OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 19 November 2015 commencing at 10.00 am and finishing at 12.40 pm

Present:

Voting Members:	Councillor Yvonne Constance OBE – in the Chair
	District Councillor Martin Barrett (Deputy Chairman) Councillor Kevin Bulmer Councillor Surinder Dhesi Councillor Tim Hallchurch MBE Councillor Laura Price Councillor Les Sibley District Councillor Monica Lovatt District Councillor Nigel Champken-Woods Councillor Susanna Pressel District Councillor Nigel Randall Councillor Jenny Hannaby (In place of Councillor Alison Rooke)
Co-opted Members:	Moira Logie
Officers:	
Whole of meeting	Claire Phillips, Belinda Dimmock-Smith and Julie Dean (Corporate Services); Director of Public Health

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

107/15 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor Jenny Hannaby attended for Councillor Alison Rooke and apologies were received from Dr Keith Ruddle and Mrs Anne Wilkinson.

108/15 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest.

109/15 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 17 September 2015 (JHO3) were approved and signed as a correct record.

110/15 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following members of the public addressing the Committee:

- County Councillor Pete Handley in relation to Agenda Item 5 - 'Oxford University Hospitals Foundation Trust (OUHFT)'
- Mr Keith Strangwood in relation to Agenda Item 8 'Chairman's Report and Forward Plan' (to speak prior to discussion of the item)

Councillor Pete Handley addressed the Committee questioning the amount of funding from the OUHFT being put into research in a climate where, in his view, waiting lists for operations were long and the NHS was not funding expensive drugs for cancer treatments. He added that, in his view, the monies received from higher college tuition fees should be put towards relieving the backlog of operations.

Dr Stuart Bell, CBE, Oxford Health NHS Foundation Trust, responded that any funding received for research was in addition to that received for services. Thus, a centre for the provision of specialist services, as the OUHFT was, would benefit the local population for having those services locally.

111/15 OXFORDSHIRE'S HEALTH & SOCIAL CARE TRANSFORMATION PLANS

(Agenda No. 6)

Stuart Bell MBE, Chief Executive, Oxford Health NHS Foundation Trust, gave a powerpoint presentation on progress in relation to the emerging system-wide plans for transformation of future delivery of Oxfordshire's health and social care. The plans would address population growth, demographic demands and pressures on available resources for now and in future years (JHO6). Mr Bell was accompanied for this item by Dr Bruno Holthof, Chief Executive, Oxford University Hospitals Foundation Trust (OUHFT), Dr Joe McManners, Chair, Oxfordshire Clinical Commissioning Group (OCCG) and John Jackson, Director for Adult Social Services (Oxfordshire County Council) (OCC)) and Director of Strategy & Transformation, Oxfordshire Clinical Commissioning Group (OCCG)).

The Chairman thanked Stuart Bell for the presentation and invited questions from the Committee.

A member asked for assurance that the correct number of properly trained care workers would be available at the right time in order to meet the requirements of the Plan. Dr McManners responded that there were various initiatives coming from Government that might prove helpful relating to recruitment and retention in primary care. He commented also that the high cost of living and the house prices in the

region were an obstacle. Dr McManners explained that the new models of care were crucial to the ways in which GP practices were being, and would be organised, adding that more resource for prevention would hopefully lead to more care in the community. He commented also that the high cost of living and the house prices in the region was an obstacle.

John Jackson stated that new providers of social care would have to be registered with the Care Quality Commission, adding that there was also a need to ensure organisations were well managed and staff well trained. Work on a workforce strategy had been undertaken, some of it resourced by Health Education England. Values based recruitment was also a factor, for example, looking for potential candidates who would gain the most satisfaction from the nature of the work. He added also that there had been changes to the national living wage which would increase pay in the care sector, but this could be a problem if workers chose to go to work in other sectors.

A member expressed concern about the possible increased risks for the field of domiciliary home care, suggesting that people liked to be reassured that there would not be a large scale shift in public sector providers. Stuart Bell responded that this was not emerging as a problem, but a feature that was being communicated strongly was the value of partnerships operating the system together as one team, such as the acute sector and the voluntary sector working together with GPs in the localities. There had been no assumption made that a large proportion of the care would shift to the independent sector.

A member commented that the proposals were being set against the challenge of the possible removal of gateways as part of the budget cuts, such as cuts to children's centres. Stuart Bell agreed, saying that health funding had historically enjoyed more protection than that of social care.He also suggested that it would be a collective responsibility to understand the pressures on the system and to make the best possible use of resources. John Jackson added that the procurement of care in the community had increasingly been dominated by non – state provision in recent times. However, it was crucial for people to understand that the amount spent on 'Not for Profit' care was the same as was paid for private companies to do the same work.

A committee member stressed that residents were anxious about a possible loss of control of their very much valued NHS services. Dr McManners explained that the proposals were about the integration of existing NHS services and operating all as a single system in its entirety alongside equal partners, rather than bringing in other providers. He added that ultimately the OCCG would be responding to the OCC budget savings options and their impact. Stuart Bell commented that the ultimate aim of the programme was not to get the cheapest services, but it was about operating the most capable and sustainable services.

Members were concerned that the Plans were not routed in reality, given, for example, the existing length of the waiting list for non - urgent mental health cases which were classed as preventative. Stuart Bell pointed out that the plans were not a detailed description and organisations were only at the early stage of engaging with people on how they may respond to current problems. They had endeavoured to look at the good evidence in the places where proposals were currently working. For

example, they were in discussion with Buckinghamshire County Council CAMHS commissioners who, in partnership with Dr Barnado's, were running an early prevention programme. Dr McManners added that the key here was to receive upfront investment in order that the preventative process could take place. The Prime Minister's Challenge Fund had allowed this to take place but it had been piecemeal.

A member commented on the growing pressure on hospitals and GPs to cope with the expanding population and housing growth in Oxfordshire. Stuart Bell explained that he had met with the District Council Chief Executives to explore better ways of addressing these issues and the issue of key workers had come up during discussions. He added that there had been a number of issues which had been considered by the Transformation Board on different areas which had involved GPs as care providers. The Chairman reminded members that this Committee had raised the question of the provision of primary care in new housing developments and had asked that the NHS be included in infrastructure strategy.

A member of the Committee asked how an ongoing commitment to public engagement with local communities would fit into the Commissioning Intentions for 2016/17 so that both could be achieved in the short and long term vision. John Jackson stated that it would take time for work with the providers to take place, reiterating that it would be beneficial to receive the funding early on. He added that the OCCG was waiting to hear how much the transition funding would be for Oxfordshire.

A member commented that he was pleased to read of the ambition to move patient centred care to communities using remote equipment but wondered how long it would be before this was implemented. Stuart Bell responded that initiatives would be developed and implemented up to 2020 (and thereafter) and recognised that some changes would be implemented more quickly than others.

John Jackson stated that they would consult when they were clear of the proposals. He pointed out that a part of the schedule of programme, as set out in page 42 of the paper, was already in place or in the process of implementation. He pointed out that there may be new services to be introduced, which had not emerged from analysis as yet.

The Chairman concluded this item by thanking Stuart Bell, Dr Holthof and John Jackson for their attendance.

The Committee **AGREED t**o request that an update (briefing note) outlining what was already being delivered and more specifics on the programmes (including timelines, staffing and funding).

112/15 OXFORDSHIRE UNIVERSITY HOSPITALS FOUNDATION TRUST

(Agenda No. 5)

The newly appointed Chief Executive of the Oxford University Hospitals Foundation Trust (OUHFT), Dr Bruno Holthof, attended the meeting both to introduce himself to the Committee and to share his initial observations from his first few weeks in his new

role. He was accompanied by his Director of Planning & Information, Andrew Stevens.

The Chairman made reference to the radical plan to the most recent pilot to tackle bed-blocking. A press statement and separate statement of commitment to the stakeholders had been issued that morning (copies of which were circulated around the meeting).

Dr Holthof gave his initial thoughts with regard to Oxfordshire and outlined his initial priorities. Firstly, he highlighted joint working (such as that already demonstrated with the pilot to address delayed transfer of care) as a top priority and that this will be a focus area to further strengthen work across all of the health and social care organisations. He commended the joint working already underway, to look at better ways to get patients back to their home from hospital as quickly as possible. He also stated that a priority area was to review the current activities that are undertaken at Oxford based hospital sites which could be better performed at the Horton General Hospital and other general hospitals in the broader region. Thirdly, he wanted to see the development of more highly specialised services at the John Radcliffe Hospital so that patients living in Oxfordshire, and those from further afield could be treated in Oxfordshire.

A member commented that Banbury was an area that was growing fast and, although she was very pleased that patients would be treated closer to home, she wondered if there would be sufficient care home beds to accommodate this. Dr Holthof responded that if Oxfordshire was successful in commissioning enough care home beds to be turned into intermediate care beds, as part of the 'Rebalancing the System' project, then that would solve the long-standing delayed transfers for care (DToC) problem in Oxfordshire. He made reference to his first interaction with the community which had been with the action group 'Keep the Horton General' about when it was appropriate for patients to be treated locally. He understood that travelling was an additional burden, adding that treatment at other acute trusts in, for example, Warwickshire, could also be an option, should it not be possible for them to be treated at the Horton for quality or safety reasons.

Dr Holthof was asked if placing patients into intermediate care beds in distant localities would be at the expense of the needs of the families, and might therefore result in people having to go into a home. Dr Holthof responded that the intention was to get the patients home as soon as possible, complete with sufficient care plans. Andrew Stevens added that this had been measured as part of a trial last winter that had successfully provided sufficient home care beds. Members of the Committee were keen to understand the details off this pilot including its outcomes and **AGREED** that David Smith, Oxfordshire Clinical Commissioning Group, be asked to report on the findings to a special meeting of this Committee in December. This meeting will consider details of the pilot, including the numbers of beds (including where) had been commissioned and what supporting services had been agreed to support the community based care, together with a full range of performance measures to help assess the success of the pilot.

A member asked if the Trust was sufficiently flexible with its rostas to ensure attractive working conditions for nurses. Andrew Stevens responded that the Trusts

employed a range of contracts giving opportunities for term time working, for example. However it was better to obtain staff on a permanent basis. The Trust had increased the rates for bank staff in an endeavour to entice them in, rather than using agencies. He added that he had held discussions with GPs and other workers in healthcare on the cost of living in the county, as he believed this to be a very real issue.

In response to a Committee member's concern that older people may have two moves, from hospital to intermediate care and from there to home, Dr Holthof informed the meeting that a small-scale trial had been carried out on two occasions during the previous year with the aim of moving patients to home rather than via an intermediate care bed. He added however, that to do this on a larger scale would require a look at nursing and care capacity within the system.

The Committee requested, and Andrew Stevens **AGREED** to come back to the special meeting in December with information about the localities of discharge of patients (in particular to address concerns about Thame.

A member asked about whether the international standing and global role of the Trust was a hindrance or a benefit, Dr Holthof stated that it was a benefit, explaining that many patients wanted access to the latest available therapies for cancer, for example, adding that the hospital conducted many clinical trials and its research base was an additional advantage for Oxfordshire residents.

In response to a question about medical advances which had come about as a result of technological developments, Andrew Stevens stated that there was a need for the Trust to better explain some of the benefits and efficiencies that the advances had brought the Trust and its patients.

Dr Holthof and Mr Stevens were thanked for their attendance.

It was **AGREED** to ask the OCCG for an explanation at a future meeting about what proportion of patients were coming into the John Radcliffe Hospital for specialist services, and how these services were funded.

113/15 HEALTHWATCH OXFORDSHIRE - UPDATE

(Agenda No. 7)

The Chairman of Healthwatch Oxfordshire (HWO), Eddie Duller OBE attended the meeting to respond to questions in Rachel Coney's absence. He reported that the Dignity in Care report which was attached for the attention of the Committee was at that moment being presented to Healthwatch England by HWO's Head of Projects team.

He introduced the recurring themes contained within the report which were in brief:

- Unsatisfactory communication models;
- People being afraid of complaining in case it would have a bearing on the care they were receiving;

- 25% of people interviewed did not know the processes for making a complaint;
- 11% of people in home care said that they had witnessed abuse or been abused themselves.

adding that early commitments to the recommendations had already been given by the Trusts.

A Committee member asked about the numbers interviewed, to which Mr Duller responded that it was approximately 200 in a series of localities such as care homes and hospitals. He added that in circumstances where people were in their own situation, HWO had taken advice to ensure that the questions were appropriate. Dr McWilliam reminder members that this type of report shows general 'drifts' based on soft information rather than hard evidence (given the relatively small number of responses).

In response to concern about the national problem of inadequate advocacy and the necessity of providing a strong practical and whole system approach, Mr Duller assured the Committee that HWO were taking it very seriously and it featured high in their forward plan.

A Committee member asked how the Loneliness and Isolation database and how the Community Information network was operating, particularly in Oxford City. Mr Duller stated that meetings were planned with providers and commissioners and that HWO would be returning with a further report in 4/5 months.

John Jackson agreed with the Committee that the Dignity in Care report was a good report, having attended its launch and been part of the discussions, with responsibility for adult safeguarding issues in Oxfordshire, as overseen by the Oxfordshire Adult Safeguarding Board. He stressed that any stated worries around the impacts on the quality of care were welcomed and organisations were committed to addressing any problems encountered. He added that this had been recognised as an issue and there was a genuine wish on behalf of all organisations to do as much as possible to address it. Mr Duller added that, as one would expect, the people they talked to tended to be more open with them than with the 'authorities' .

A suggestion that, in the way of feedback, the public be asked to state one good thing about their care and one thing that could be done in a better way, was welcomed by John Jackson as helpful. He stated also that the 'Families and Friends' test was operated by the hospitals. Moreover, Social & Health care workers made a point of talking to staff and users on their own. New techniques were continually being sought to gain information and a variety of things being done to encourage people to give information. He pointed out that people tended to be far more comfortable about raising issues nowadays, adding, however, that monitoring was not done on a daily basis and it depended very much on the staff who managed the process and on feedback. He added that people tended to be far more comfortable about raising issues nowadays. Mr Duller stated also that recent national research had stated that 80% of service users would like the opportunity to comment on their services. HWO were trying to address this partly by means of their website and by distributing leaflets; and they had recently appointed an experienced marketing manager to take it forward.

Mr Duller, in response to a request from the Committee described the current staffing ..... structure of HWO and the funding streams currently available to it. He added that HWO were pursuing a possible move to charitable status in order to assist with funding streams.

Mr Duller was thanked for the reports and for his attendance.

114/15 CHAIRMAN'S REPORT AND FORWARD PLAN

(Agenda No. 8)

Mr Keith Strangwood, Chairman of 'Keep the Horton General' requested that the Committee look at access to Oxford hospitals from Banbury in its forward plan to include statistics of patients travelling to Oxford from the north of the county. As an example, the endoscope had been suspended at the Horton Hospital and the South Central Ambulance Service had to travel to Oxford, through the roadworks, with their patients on board.

The Chairman acknowledged that this issue had been mentioned at a number of meetings with hospital managers. She agreed that the Committee would ask for assurance that this matter was being addressed and would ask for a report to be produced for the Committee. The report would encompass areas affected by roadworks in other parts of the county. Members of the Committee asked that information on parking at the Horton and the John Radcliffe Hospitals be included, together with information on how parking monies were used.

The Committee reviewed the current Forward Plan (JHO8) for the coming year.

..... in the Chair

Date of signing