. She summed up by stating the following:

- Despite reviews of the service extending over two years, there was still no specialised Parkinson's Disease nurse working exclusively for patients in the South and West Oxfordshire area;
- The part-time nursing post had not been extended to a full-time post;
- It was good news that the PCT had given £145k of funding for the neurological services, but it has come 3 years too late for her son;
- Her son had been refused a refund for travel fares to London for his treatment;
- Her son had disassociated himself from the services offered by Oxfordshire NHS, believing them to be of no relevance to the most vulnerable people of Oxfordshire.

Alan Webb, Philippa Muir and Dennis Morgan were invited up to the table. They put forward the following views:

- The PCT were aware of the anxiety and distress caused to Mr Dickinson had suffered and his views on the services in Oxfordshire;
- Discussions had followed questions raised by Mrs Dickinson at PCT Board meetings and there had followed an independent review and conciliation process;
- New information had now been brought forward with regard to the Drug Challenge Test and the PCT was working with Mr and Mrs Dickinson on it. There had been some progress made to improve these services but there was a need to ensure that services were available to all patients;
- Part of the Health Needs Assessment was about learning how many people were in treatment. This had been complemented by a service review which had been delegated to representatives from Health & Social Care and the voluntary organisations to do. A draft copy of this review had been presented to the Neurological Group last week;
- Funding had now been directed to the treatment of existing services and also to the commissioning of new services;
- On 12 May, the Local Implementation Group (LIG) comprising users, carers, voluntary and charitable groups looked at the draft service review. This Group, would be considering each commissioning model in July;
- There would be a formal consultation process carried out on the business plan.

The Committee asked a number of questions of Alan Webb, Philippa Muir and Dennis Morgan, some of which are included below:

Q Is Mr Dickinson to receive some community support?

R (AW) stated that he would if it is appropriate. There would be community staff support in the future.. The PCT was looking at how many services could be re-designed to become community based. They were looking to provide services where they were required and where there was no out-patient source.

Q Are there long delays for out-patients in hospital settings?

R (PM) was not aware of the numbers, but they are within the standard NHS requirements. She undertook to look at the Service Level Agreement and to report back to the Committee via Roger Edwards.

Q A Parkinson's Disease nurse appears to be the key player with regard to assisting patients and assessment, but the post is only part-time. Will more hours be given to the post?

R (AW and PM) stated that the nurse was engaged on a full-time basis, but 0.5 fte was devoted to research. The PCT were looking to address community support and assessment. This would be included in the Service Level Agreement which would be circulated to members of the Committee. The PCT were involved in genuine debate with service users about how best to spend the money to ensure that patients were within commuting distance.

Q The LIG meets in July, which is exactly 12 months since the issues relating to the service were scrutinised at this Committee. Do you have any concrete proposals for support Mr Dickinson? How quickly can you start the recruitment process?

R (PM) stated that a business case would be worked up, adding that the sooner the Neurological Group could produce a model, the sooner it would be that the service could be commissioned. The recruitment process could be started by the end of July if approval was given by the LIG.

Q If your data is not available, how will you reach the correct recommendations?

R (PM) stated that it had been decided on 12 May that the service review was not complete. The problem was that data on the numbers of patients was not recorded easily. The PCT were using the data from the North East Public Health Observatory, which is 200 pages long. There was very little information on hospital admissions, episodes etc. There was a need to get better in the future at collecting information.

The Chairman summed up by stating that the PCT had gathered a large amount of information to date over a significant period of time, but still nobody was in post. He added his hope that the PCT would look at the commissioning of Neurology services at the ORH in light of the lack of provision of appropriate services. Alan Webb responded that there was no clear cut answer to that as yet, though acknowledging that there was a need to 'push on' with efforts to get a service to work across the whole spectrum. To do this, knowledge from the neurological alliance was required. The Committee had been assured by Philippa Muir that this could be supplied.

Dennis Morgan assured the Committee that his organisation had been discussing service requirements with Philippa Muir and service users. The PCT had attended these discussions and had fed information back. The priorities identified were those which had been identified by the Oxfordshire LINK. His organisation were looking at models which would benefit patients at all stages, rather than at only one.

Philippa Muir was asked what would happen if no agreement was reached at the LIG meeting on 14 July. She responded that, to date, there had not been sufficient time to think about different models. The PCT did not wish to take a directional approach, but it was hoped that a decision would be made on that day.

The Committee **AGREED** to:

- (a) thank Mrs Dickinson for her address;
- (b) thank Philippa Muir, Sue Barnden; Alan Webb and Dennis Morgan for attending the meeting and for responding to members' questions; and
- (c) request Philippa Muir to communicate to Roger Edwards the outcomes of the Local Improvement Group's deliberations as soon as possible following the meeting and that he, in turn, be requested to relay these to members of this Committee.

Alan Webb undertook to develop some proposals on how to take this forward and to share them with the Committee.

### **35/10 FUTURE ORGANISATIONAL FORM OF COMMUNITY HEALTH OXFORDSHIRE (CHO)** (Agenda No. 11)

Matthew Tait, Director of Finance Oxfordshire PCT; Geoff Rowbotham, Chief Executive of Community Health Oxfordshire (CHO); and Julie Waldron, Chief Executive, Oxfordshire & Buckinghamshire Mental Health Care Financial Trust (OBMFT), attended the meeting in order to explain the situation with regard to a proposal to merge OBMFT and CHO as part of the Transforming Community Services (TCS) process. A report which had been prepared by Matthew Tait was before the Committee (JHO11).

Matthew Tait, Julie Waldron and Geoff Rowbotham all gave brief presentations on the paper.

Matthew Tait undertook to provide the Committee with a report, at the appropriate time, indicating whether the proposals would entail a major service change.

Matthew Tait was asked if CHO planned to involve the district councils in the creation of a Housing Programme. He was also asked what further action was required of the TCS process. He reported that currently they were still in the process of developing and reviewing where they wished to go in the future. To date they had seen effective engagement with OCC and the wider GP practices in relation to the prevention agenda. They now needed to go to the next stage, to the wider stakeholders to get further buy in.

Matthew Tait was also asked if he was expecting a similar thing to happen in Oxfordshire as had happened in London where the Secretary of State had halted the re-structure. He responded that Oxfordshire's was a major reconfiguration programme, but that it was not yet at the stage where there was a need to consider the full vision – also whether there would be reconfiguration programmes in certain localities. He added that currently they were taking a general approach to enhance the community services close to home to enable secondary care services.

The Committee **AGREED** to:

- (a) thank Matthew Tait, Geoff Rowbotham and Julie Waldron for attending their attendance and for responding to members' questions; and
- (b) request a further update on the situation in the new year.

**36/10 OXFORD CITY COMMUNITY HOSPITAL (CITY COMM)**  
(Agenda No. 12)

Prior to consideration of this item the Committee received an address by Councillor Larry Sanders, a local member. He stated that the following issues should be given consideration in relation to Ox Comm. These were:

- With regard to medical cover, the staff were concerned about the rapid re-tendering which was required. He added that if the outcome of this was to hire cheaper suppliers, there would be less expertise available, less time available and the service could be less conveniently situated;
- Assurances should be given that there would be good continuity of service into the community;
- The situation with regard to the premises appeared to have been solved with the signing of a 7 year contract. The staff did not feel that this was a perfect solution, but that it was manageable. He was aware that many places that were suggested were not manageable;
- He declared that he was not 100% clear with regard to the delivery of a full service to the population of Oxford when 21% of patients would be non Oxford citizens. This was not a small figure. He asked if the situation could continue to be reviewed;
- Most community hospitals had lovely, communal gardens, something this hospital did not have, being urban in nature; and
- He asked if somebody would take the lead in the setting up of a functioning friends/supporters group.

Geoff Rowbotham, Chief Executive of CHO, Jonathan Coombes, and Dr James Price, Lead for Gerontology, Oxfordshire Radcliffe Hospitals NHS Trust, attended the meeting in order to present the paper JHO12 and also to respond to any question the Committee may have had.

Geoff Rowbotham introduced the paper commenting that a number of colleagues and organisations, including local GPs and the Oxfordshire LINK had all played a part in the proposals. They had challenged with three major questions:

- Would the quality of provision be improved, in light of the Oxcomm experience?
- Are 20 beds sufficient?
- Was there long term commitment to having a permanent community hospital within the City?

He took each in turn, commenting as follows:

### Quality of Provision

Very good feedback had been received from patients and other links. There had also been very good support from colleagues at the ORH. The scores had indicated that they considered the environment to be good. The quality would be judged on whether they would be successfully rehabilitating patients and were getting them home within a particular period. Over 95% were within the period set for them.

### Is 20 beds sufficient?

This had been discussed within the paper. He stated that it was currently it was believed that 20 was sufficient. On the privacy issue, male and female wards had been separated.

### Commitment to having a community hospital within Oxford City environs

It was believed that it was the right thing to do to commit to a 7 year contract for people in the City. With regard to the question about whether it was in the right place, ideally it could be on a lower floor so that there could be direct access to the gym, but this could be worked around.

With regard to GP cover for the hospital, ideally local GP support would be best, but ORH facilities do give direct access to GP support. There is an intention to look at how the GPs might interface.

Comments put forward by members of the Committee, and responses received from the Panel, included the following:

- Is a capacity of 20 sufficient? There is still a problem with delayed discharge in the JR Hospital and there is also the problem of the ageing population. The Committee has already heard that the current accommodation is squashed. Geoff Rowbotham responded that 20 beds were considered to be right at the moment. A home environment was the preferred place for patients where they could be provided with the appropriate care. Dr Price added that some work previously delivered in the acute sector could safely be done in the community. Work done with some patients in their own home could free up the capacity to treat some patients in the community hospital who would previously have had to be admitted to the JR;
- City Comm might not be able to offer specialist facilities compared with the bigger community hospitals such as Abingdon – Geoff Rowbotham commented that there will be more opportunity to send people to other community hospitals for more specialised care;
- In Thame, local GPs had been priced out of the bidding for GP bed cover in the Thame Community Hospital, might this happen in Oxfordshire? Geoff Rowbotham assured the Committee that this would not happen. There was a standard approach in Oxfordshire to have a weighted tender process giving an obligation for the provider to use



local GP provision. He added that there was to be an announcement during the following week of who had won the tender contact for provision. Jonathan Coombes also added his assurance that the contract would ensure that a high quality medical cover would be delivered at the time that it was needed;

- What about future provision following 7 year contract? Geoff Rowbotham responded that there was indeed a 7 year commitment with the ORH, however a 1 year break clause had been included in the contract in case there was a need to relocate, within the City;
- Have you plans to set up a League of Friends, or similar? Jonathan Coombes undertook to ensure that a member of staff was tasked to set up a staff link between the staff and a League of Friends body.

In conclusion, assurances were given to members of the Committee that this was the correct model. City Comm had excellent diagnostic facilities and was a good, strong model overall. There was an aim to deliver the greater proportion of admissions locally, though there was a need to weigh up the pros and cons of this in relation to the condition of the individual concerned.

The Committee **AGREED** to:

- (a) thank Councillor Larry Sanders for his address;
- (b) thank Jonathan Coombes, Geoff Rowbotham and Dr James Price for attending the meeting and for responding to questions from members on progress in developing the new Oxford City Community Hospital.

**37/10 CHAIRMAN'S REPORT**  
(Agenda No. 13)

The Committee noted reports given by the Chairman in relation to meetings attended with the following Health organisations:

- 'Catch Up' meeting with Sonia Mills, the new Chief Executive of Oxfordshire PCT and colleagues;
- Meetings relating to the Joint Review of the South Central Ambulance Service;
- Better Healthcare Programme Board meeting.

**38/10 INFORMATION SHARE**  
(Agenda No. 14)

There were no matters shared under this item.

The meeting closed at 3.25 pm.

..... in the Chair

Date of signing .....