OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 19 April 2018 commencing at 10.00 am and finishing at 3.00 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair District Councillor Monica Lovatt (Deputy Chairman) Councillor Kevin Bulmer Councillor Dr Simon Clarke Councillor Mike Fox-Davies Councillor Laura Price Councillor Alison Rooke District Councillor Andrew McHugh District Councillor Neil Owen District Councillor Susanna Pressel Councillor Glynis Phillips (In place of Councillor Mark Cherry)
Co-opted Members:	Dr Alan Cohen and Dr Keith Ruddle
Other Members in Attendance:	County Councillor Jenny Hannaby (for Agenda Item 8)
Whole of meeting	Strategic Director of People; J. Dean and S. Shepherd (Resources)

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.

10/18 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Cllr Glynis Phillips attended for Cllr Mark Cherry and an apology was received from Anne Wilkinson.

11/18 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest submitted.

12/18 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 8 February 2018 were approved and signed as a correct record subject to the following corrections:

- Page 4, Minute 7/18, penultimate paragraph – correction of 'Nuffield Hospital' to 'Nuffield Health Centre';
- Page 5, Minute 7/18, references to 'consultation' in paragraphs 4 and 5 to be amended to 'engagement' – and in paragraph 5, the reference to the 'final' version of the Plan to read 'first' version;
- Page 6, Minute 7/18, paragraph 2 – reference to the National Association of GPs' to read 'British Medical Association'; and
- Page 6, Minute 7/18, penultimate sentence, to amend the word 're-registered' to 'allocated'.

There were no matters arising.

13/18 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following members of the public addressing the Committee immediately prior to Committee discussion on the item itself:

Agenda Item 8
Cllr Jenny Hannaby
Jane Febers and Helen Wigginton, senior officers of the Royal College of Nursing with responsibility for members in Oxfordshire, Buckinghamshire and Milton

14/18 FORWARD PLAN

(Agenda No. 5)

The Chairman assured the Committee that the meeting between the Chairman of Health & Wellbeing Board/Health Improvement Partnership Board/Oxfordshire Joint Health Overview & Scrutiny Committee had been postponed. However, it was hoped that it would take place in early May.

The Chairman confirmed that priority would be given to scrutiny of the Health & Wellbeing Board's reorganisation by this Committee at either the June 2018 or the September 2018 meeting.

15/18 HEALTHWATCH OXFORDSHIRE

(Agenda No. 6)

George Smith, Chairman, presented the report from Healthwatch Oxfordshire on their views and latest activities (HWO6).

Professor Smith was asked what, in HWO's view, were the NHS Trusts highlighted in the report doing differently or better than Oxfordshire. He responded that changes to locally based domiciliary services had been done very well elsewhere. For example, domiciliary care workers had been given additional training to help recognise deterioration or concerns needing assessment. These care workers were then more integrated with nursing teams who could respond where concerns were flagged.

A member asked if there was evidence of improved health and wellbeing as a result of the integration of health and social care in areas showcased by CQC. Professor Smith responded that social prescribing incorporated others from a wide spectrum, for example, those who were lonely. He highlighted a recent venture where volunteers were giving companionship to older people in the Mendips area. This venture had resulted in a 20% reduction in health and care costs, together with an improvement in the quality of life for the older person.

The Chairman thanked Professor Smith for the report pointing out that the CQC was pleased with the way health and social care integration was proceeding with the Action Plan.

The Committee **AGREED** to thank HWO for the report and Professor Smith for his attendance.

16/18 CARE QUALITY COMMISSION LOCAL SYSTEM REVIEW

(Agenda No. 7)

The Committee considered a summary report (JHO7) by the Oxfordshire system leaders in relation to the CQC Local System Review. It summarised the outcome of the Review, its recommendations and the high – level Action Plan developed by system leaders in response to those recommendations, as well as setting out the proposed governance for ensuring the delivery of required actions. This Committee was asked to note the progress made and to provide any comments or observations that it may assist in assuring delivery of the agreed Action Plan.

The Committee welcomed the following representatives to the meeting:

- Stuart Bell CBE, Chief Executive, Oxford Health Foundation Trust (OH);
- Dr Tony Berendt, Medical Director, Oxford University Hospitals Foundation Trust (OUH);
- Lou Patten, Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG)
- Kate Terroni – Director of Adult Services, Oxfordshire County Council (OCC).

Kate Terroni, in giving a presentation to Committee, began by giving a recap on the CQC's approach to the review, which was to look at the Health and Social Care systems as a whole and how people and patients moved through the pathways. She stated that one of the main messages of the report was the absence of a single vision in Oxfordshire and the need to set clear strategies where it was required to avoid fragmentation and duplication.

She then gave an update on the actions included in the Action Plan, which, she stressed, were a very real opportunity to bring all the organisations together under one umbrella. To this end, the Oxfordshire Health & Wellbeing Board (HWBB) had agreed to call a special meeting on 10 May 2018 to consider a governance review of the Board which would formally pull together the efforts and powers of all organisations to give a much more unified view of the health and social care systems, which would be easier to scrutinise and hold to account. She stressed that the governance review would indicate that it would be a different way of moving forward.

The Chairman stated that the Committee would like to see actual results before it could be deemed successful and asked that this be borne in mind during the discussions.

Lou Patten stated that the aim of the Action Plan was to bring people together and to be as productive as possible in its delivery via the Integrated Care Delivery Board, which would be accountable for the areas of transformation. She added that an example of the new leadership was that of two assurance meetings which had taken place this year when NHS England and NHS Improvement had brought the entire system together in order to have a regulations conversation regarding performance. Going forward this very positive type of meeting would now be employed as a system. The aim was to empower the patients situated at the front end of the service line, rather than that of the organisation itself. An example of this was the focus on those patients who were in a hospital bed who did not need to be there. By focusing on gathering a group of 'doers' in a room to problem solve, they had started to create a 'freeing up' of the system which would assist with the patient flow. She further reported that a Winter Plan review had taken place which gave opportunities to learn externally. This would be brought to the next meeting of this Committee.

Kate Terroni also gave the following examples of 'mini' teams comprising representatives from all organisations looking at capacity over the whole system and how to respond:

- A single approach to target reporting;
- A workforce group looking at commissioning; and
- More joint posts, for example, a joint care homes commissioner

Lou Patten added that, as part of this new approach, future consultations would concentrate on developing spaces that brought together the social and health care needs for patients in each area of Oxfordshire.

Stuart Bell commented that there was also a need to ensure that Oxfordshire learned broadly from the experiences of other systems outside of Oxfordshire. He referred to the impetus given to giving a stronger central role to provider services within the

HWBB. He also made reference to the challenges Oxfordshire was facing in recruitment and retaining staff and with the availability of housing. An important part of the local system review was to address how to make the best use of people already living in Oxfordshire. He pointed out some good work undertaken on 'stranded' patients, which would make a real difference to frail older people.

Questions, comments and issues from members of the Committee included the following:

- With regards to transformation, the role of the community hospital needed to be brought to the fore to help address staff morale. Lou Patten stated that there was no sense in consulting on the buildings themselves, but on what was needed in each locality;

- A member stressed the importance of using plain English;

- In response to a request for more of a focus on where the innovation was in the system review, Kate Terroni responded that at this stage it was deemed helpful to focus on how to model health and social care differently and to the best advantage, such as the creation of Wellbeing Teams in each locality; or looking at care-worker routes to make them more effective; or looking at support from voluntary sector partners. She undertook to present what was innovative to a future meeting. Conversations were taking place with other authorities, for example with Shropshire and Frome. Lou Patten added that part of the process at the scoping stage was to look at what was happening elsewhere. This practice was being embedded as a thread throughout. The Chairman suggested that this Committee could focus on how innovation was being interpreted and used in the Oxfordshire system;

- A member asked why the possibility of having an in-house, domiciliary care service was not mentioned in the Action Plan. Lou Patten agreed that this would prove to be very effective. Kate Terroni reported that an options appraisal was currently being developed for a small, flexible health-care service. These were due for completion in June/July;

- In response to a question asking why carers were not recognised in the report and asking if the Action Plan adequately tackled the shortfall in carers required, Kate Terroni stated that it was believed that 60k people provided informal care in Oxfordshire, and of those, 7k were known to OCC. In the recent past a decision had been taken for GPs to allocate carer's grants as a single approach. Since then, carers had been offered the ability to self-assess their eligibility. She added that the value of carers was both enormous and essential and the question which needed to be asked was whether to support carers more;

- A member commented that that a 'stranded 'patient was not a good term. Lou Patten responded that she had a sympathy with this comment but stated that it was a national term which was used to categorise patients in

order to give a better understanding, a baseline for performance and information on any constraints within the system;

- In response to a question about how far the organisations had gone in their work towards a vision to have a fully integrated health and social care system for the benefit of Oxfordshire residents, Kate Terroni stated that it was almost there. The vision was due to be considered at the 10 May 2018 special meeting of the HWBB for sign off. The next strategy was to look at where the systems were and where they needed to be. Again, in response to a question as to whether all the organisations were acting differently in relation to this, Lou Patten stated that it was all about open and honest challenge. Conversations had taken place with all providers and commissioners;

- It was the view of a Committee member that any innovation monies would be needed first in the communities, as community services needed to be improved before any beds are closed; and asking how this would be financed as to date there had been no mention of a pooled budgets? Lou Patten responded that funding for community health services for local patients were set by a funding formula. Oxfordshire was one of the lowest funded counties because it was seen as both healthy and wealthy in comparison to other areas. Discussion had indicated that £30m would be top sliced which meant that there would be a struggle to work with that sum reasonably. There would be a need to be as efficient as possible within the available resources. It was hoped that there would be more productivity and efficiencies within the overlap in service locations. Kate Terroni stated that one of the first pooled budgets for £350m was pooled across the OCCG and OCC (as referenced throughout the report). There was a challenge each year to make it more meaningful and each year there was important decision making made by people in joint posts;

- In response to a question regarding what, in their view, was missing from the report, Kate Terroni stated that it was key worker housing. However, Cherwell DC and Oxford City were looking collectively at how this could be tackled. Stewart Bell added that OH and OUH were looking at sites in order to assist. He echoed the need to work with the district councils on affordable housing;

- A member pointed out that more liaison was required with the district councils to ensure that they were bidding for sufficient housing. It had been shown as part of the Growth Deal that Oxford City Council had put in a claim for 98 affordable houses, Cherwell District Council for 82, South Oxfordshire District Council for 6 and Vale of White Horse for 6. Lou Patten undertook to take this up with the key providers across the system;

- With reference to a question regarding IT capability, Kate Terroni stated that an IT person would be placed in an inter-operability function. There was also a need to look outside of Oxfordshire for ideas, for example, at how North East Lancashire had achieved the bulk of provision on the same

IT system. Stuart Bell commented that progress was being made on the interactivity of GPs, Mental Health practitioners and with the communities;

- In response to a question about how the system review would sit alongside DTOC statistics, Kate Terroni stated that this time a year ago the statistics sat at 180-200 as compared to 88 compared to that week which stood at 98. If one was to take the longer view, it was heading in the right direction;

- With reference to a question about what principles system leaders would work together by, Lou Patten stated that would be governed by regulations and a set of working principles which would provide both a check and challenge to each other. There would be a tangibility about it. She reminded the Committee that this would not be the first time that leaders had gone through contracts together as previously they were NHS England assured. Stewart Bell stated that Lou Patten and himself were already doing it at Buckinghamshire – which proved it could be done;

- In response to a view expressed by a Committee member that currently there were fewer health and social care providers, Kate Terroni stated that the fragility of the Health Care market could not be underplayed. She assured the Committee that officers would be acutely aware of the situation in the rest of the market when doing the appraisal. She added that the hourly rate was £19.40 per hour and, with the addition of more precept by the Better Care Fund, it was now set at £20.40. Since this had been set there had been no health care providers exiting the market. The option appraisal was currently being prepared – adding that there was a value in having a form of in-house provision;

- A member expressed a view that there needed to be a significant culture change to make this venture work. Lou Patten responded that it was about knowing and understanding the motivation of clinicians, nurses, carers etc and then making it tangible and in the best interests of the patients. For example, clinicians had expressed a wish to take patient care out to place based locations and to work out the best solutions for their clients, such as frail people.

- At the close of the discussion all were thanked for their attendance and for responding to questions.

Dr McWilliam reminded the Committee that this was a review that was specifically looking at social and health care systems working and it was the Committee's decision as to whether it wanted to scrutinise the Health & Wellbeing Board's efforts to look at it in its totality.

It was **AGREED** that:

(a) a framework be provided to the Committee indicating how it was envisaged a framework would be provided and how each outcome would have a positive impact on users and carers; how it would be picked up by the Health & Wellbeing Board; and what the broad timing was for each expectation; and

(b) this piece of work to include the following three distinctive areas which would be useful for this Committee to pick up:

- what was the innovative aspect of each outcome;
- how plans for housing and workforce were to be incorporated; and
- how was Oxfordshire incorporating best practice from other areas in the plans.

17/18 OCCG: KEY AND CURRENT ISSUES

(Agenda No. 8)

Prior to discussion on this item the Committee was addressed by the following people:

Jane Febers and Helen Wigginton – regional officers responsible for members of the Royal College of Nursing (RCN) in Oxfordshire, Milton Keynes and Buckinghamshire.

Jane Febers gave a brief resume for the information of the Committee on the work of the RCN in support of nurses, health care assistants and students in a range of health care settings. The RCN aimed to improve the working life of staff by a number of means:

- by offering its members free confidential advice;
- by supporting and protecting a diversity programme, providing the tools to protect against discrimination in the workforce;
- by lobbying governments to improve the quality of patient care and providing advice to parliamentary select committees - the NCT had no ties to any political party;
- by attending UK conferences; and
- by engaging in national research.

They concluded by stating that their members in Oxfordshire had very real and valid concerns with regard to future plans for health and social care and morale was low.

Veronica Treacher spoke with regard to the transformation of, and evolution of the NCO's believing it to be an 'americanisation' of the NHS. She expressed her concerns that the recommendations relating to structural shifts rarely hit the headlines and that they required scrupulous scrutiny in order to understand the implications of what was about to happen. She added that, in her view, it would cause uncertainty in the future leading to an instability in the market, for example with GP practices proving uneconomical to run.

OCCG had been invited to give an update on its key issues and upcoming areas of work. This included:

- An update on the West Oxfordshire Place based Plan
- An update on the Transformation Programme
- Integrated Care Systems

Lou Patten, Chief Executive and Catherine Mountford, Director of Governance, OCCG attended for this item and presented the report JHO8.

West Oxfordshire Place based Plan

Lou Patten reported that she had met with patients and public engagement bodies who were keen to work with the OCCG and to engage with patients in order to make it a more inclusive way forward. This she had found to be very helpful.

A local member for West Oxfordshire stated that the local communities in west Oxfordshire would like to see an impetus on GP services in the west to work in collaboration with each other in order to reach some kind of GP representation in the locality. She suggested that a portion of any funding available could be given to each practice to accommodate extra patients and to collaborate with other practices. Lou Patten responded that one of the key lessons learned at the meeting with the PPG was the confusion about the fundamental truth that GP practices are individual businesses which hold a contract with the NHS to deliver services. She added that the OCCG could not require individual practices to collaborate, but she believed that they could work together in a more 'linked' manner, in order to, for example, share burdens. Moreover, the CCG Governing Body had considered a discussion paper about provider collaboration and it had been made a clear intention and high priority for the future. This enabled NHS providers who were not already doing so, to work together. In Witney GPs were already working together collectively.

The Chairman, on behalf of the Committee stated that all patients registered at Deer Park Surgery had now been allocated to another practice and the Committee was happy to draw a line under the matter.

Transformation Programme

With regard to the Transformation Programme, Lou Patten reassured the Committee that it would not be treated as a countywide approach, but as a locality one. Her hope was that by describing a local approach it would promote a different type of public participation. She made reference to the address made by the representatives from the RCN earlier (declaring her interest as a registered nurse herself and on a RCN Board herself) stating that their voices needed to be as loud whether speaking with a locality voice or with a county-wide voice. She was asked if the OCCG recognised the concerns outlined to which she responded that she had not heard from OUH or OH, both of whom were very empathetic and challenges had been mainly around workforce issues.

A member commented on how pleased she was to see the plans for three free-standing units. Lou Patten was asked about the plans for Wantage Midwifery Unit which had been temporarily closed for 19 months, and, in the absence of a stage 2 consultation, would there be a consultation about its closure, as this would constitute a substantial change. She stated that it was her understanding that it was the inpatient beds that were temporarily closed and that the Midwife Led Unit MLU had continued to stay open. She added that there would still be an opportunity to deliver babies at the site in the form of an MLU. A local member referred to the presence of

legionella found at Wantage hospital, commenting also that more and more new homes were being built in the area, thus causing a greater stress on GP services. She added that answers were required quickly. Lou Patten responded that she could not give answers at this stage as to whether inpatient beds at Wantage Hospital would remain open or closed and appreciated that work on the programme had to be completed as speedily as possible. She added that with regard to community hospitals, there was a need to look at local populations first before doing anything, together with the demographics of the people living there including their health and social care needs and how, for example, to support frail people. After that, the OCCG would describe how it would look to people. There would be a commitment to maintain buildings whilst this work took place, as far as it was possible. A member responded that pressure was required on the OUH to ensure that the Maternity Department at the Horton Hospital, which was in a state of temporary closure, was not allowed to deteriorate in the meantime.

In response to a question about the timescale of the Plan, Catherine Mountford replied that all the engagement and consultation activities would also be online. When asked whether finances had been protected for primary care, she responded if discussions centred on countywide services, this would require consideration. A member commented that in the past, resources for intermediate care beds had not been distributed on a geographical basis, adding that if local needs were to be looked at, then there was a need to look at the provisions for local bed care also. Lou Patten responded that if it was looked at in this way, there would be challenges around both workforce availability and affordability. There would be a need for community hospitals to work in a network capacity across Oxfordshire, as efficiently as possible.

Lou Patten was asked how much capital was required for community beds to be externally commissioned. She responded that one of the conversations that was needed was around issues relating to the workforce and the buildings.

At the end of the discussion, the Chairman, speaking on behalf of the Committee, welcomed the new approach, pointing out that HOSC had already accepted other recommendations subject to a number of caveats. He thanked Lou Patten and Catherine Mountford for the report and asked Lou Patten to report back to Committee based on what Committee requested at the time.

Integrated Care Systems

Lou Patten gave a presentation on Integrated Care Systems, which included some reflection and learning from the Buckinghamshire experience.

The Chairman then opened the meeting out to questions from members.

A member commented on the good diabetic care a member of her family had received from a local pharmacist.

Lou Patten was asked if this was a move to the ‘quasi unpicking’ of the marketing of care, in place of payment by results. She replied that payment by results comprised of a list of services with prices, some proving to be a false economy. Rather it would

be about asking how much money was in the bank and how it could be used in the most effective way.

A member asked what protectors would be in place to prevent failed aspects infiltrating into how the NHS was managed, adding a view that whilst in pursuit of innovation, aspects of health and social care may crumble, due to there being no construct. Lou Patten referred to the integrated way of working in Torbay where health providers conducted discussions with teams in the wider community teams. This had resulted in greater job satisfaction for staff and more people applying for jobs. She stated further that she was keen to accelerate the aspect of more people being looked after independently at home and fewer people going into care homes.

A member stated that she would be interested to see what kind of rigorous protections would be put in place to stop the over-reliance on particular providers, and called for solutions to be embedded into the integrations. Lou Patten responded that this was a valid point and agreed that there was a need to reduce the overlap in care.

Lou Patten confirmed that she would still hold responsibility for a statutory organisation, and would remain accountable to the NHS, but she would be empowered to work together with other organisations. She added that there was a way to go before ensuring that all people understand that.

Both were thanked for their attendance for this item and for the presentation.

18/18 RESPONSE TO THE IRP - CONSULTANT-LED MATERNITY SERVICES AT HORTON

(Agenda No. 9)

Prior to consideration of this item, the Chairman made reference to the recent IRP judgement which directed the OCCG to consult the public again with regard to the maternity service at the Horton Hospital. He thanked members of the Committee and all who campaigned for the ‘real, tangible change’ which had been achieved.

The Committee considered proposals from this Council and the OCCG to address the IRP recommendations on the permanent closure of consultant-led maternity services at the Horton General Hospital (JHO9). A requirement of the recommendations was for Oxfordshire to form a new joint health scrutiny committee with Northamptonshire and Warwickshire County Councils.

Lou Patten and Catherine Mountford (OCCG); and Sue Whitehead and Glenn Watson (OCC) attended for this item.

Following a discussion the Committee **AGREED** to:

(a) note the IRP recommendations;
(b) note the requirements to form a new joint health scrutiny committee in response to the IRP recommendations, to be focused on consultant-led maternity services at the Horton General Hospital;

(c) request Oxfordshire County Council's Director of Law & Governance, in consultation with the Chairman and Deputy Chairman, to seek to negotiate the terms of reference for a new joint committee to be focused on consultant-led maternity services at the Horton General Hospital, to include a membership that is agreeable to all three Councils, for approval by the respective full Councils;
(d) (nem con) in respect of (c) above, to include within the Terms of Reference that this committee be for the purpose stated only; and that the power of referral to the Secretary of State should sit with the new Committee only;
(e) (nem con) it was this Committee's view that a conversation between paediatrics and obstetrics was required as both services were inter-dependent ie. obstetrics require neo-natal services.

19/18 OXFORD HEALTH (OH) QUALITY ACCOUNT

(Agenda No. 10)

The Committee was asked to scrutinise the key priorities contained in the Oxford Health Foundation Trust's (OH) Quality Account.

Due to time limitations as a consequence of the large amount of business on the Agenda, and the need for Health Officers to be at a meeting elsewhere, the Chairman requested, and it was **AGREED** that the Quality Account be circulated to members of the Committee for their comment and then collated for the Trust.

20/18 OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST (OUH) - QUALITY ACCOUNT

(Agenda No. 11)

Dr Tony Berendt and Dr Clare Dollery (OUH) attended for this item. Dr Dollery gave a presentation.

The Chairman thanked Drs Berendt and Dollery for the presentation and opened the meeting out for questions and comment.

A member referred to a very useful presentation which had been given by OUH on cancer pathways and the One Stop Shop at the Churchill Hospital at the last meeting and asked if the priority to reduce the 62 days for referral to treatment could be met. Dr Berendt stated that it was hard to measure performance in this area. He added that the one stop shop may prove to be of overall benefit to the patient as recorded in performance targets relating to patient pathway, but it could not apply to forensic methods.

Also with regard to cancer pathways a member asked whether there were any areas identified where performance blockages had occurred. Dr Berendt responded that Board papers included integrated performance reports, not service by service breakdowns. Blockages were identified pathway by pathway but it had been recognised that there was a need to introduce changes which would identify blockages between pathways which required addressing.

Stemming from a request made at the last meeting, a member asked if every ward in the hospital now had a mental health champion who was identifiable to carers coming in with a patient with mental health needs. Dr Berendt responded that he needed to come back to the Committee on this matter. He added however that a supply teaching programme, which included patient mental health issues had now been completed. Dr Berendt was requested to return to members with information on whether a champion was available in every ward at all times. Dr Dollery responded that the immediate purpose was for them to be readily available.

A member asked if the Trust was seeking different quality measures, given that the CQC had been specially critical with regard to end of life care quality of care (ie the whole of the patient experience and process) and would it affect the Quality report. Dr Dollery responded that the Trust was very mindful of the CQC system and one of its aims was to take on one of the goals from the CQC report and to ensure that each pathway included pre and post pathways. Dr Berendt added that there was a certain amount of work which had to be carried out on this aspect. For example, end of life care was very internally directed and there was a need to adopt a better joined-up system. There would be greater emphasis on conducting conversations externally on how to become more responsive, as there was now a higher volume of care available to patients who wanted to die out of hospital. Dr Berendt added however that currently there was a statutory requirement to have a separate quality account, but, as the system moved on, it may be possible to adopt a joint account which would be more effective.

With regard to a question asking if the Trust was content with the way the patient complaint system operated, Dr Dollery reported that efforts had been made to improve the system this year, but there was still a considerable way to go in this area. She added that timeliness was crucial as it was important to the Trust that patients were aware that it was listening. On a positive note Dr Dollery reported that there had been fewer complaints last year. Currently there was not a quality priority for complaints, but the Trust would continue to learn from them. A member asked if there was scope to improve the process of making a complaint further, to which Dr Dollery agreed there was.

The Chairman summarised the points to be made by this Committee, as identified above, and requested Drs Berendt and Dollery to email members of the Committee with their priority areas as they were finalised.

Drs Berendt and Dollery were thanked for their attendance and presentation to the Committee.

21/18 HOSC & HEALTH 'WAYS OF WORKING' WORKSHOP REPORT AND DRAFT PRINCIPLES

(Agenda No. 12)

Prior to consideration of this item, the Committee was addressed by Liz Peretz speaking on behalf of ‘Keep our NHS Public’. She spoke against the protocol and the establishment of the HOSC Planning Group on the following grounds:

- HOSC had been set up as an independent voice with the power to call in any service leader. She asked if this access to senior officers would be compromised;
- HOSC should decide on its own agenda, not those bodies whom it was scrutinising; and
- It was her view that meeting in private would negate the public's essential ability to challenge with regard to any service change.

She urged the Committee not to throw away the 'real voice' of the Committee and to make it into a 'non-democratic' Committee. She pointed out that transparency and the ability to carry out independent scrutiny would be lost.

The Chairman, in response to the points made in the address, stated that the protocol had been devised in mind of the principles contained in the IRP recommendations in relation to the ways of working that had led to the Deer Park referral. He stressed that this did not negate the scrutiny function or detract from the power of referral. Rather, the Committee would be better informed and could therefore plan for an issue in a better way, rather than having issues introduced to the Committee at a late date. He added that he was a big advocate for conducting business in the public domain as far as possible. However, when it came to planning, the Committee needed to hold flexible, informal meetings where no decisions were made.

Cllr Laura Price stated that in her view this document was an 'enhanced version of the toolkit', meetings for which were held behind closed doors. She added that the Committee was in danger of confusing what was a formal and an informal meeting, particularly when thinking about whether proposals constituted a substantial change of service.

Cllr Laura Price then proposed, seconded by Cllr Glynis Phillips, that the Planning Group be held in public session. This was lost by 3 votes to 7. The Chairman then proposed, and was duly seconded, to formally adopt the recommendations contained in the report.

The Committee **AGREED** to:

(a) note the progress made against addressing the IRP recommendation and the Committee's agreements made on 8 February 2018;
(b) agree the draft protocol outlined in Appendix A of this report; and
(c) (by 8 votes to 3) establish a Planning Group and to request the HOSC support officers to negotiate its terms of reference in order to ensure the Group meets to inform the next meeting of this Committee.

22/18 CHAIRMAN'S REPORT

(Agenda No. 13)

The Committee considered the Chairman's report (JHO13) which included an update on social care liaison.

Cllr Price agreed to join the MSK Task & Finish Group. The Chairman confirmed that all physiotherapy services were included in the Terms of Reference for the Group.

It was requested that the progress in relation to the implementation of the new Healthshare service be added to the Forward Plan in light of concerns expressed by Healthwatch Oxfordshire (HWO).

A member suggested that a HWO representative could be a better patient representative on the MSK Group, rather than an individual patient. The Chairman stated that the Task & Finish Group was in trial stage and it was his preference that it be left as a broad definition of an individual patient, but to include 'or a HWO representative'.

The Committee **AGREED t**o note the Chairman's report.

.... in the Chair

Date of signing ....