

# OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 7 February 2019 commencing at 10.00 am and finishing at 2.00 pm

**Present:**

**Voting Members:** Councillor Arash Fatemian – in the Chair

District Councillor Neil Owen (Deputy Chairman)  
Councillor Mark Cherry  
Councillor Mike Fox-Davies  
Councillor Hilary Hibbert-Biles  
Councillor Laura Price  
Councillor Alison Rooke  
District Councillor Nigel Champken-Woods  
District Councillor Monica Lovatt  
District Councillor Susanna Pressel  
Councillor Kieron Mallon (In place of Councillor Dr Simon Clarke)

**Co-opted Members:** Dr Alan Cohen and Dr Keith Ruddle

**Officers:**

Whole of meeting J. Dean and S. Shepherd (Resources); and Rob Winkfield (Adult Social Care)

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

## **1/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Councillor Kieron Mallon attended for Councillor Simon Clarke and an apology had been received from Councillor Sean Gaul.

## **2/19 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**

(Agenda No. 2)

Dr Alan Cohen declared an interest in Agenda Item 7 on account of him being a trustee of Oxfordshire Mind.

**3/19 MINUTES**  
(Agenda No. 3)

The Minutes of the meeting held on 29 November 2018 were approved and signed as a correct record subject to the amendment of the phrase 'If money was not a problem' to 'Had funding been available' in Minute 57/18, page 6, paragraph 1, line 13

Matters Arising

With regard to Minute 57/18, page 6, paragraph 1, Sam Shepherd undertook to seek the result of the bid which had been submitted to provide additional capacity to support school health nurses in their ability to intervene and give them access to CAMHS, and to inform members accordingly.

**4/19 SPEAKING TO OR PETITIONING THE COMMITTEE**  
(Agenda No. 4)

The following requests to address the meeting had been agreed:

- Didcot Town Councillor, Cathy Augustine, in relation to Agenda Items 5, 6, 8, and 10
- Julie Maberly, on behalf of 'Save Wantage Hospital Campaign, in relation to Agenda Item 7
- Maggie Swain, 'Save Wantage Hospital Campaign' – in relation to Agenda Item 7
- County Councillor Jenny Hannaby, in relation to Agenda Items 7, 9 and 10
- County Councillor Jane Hanna, in relation to Agenda Items 5, 7, 8, and 12

**5/19 FORWARD PLAN**  
(Agenda No. 5)

The Committee considered the latest Forward Plan, as amended since the last meeting (JHO5).

Prior to discussion at this item, the Committee was addressed by **Didcot Town Councillor Cathy Augustine**. Her view was that, in light of the new government guidance through the recently published national Long - Term Plan, and the introduction of new commissioning bodies, primary care networks and merged areas, there was a need for a new round of consultation to consider how it would affect Oxfordshire. She stated that its implementation would make the work of oversight and scrutiny more difficult for this Committee. Localised responses would be required. She added that no workforce planning had been included, leading to a risk that acute, short-term pressures would crowd out investment, which, in her view, was vital to putting local health services on a stable and sustainable footing. She urged the Committee to be aware of this bigger picture, as individual initiatives were scrutinised.

It was also her view that the effect of digital changes would be to reduce face to face primary care, threatening both the quality of care and continuity of care. It also went against the stated drive of the Oxfordshire long term plan to reduce inequalities.

With regard to primary care networks, she asked how would the growth of large primary care networks play out in rural Oxfordshire, where a lack of public transport impacted on the elderly, young families and those in poverty.

**County Councillor Jane Hanna** echoed Councillor Augustine's fears concerning the uncertainties about the role of this Committee, resulting from health and care plans at a national and local level. She also expressed her concern that there may be nothing placed in the public domain, thus affording little opportunity for the public to have its say. She added that there were urgent workforce issues around work planning which would impact on the public in a most impactful way. She asked what plans did this Committee have to view the contingency planning which is taking place, in a timely manner? Councillor Hanna gave the supply of medications as an example of an issue which related to the fundamental changes to the regulatory function, together with contingency planning for potential transfers away from doctors who were prescribing. She commented that in her view there was much to be said for the development of the role of pharmacy, in order to avoid mistakes being made, should events take place at great speed.

In response to the above, the Chairman commented that any transition was scrutinised readily by this Committee and it would continue to do so. He added that the long-term NHS Plan was to be covered by the Clinical Commissioning Group (CCG) at the Committee's 4 April meeting

The Committee added the long-term NHS Plan to the Forward Plan, together with with an expanded Primary care item to cover the divide between primary care and community health services.

Actions included the following:

- Committee training on the scrutiny of the integration of Health and Social Care to be looked into for possible delivery by the Centre for Public Scrutiny;
- Chairman to explore with the Chair of Performance Scrutiny Committee the question of which Committee was the most appropriate domain to perform the scrutiny of the outcomes-based Mental Health contract. There was a need to scrutinise integration properly.

## **6/19 CLINICAL COMMISSIONING GROUP (CCG) - UPDATE** (Agenda No. 6)

Prior to consideration of this item the Committee was addressed by **Didcot Town Councillor Cathy Augustine**. She asked the Committee to seek answers on how CCG's would be affected by the national Long-Term Plan, which, in her view would give considerable powers to a newly created network of joint NHS England and NHS Improvement regional directorates who would report upwards. Alongside this new centralised structure, there would be 44 'Integrated Care Systems by April 2019. She asked how transparent and accountable would those new organisations be? She

also asked if, given that each Integrated Care System would be working towards an Integrated Provider Contract, CCGs would only be strategic and not possess commissioning powers? If so, who would have these powers and how would HOSC oversee this?

The Committee considered an update (JHO6) from the Clinical Commissioning Group (CCG) on key issues. It also outlined current and upcoming areas of work, including the work on the primary care decision tree. In addition, Sam Foster, Head Nurse, Oxford University Hospitals NHS Foundation Trust (OUH), attended to give a verbal summary of the action taken in response to a recent Care Quality Commission (CQC) inspection of operating theatres.

The Chairman invited Catherine Mountford, Director of Governance, CCG, Dr Kiren Collison, Clinical Chair, CCG and Sam Foster, Chief Nurse, OUH up to the table.

Catherine Mountford and Dr Collison presented the report JHO6. Catherine Mountford pointed out that, with regard to the GP Practices Procurement Decision Tree, work would continue with this Committee and the public framework as before, but it would also be widened to encompass changes if a contract came to an end. The framework highlighted significant public and patient engagement. The work on the framework with the Primary Care Commissioning Committee would be a very useful and the CCG would ensure that it be made very transparent. It had been tested against some historical decisions. Comments received would be recorded on the flip charts on the wall where the draft version of the decision tree had been placed. Once progressed to a sufficient stage the decision tree would then be digitally produced to make it more accessible. This would not mean it was a static document; it would continue to evolve as learning took place, but the CCG did not want to take the step of producing a digital document (with the time and expense involved), until there was a good level of confidence in the process set out.

Catherine Mountford and Dr Collison gave a brief overview of the vision and main themes of the Long - Term Plan which had been published at the beginning of January. They commented that the CCG was pleased to see how it aligned with the integration of services and how it also addressed health inequalities. Reassurance was given that the Oxfordshire Health system was looking to addressing it with the public via the Oxfordshire Health & Wellbeing Board and this Committee. Under the NHS Plan, the current statutory bodies would remain, together with those providers who were a current statutory body. If any change occurred, then this would originate from the Government and would be discussed with this Committee. With regard to the Integrated Care System (ICS), there needed to be discussions with Buckinghamshire and Berkshire. Dr Collison added that work was ongoing with ICS which was complex, given the many organisations incorporated within it. Work was required with partners to identify the implications within the integration agenda for Oxfordshire.

Prior to questions from the Committee on the above, Sam Foster gave an update on the core service review by the Care Quality Commission (CQC) on OUH, which was the subject of a Section 31 Notice, details of which were on the CQC website. This related to an operating theatre block situated in the older estate on the John Radcliffe site. A refresh of the block had been included in the Trust's Capital Programme. A

refresh Action Plan was currently being drawn up that would ensure that the theatre block was fit for purpose, from a building (not surgical) perspective.

A member asked Sam Foster about procedure with the work – and what was being left on the theatre floors? She responded that the Trust planned to do the refurbishment. It was a question of timing and balance of the risk. Some theatres in the block needed to be closed. The CQC was happy for the closure to occur during April this year. She emphasised that the areas in question needed to be refreshed, adding that there had been too much stockpiling of equipment in the theatres and so there was also a plan to maintain the right stock, so that it was available at the right time. In response to a further question about whether the theatres were checked on a regular basis, she stated that OUH had a good record of infection control and surveillance across all of the sites.

Sam Foster reassured the Committee that patients were being risk assessed against those risks associated with the refurbishment, which was due to start on 1 April. The logistics associated with moving patients was a serious undertaking – and it was important to the Trust that the patients were treated in-house.

Questions from members of the Committee, and responses received, were as follows:

- How would the additional £25bn by 2023/24 be phased and would it be phased equally? Catherine Mountford responded that information had been received on this, and CCG would be allocated just over £43m, of which £20.56 would be for 2019/20. Some of the £43m would include money for pay awards. **She undertook to circulate to the Committee what was known of the allocation;**
- When would the Long-Term Plan be available for scrutiny? Catherine Mountford stated that a report would be taken to the next meeting of this Committee on 4 April. **The Chairman asked that it be presented in plain English and clearly labelled;**
- Given the many different patient pathways, how far are you away from discussion with the local authorities? Catherine Mountford stated that discussions were underway with regard to how to address data sharing with the different health providers. She added that the Clinical Commissioning Policies were on the CCG site for information on which procedures and treatments the CCG would not fund, or fund against set criteria for eligibility. The link could be shared with Committee members. There was also a national list. There had to be evidence of clinical cost effectiveness which for Oxfordshire, the Thames Valley Priorities Committee assessed and determined. **She was asked to circulate the list of procedures and treatments not funded by the CCG to Committee members, highlighting what had changed and to inform the Committee of any additions to the list each time;**
- A member commented that whilst the workshop looking at the Primary Care Decision Tree had thrown forth some innovative solutions, some

participants had some concerns. She asked if the Committee would be able to look at the finalised proposals? Catherine Mountford stated that she was happy to discuss with the Committee about how it wanted to comment. The proposal was to share the decision tree with the CCGs and NHS England and the more it was shown and tested through, the better it would be. The aim was to get it professionally produced, so that there was an electronic version, whilst still remaining a working document, in order to give members of the Committee the opportunity to see it as a whole. She offered to leave the only draft with the Committee for a few weeks to look at it. The Chairman declined but thanked her for the offer, commenting that the Committee felt that it could work with the framework, but warned against being 'wedded to it' and not to rush it;

- With regard to the Vasectomy survey, a member thanked the CCG for undertaking it, but asked for assurance that there were no plans in place to cease female sterilisation. She asked if OCC had been consulted on the plans, expressing a concern that there would be potential knock-on effects to the County Council's budgets. Catherine Mountford informed the Committee that the CCG was currently in an engagement period, which included engagement with Public Health in relation to the impact on services. A decision had not yet been taken, as there was a need to look at it fully. With regard to female sterilisation, which was not normally funded, the proposals were in line with those of other CCGs, in that there were more cost-effective ways of providing the service. **She undertook to highlight this service when sending the links through of procedures and treatments not funded by the CCG;**
- A member asked if there was a backlog in patients needing the vasectomy service and had the service caught up with seeing new patients? Catherine Mountford responded that new referrals were not being seen because it would take the service until the end of the contract to do so;
- A member asked how the decision to suspend all bariatric surgery referrals and clinics whilst the study on pathways was underway, impacted on OCC obesity services etc; and was the CCG consulting with OCC? Catherine Mountford responded that there were workforce shortages in this area causing pressures for those working with patients pre and post surgical. The CCG was working with OUH to find a short - term solution for those patients awaiting surgery. Work was ongoing with other Health authorities in the Thames Valley region on what a future service could look like, given the limited availability of clinicians, as it was a small service. She added that no decision had been made on a permanent change to date. She accepted that the temporary change in service should not be prolonged;
- In response to a question relating to the results of the Children & Adolescents Mental Health services (CAMHS) bid, Catherine Mountford reported that Oxfordshire had been successfully awarded £5.4m in extra funding until 2021 to bring services into all primary and secondary schools within Oxford City, where there was the highest need. A development plan was being worked up.

The Committee thanked all for the update and for their attendance

**7/19 REVIEW OF LOCAL HEALTH NEEDS - WANTAGE PLANNING FOR POPULATION HEALTH NEEDS REPORT**  
(Agenda No. 7)

**Maggie Swain** cited a research paper undertaken by the University of Birmingham entitled 'Analysis of the profile, characteristics of patient experience and community value of community homes' 2019 which echoed the patient experience of those living in the OX12 area. In this document people had stated that it felt different to be a patient in a community hospital than elsewhere. This was due to the environment and the atmosphere. It had found that patients received a holistic and personalised approach to care, together with a different patient experience of staff care. She also referred to the Save Wantage Hospital Campaign's Facebook request for accounts of patient experiences. A large response had emerged regarding the physiotherapy services provided by Healthshare, mainly focusing on travel difficulties for many patients journeying from Wantage to East Oxford and Bicester. She also highlighted problems experienced by patients leaving hospital being placed in care homes a long distance away from Wantage. She concluded by appealing to Health to carry out the repairs to Wantage Hospital so that people could receive their care in their own home town.

**Julie Maberly** asked for an update on action in relation to the time frame presented by the CCG on Wantage Hospital at the September and November meetings of this Committee – and, furthermore, that it be presented in a professional manner. She circulated a chart which indicated that some of the promised actions were late. She stated that the campaign group had no confidence that the project would be brought to fruition. She also complained that the Terms of Reference for the project did not include representation from the Campaign Group.

**Councillor Jenny Hannaby** called for a wider vision to the project, to include all localities in the south of Oxfordshire. It was her view that the CCG was not progressing very quickly on the Wantage Hospital project. She pointed out that Wantage Hospital had not been included within the consultation under scrutiny at this meeting and this was not the correct manner in which to approach it, time had been lost. She urged the Committee to use its powers to refer the Wantage Hospital to the Secretary of State for Health.

**Councillor Jane Hanna**, commenting on this item and the next, made reference to the statement that there would be 'a consistent approach to health care across Oxfordshire and wider innovative progress.' She had found it difficult to see how the issue of governance and the experience of residents in the Wantage and Grove area connected with the work of the Integrated System Delivery Board (ISDB) and Government initiative. She asked where the funding would come from to fund a world class service, as expected. In her view, there was no transparency of funding contained within the local plan and decision making of the ISDB was not in the public domain. It demonstrated that local members had been excluded and not even given the opportunity to observe. She called for equity with health, and public scrutiny of decision making.

Dr Ruddle stated that the CCG had met with Wantage representatives on 19 December, and also on 13 February 2019 via their Stakeholder Reference Group. He asked if Councillors Hanna and Hannaby had been actively included and had engaged with both these meetings. Councillor Hanna responded that she had attended both meetings but could not be in agreement of what had been stated there, as there had been insufficient clarity. Councillor Monica Lovatt reminded them that she was both the Chairman of the Vale of White Horse District Council and the district council representative on this Committee, and that they could speak to her also. The Chairman observed that the Task & Finish Group had parity with the Horton HOSC, but the latter, by its very nature of its involvement with the IRP, was taking longer to reach its goal. The need for brevity was the reason why it had been decided that the best way forward for Wantage Hospital was via a Task & Finish Group.

The Chairman welcomed Catherine Mountford, Dr Kiren Collison and Jo Cogswell (OCCG) and Pete McGrane (Oxford Health Foundation Trust) to the meeting.

Jo Cogswell took the Committee through the key highlights of the report with regard to progress made with regard to Wantage Hospital. She reported that at the next meeting of the Stakeholders Group there would be a test made of the timetable to ensure that there was transparency and meaningful engagement. She apologised if people felt that insufficient progress had been made in the direction they wished it to proceed, but stated that if it was executed faster, important aspects may have been missed. She added also that a response to the issues identified at the meetings, ie, that of GP services would be given in the near future. Furthermore, the CCG had been working hard behind the scenes with Oxford Health to address the requests made by the local community to reinstate the Physiotherapy services. She reported that a decision had been made to reinstate these services. Moreover, an update on this decision would be provided as soon as practically possible. Jo Cogswell also commented that CCG recognised the importance of elected members and this had been recognised within the membership of the Stakeholder Reference Group.

The Chairman expressed the Committee's appreciation for the amount of work which had taken place in this field. But, nine weeks on from the November meeting of this Committee at which this had been considered, he wondered if sufficient priority was being given to moving things forward in relation to the Hospital. Jo Cogswell assured the committee that a significant amount of work was taking place on the research side in relation to the population groups and health and social care need, and on how to draw out relevant information and best practice. Dr Collison was leading a group of clinicians, and knowledge from the Stakeholder Group was part of it. In response to questions from the Chairman, she gave her reassurance that this work would be completed by the May/June deadline.

In response to a question about how purdah might affect this deadline, Catherine Mountford reported that NHS England had taken Cabinet Office guidance which had been issued to the NHS. **She undertook to forward the links to this to members of the Committee.** She reassured the Committee that work would be ongoing during the purdah period. In response to a request for a commitment in relation to this, Catherine Mountford stated her expectation that the CCG would be in a period for developing options for the future provision of services in April/May/June. She added



that the CCG would also still be in the engagement phase, unless a decision had already been taken. There was therefore an expectation that they should be able to proceed.

Dr Ruddle informed the meeting that a draft paper for engagement with the plan would be presented to the Stakeholders Reference Group which was due to meet the following week. He made an appeal to the CCG for a clear and realistic approach to be followed, as there had been a three - month delay. He added that the Task and Finish Group was a scrutiny body, and the project was in need of a project manager and it also required an elected member. He reminded the Committee that this was meant to be a co-produced, local approach and needed clarity.

Jo Cogswell responded that Libby Furness, OCCG, was the project manager whose latest work was on the Older People's Strategy. She added that, on the face of it, some of the deliverables had slipped, but two informal meetings with representatives of the system had taken place. The CCG had looked at the demographics of the area – and had given some thought about how to ensure that the Stakeholder Reference Group genuinely represented all. Contained within the reference group were representatives from partner groups who would support the shaping of how it could be sure to represent the community as the project moved forward. Resources had been set aside to advance this work at a pace.

Jo Cogswell was asked when there would be a decision about services provision in Wantage. She responded that there were other issues in Wantage which needed to be addressed and evidence of need gathered, but that she could confirm that MSK services would be commenced again from Wantage Community Hospital site. Councillor Lovatt commented that having MSK services at Wantage Hospital would be very helpful. Members of the Committee asked whether there would be the same number of plinths as there were before? Would the Vale area get the same number of plinths as before? And were services returning to Abingdon Hospital also?

Jo Cogswell responded that some facilities were available within the Vale area, but it had to be equitable within the county. Jo Cogswell agreed to respond on all the above issues.

It was **AGREED** to:

- (a) to thank all for attending; and
- (b) that the Chairman would write to NHS England to ask that it did everything in its power to assist in a quick resolution to this issue.

## **8/19 HEALTH & WELLBEING BOARD - MEMBERSHIP AND STRATEGY**

(Agenda No. 8)

Prior to consideration of this item the Committee was addressed by **Councillor Cathy Augustine**. She thanked the Committee for challenging the lack of transparency and accountability of the Integrated Systems Delivery Board (ISDB), with some success. In terms of the Health & Wellbeing (HWB) Strategy, however, it was her view that consultation had been poorly publicised, causing participation to be low. She asked how input to the online survey was being encouraged and how could

Didcot residents participate? Who has been invited to the stakeholder meeting on 28 February and could the list be shared?

**Councillor Jane Hanna** requested that the Committee take a further look at what was constitutionally commercial. It was her view that all was of a confidential nature, which was not in keeping with the openness and transparency which local government endeavoured to capture. She also spoke about the need for contingency planning in the face of Brexit and the possibility of losing care workers.

The Chairman welcomed Councillor Ian Hudspeth and Kate Terroni, OCC; Catherine Mountford and Dr Kiren Collison, OCCG, up to the table. He clarified that the Committee was interested in two particular areas, namely, the question of how many elected members were on the Health & Wellbeing Board and the openness of the ISDB.

Councillor Hudspeth stated that the consultation in relation to the Board's membership began in November 2017. All were given the opportunity to put forward their views including the voluntary organisations of which there are 200 within the county, and providers also. It was felt that, in light of the new Long-Term Plan, the NHS needed to be in a position to influence local solutions. It was now felt that the Board had the appropriate balance of county/district councillors, NHS and OCC Chief Executives and the statutory representatives (eg. Directors of Adult Social Care, Public Health, Children's Services, Chief Officer and Clinical Chair of CCG, Chair of Healthwatch Oxfordshire, etc).

Catherine Mountford reported that a paper would be taken to the 14 March Health & Wellbeing Board on the use of different approaches to engage public and wider stakeholders, particularly in relation to the HWB Strategy. Healthwatch had agreed to provide the support for the development of a Stakeholder Reference Group, using people previously involved in the preparation of the HWB Strategy and then widening it to include the social media and online tools etc.

Kate Terroni stated that following the last system review on 20 November 2017, consideration was given to where the 'engine' to deliver the work of the HWB was to come from. The recent CQC inspection had then given the impetus to go ahead with this in the form of the Integrated Strategic Delivery Board (ISDB). She pointed out that this is not a decision - making group, nor is it in a position of authority. Its views are fed into the HWB, or the respective organisations such as the Cabinet or a Trust Board(s) for those to decide the way forward. She added that in light of the concerns expressed about its transparency it had been decided to make available each month, a list of the discussions which the Board had been engaged in, if the Committee should wish it.

Questions from members of the Committee and responses received, were as follows:

- The voluntary sector comprised of many organisations which varied in size. Some were large providers of health care, some not. The very large providers were not actively involved in decision making in the same way as the Trusts. If the ISDB was to meet every 6 months, the voluntary organisations would have already met to consider their views. Therefore, what could they offer? Councillor Hudspeth responded that however large

or small/local/national they were, it was all about trying to reach a compromise. The paper outlined the outcomes of the conversation which had taken place with them. Catherine Mountford pointed out that discussions had taken place with Healthwatch Oxfordshire about how it would apply different means of gaining opinion for different issues, as part of the Stakeholder Reference Group. The Group could also meet at different times with different groups, depending on the issue;

- With regard to questions concerning the 'top heavy' membership of officers in relation to elected members on the HWB, Councillor Hudspeth compared the Board to that of the Growth Board which had grown organically from 2009. The key issue of difference was that the Growth Board comprised all elected members and the HWB did not. The HWB was set up as a statutory body with membership from key leading officers. He added, however, that the officers sitting on the Board would be fully aware of the views of the Council and would be representing members' views, thus giving a balance. He added that it was originally felt that the Board was too OCC 'top heavy' and this was an opportunity to try to get the best, seamless services for residents, the best for Health care, and the best democratic representation;

#### Draft Health & Wellbeing Board Strategy

The Committee had before them, for consideration, the draft Health & Wellbeing Strategy prior to its submission to the Health & Wellbeing Board on 14 March 2019 (JHO8).

Questions submitted and responses received were as follows:

- In the face of a lack of funding for public health and prevention, could it meet its targets? could it keep pace with rising need? And how would it be delivered? - Kate Terroni responded that the CQC inspectors had reflected that the Board had now got the right people around the table to tackle inequalities, the prevention agenda etc. The system leaders, pulling together, could direct the monies where needed and would be held to account by this Committee. Councillor Hudspeth agreed that cuts to public health (£531m nationally) were stringent and Oxfordshire was campaigning for this to be reversed. It was important to be lobbying hard in the spending review for Oxfordshire. The business rates outcome was unknown at present. He added that as far as district councils were concerned, all needed to be delivering on inequalities, not just Oxford City;
- Kate Terroni undertook to take back a comment about the 'close type' in the document making it difficult to read when imparting a lot of information;
- The issue of the need for a strategy for affordable housing for health workers was also taken back;
- In response to a question asking whether the lobby against cuts was also lobbying to keep these services ring-fenced, Councillor Hudspeth stated

that he saw no change in the current ring-fence, the key was to stop the cuts in public health which had been taking place since 2013;

- A member commented that there was a need to await the result of Brexit to see what the business rate threshold was before it is jumped to conclusions about the shift of services across Oxfordshire. Councillor Hudspeth responded that it was the goal of all of the Oxfordshire Councils to ensure a vibrant economy in Oxfordshire. Oxfordshire had a growth economy. Catherine Mountford commented that the NHS had been given national guidelines on planning for the EU. Moreover, workshops were being held, which was part of the usual business continuity. This was being addressed nationally.

All were thanked for their attendance and for responding to questions.

## **9/19 CARE QUALITY COMMISSION (CQC) SYSTEM REVIEW** (Agenda No. 9)

Prior to consideration of this item the Committee was addressed by Councillor Jenny Hannaby. She commented that she had been pleased that the CQC had recognised the work which had taken place on better working relationships with Health partners; and that it had been found that strategic development to be more robust in the usage of performance data. She suggested that this Committee should carry out an investigation into how far the voluntary sector would like more involvement/collaboration with the Health & Wellbeing Board, which could lead to better services. She also suggested that this Committee take steps to encourage more progress in relation to the recruitment challenge.

The Chairman welcomed Pete McGrane (Oxford Health), Sam Foster (OUH), Diane Hedges (OCCG) and Kate Terroni (OCC) up to the table.

Kate Terroni, in her introduction, stated that Oxfordshire was the only one chosen out of the three systems for the CQC to re-review. She observed that Councillor Hannaby had focused on the work which was still required as a result of the inspection. As an outcome of the re-review, the CQC had noted that:

- More work had been put into building trust between health and social care and thought given to how both could work together better, in order to improve the outcomes for patients and their relatives;
- Winter Planning had been executed well, bringing the delay statistics down from 81 to 60-80. More steps had been taken under a single leadership so that patients could leave hospital in a timely way;
- More thinking was needed on how to move away from the transactional working relationship with the providers;
- A comprehensive review of carers and self-funders was required; and
- Sufficient progress had been made on the tracking of patients.

Sam Foster stated that co-location was an important factor in terms of patients being treated in a seamless fashion. For those patients on pathway 1 (happy to be alone in between visits, there were co-located teams which could be scaled up in a place – related approach ('Home First'). A range of pilots were taking place around therapy support, which was being driven by the A & E Delivery Board.

Questions from the Committee and responses received were as follows:

- Much time and effort has been put into filling the gap between services as best as possible, what actions have been employed to do this? – Kate Terroni listed a number of actions including:
  - Health/Adult Social Care Chief Executives had a call a week to discuss any operational issues;
  - 'Oxfordshire Pound' work by the provider Trusts within the community;
  - Single team working in the John Radcliffe Hospital. This was successful as it was place-based approach to regulation as it required a place-based approach to regulation, which, in turn, required collective ownership of people and a joined-up approach.

Kate Terroni reported that a conversation was required on how to work with districts, HOSC's and the voluntary sector in the face of absence of a formal mandate from the Government.

Members asked whether there were plans in place to recruit people from all over the world? Sam Foster responded that they were and 51 new nurse/doctor recruits were coming from Cambodia, Ghana and India. The Trust was also now going out for therapists and other groups of staff. There were also some exciting apprenticeships planned, with a potential to make these roles attractive for career development. Kate Terroni reported also that talks were ongoing with the managers of 70 home care providers to discuss what the blocks were to the provision of more home care workers. In addition to this, work was ongoing on what technology and pilots were needed to provide a fresh look at this area. She added that more patch-based training could be offered and thought given into how to link with local primary care therapy. Mapping this out would begin soon to see how it would look and then, if proved possible, start in six to nine months.

The Committee then **AGREED** to **RECOMMEND** that the Health & Wellbeing Board, being the accountable body considers focusing on three or four topics, in an integrated, systematic manner, and it be held to account by this Committee. For example, its systematic approach to workforce issues, or continuity issues such as travel to the John Radcliffe for patients.

Diane Hedges commented that this was a very helpful suggestion. Picking the right topics was the key to ensure that there was sufficient 'joining together'.

## **10/19 REPORT FROM TASK AND FINISH GROUP ON MSK SERVICES** (Agenda No. 10)

Prior to the consideration of this item the Committee was addressed by **Town Councillor Cathy Augustine**. She expressed her disappointment that after initially accepting the report, the CCG was now, in her view, distancing itself from parts of it. As a Didcot Town Councillor, she was concerned that the Didcot Physiotherapy Unit did not become over-stretched due to closures of similar units nearby, and also in terms of service levels and information provided. She added that patients were still

reporting long waits and poor information. She concluded by stating that, as far as the residents of Didcot was concerned, this was not a task and finish group, but an ongoing issue.

**Councillor Jenny Hannaby** stated she had asked why services were not being brought back to Abingdon and Wantage. She reported that she had spoken to the Chief Executive of Oxford Health about Wantage Hospital not being allowed to take over facilities and he, as a result, contacted the CCG to offer the service at Wantage. Unfortunately, by this time, Healthshare had made other arrangements for the service to be provided at Faringdon. She hoped that Abingdon would receive the Service. Councillor Hannaby thanked the Committee for convening the Task & Finish Group, which in her view had opened the public's eyes to the situation.

Sharon Barrington, Ally Green and Diane Hedges (CCG) and Rob Walker, Healthshare were invited up to the table.

Councillor Monica Lovatt, Chairman of the MSK Task & Finish Group introduced the report (JHO10) from the Group. She paid tribute to her fellow Group members, Councillor Laura Price, Dr Alan Cohen and policy officer Sam Shepherd for all their hard work. She emphasised that the report presented was the culmination of eight meetings which had taken place between June 2018 to January 2019, to hear the views of interested parties, in response to concerns raised to this Committee by residents and patients. She stated that the recommendations made by the Group had been designed to be constructive in nature. They were intended to support and encourage performance improvements and solutions where needed. On behalf of the Group, she thanked all the people who came forward to give their views and the following organisations for their openness and co-operation:

Healthshare (Oxfordshire), Healthwatch Oxfordshire, Oxfordshire Local Medical Committee, OUH and the clinicians who participated in the process, OH and OCC.

She commended the recommendations to the Committee.

Councillor Laura Price echoed all that Councillor Lovatt had said, stating also that the recommendations were not the end for this Committee. There had been some very serious performance issues contained within it and the Group now wanted to see some plans put in place to resolve these issues.

Dr Cohen echoed all that Councillors Lovatt and Price had stated commenting that the Group had thought hard on the performance issues and had found the lack of outcome data for Healthshare disappointing. The way identified information was being collected was incorrect.

Rob Walker stated that the findings of the Task & Finish Group were very helpful, adding that Healthshare was always willing to learn. He stated that Healthshare had always collected and reported person-related outcomes to the CCG since the start of the contract – and, as a result, Healthshare had not found it necessary to alter the way these were looked at.

Questions from members and responses received were as follows:

- Why was the service in Chipping Norton not operating from the Hospital rather than the Health Centre? Diane Hedges responded that space was not available at the Hospital and the upstairs of the Health Centre had been given over to non-GP related services. The Service Level Agreement for all sites was subject to agreement of terms of use. A request had been made, and, as a result the Hospital had set accommodation aside for other purposes;
- In response to a question asking what savings could be achieved (page 24 of the report). Diane Hedges explained that at the outset, the target set for orthopaedic support and risk was at £20 per head. The CCG had to ensure that it focused this spend on people receiving the maximum amount of care in order to avoid an intervention in the form of an operation. The CCG had underestimated what was needed, which was £1.6m and £3m had been set aside;
- When asked about what quality assurance was in place, Rob Walker assured the Committee that Healthshare was satisfied that the levels were as one would expect;
- A member asked how and why had the target figures been changed? Sharon Barrington responded that there was only a certain amount of money available in Oxfordshire – and due to the 30% increase to make the contract viable, it had been important to benchmark the service against others in order to ascertain which areas could be more flexible. The contract team had agreed it and it had been signed off by the Director of Finance;
- A member asked if, going forward, the service now had the right balance in place to improve the service, as there were many people who could be in considerable pain if there was a delay in their treatment. Rob Walker stated that this was a very large service, the biggest in the country. The CCG had given Healthshare very definite targets, and he was confident that some would be within the key performance indicators. He added that more staff had been brought into the service and it had a 91% answering rate, which compared favourably with the national survey undertaken for the GP service which was 75%.

Diane Hedges made reference to the changes to the narrative of the report, where some of the more emotive language had been taken out. She also felt that there had not been sufficient recognition of the real efforts being made and lessons learned. She added that the CCG was working through how self - referrals to the service would work – and these points made would be picked up. She was asked if it could be run by a different organisation. Diane Hedges responded that the commitment was to work as one NHS and Social care system.

The Committee **AGREED** to:

- (a) thank the Task & Finish Group for the report and the representatives from Health for their attendance at the meeting; and
- (b) receive the report and to request all to return to the June 2019 meeting when an Action Plan was to be produced for consideration by Committee.

## **11/19 HEALTHWATCH OXFORDSHIRE (HWO)**

(Agenda No. 11)

Rosalind Pearce attended for this item. She referred to the report (JHO11) which was on the Addenda for the meeting.

With regard to the Health Inequalities agenda, a member commented that she was pleased to see the information on outreach ESOL groups, asking if this would be written up? Rosalind Pearce responded that this would be pulled together in a report. It had been a steep learning curve as it was a question of finding ways to communicate and had taken a significant amount of time to build trust. She added that HWO had been very pleased to undertake this project and the report would be made public after a few weeks.

Rosalind Pearce was thanked for the report and for her attendance.

## **12/19 CHAIRMAN'S REPORT**

(Agenda No. 12)

Prior to the consideration of this report, the Committee was addressed by Councillor Jane Hanna. She asked this Committee to consider a further step to build trust between the public and the CCG, the first being the request for Physiotherapy services to be provided at Wantage Hospital, to which assurances had now been given. The second related to the current proposals for two large GP practices to be provided. This had raised concerns as the practices would have twelve thousand people on their books between them. She also asked for the words after 'sufficient openness and transparency' in paragraph 3:2, bullet point 3, of the Terms of Reference for the Task & Finish Group to be deleted. This would give an opportunity for the Group to consider addressing any contingency planning.

Councillor Alison Rooke moved, and Councillor Pressel seconded, a motion to amend the Terms of Reference to amend the membership to ***'two further Councillors and one local councillor for Wantage and Grove, providing they are not a member of the Stakeholder Reference Group.'*** This was **AGREED** unanimously.

A member highlighted the importance of clarity on the roles of the Task and Finish Group and the Stakeholder Reference Group. There was a need to ensure that this project had proper sponsorship. It was specifically a scrutiny task group set up from this Committee to ensure things happened. Its role was not to run the project. The right governance was required to ensure the project was properly established.

It was **AGREED** to receive the Chairman's report.



JHO3

..... in the Chair

Date of signing .....