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 Nigel Champken-Woods District Councillor Monica Lovatt 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 respect of the emerging system-wide plans for transformation of the way in which Oxfordshire's health and social care would be delivered, to 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)).This item was brought forward to item 5.

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 was 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 for example, by the practice of federalisation, 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 increase in challenge and risk for the field of domiciliary home care adding 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 strongly communicated strongly within the field of prevention 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 gateways possibly being removed due to OCC budget cuts, such as cuts to children's centres. Stuart Bell agreed, saying that Health funding had enjoyed more protection than that of social care. It was important to understand 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 work.

A committee member stressed that residents were anxious about a possible loss of control of their very much valued NHS services, adding that to keep the faith going forward would rest on how convincingly agencies would communicate reassurances that this would not happen. Dr McManners explained that the proposals were about the integration of existing NHS services and operating all as a system in its entirety alongside equal partners, rather than it being about 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 was about operating the most capable provider process.

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 are classed as preventative. Stuart Bell pointed out that the plans were not a detailed description of what they were proposing to do and organisations were only at the early stage of engaging with people on how they may respond to current problems. However, in responding they had endeavoured to look at the good evidence in the places where it was 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. Buckinghamshire County Council had operated the programme on the pot of money they already had, but it had been used differently. 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. £8b had been promised to Health but it was not known when it would arrive.

A member commented on the growing pressure on hospitals and GPs to cope with the expanding population in Oxfordshire and the new housing developments which were required as a result of this. In response to a question about whether discussions were taking place with the planning authorities with regard to issues such as houses for key workers, Stuart Bell explained that he had met with the District Council Chief Executives and the issue of recognition of the key worker had come up during discussions and these needed to be taken further. 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 developments and asked that the NHS be included in infrastructure strategy.

A member of the Committee asked how an ongoing commitment with local communities with regard to public engagement would fit into the Commissioning Intentions for 2016/17 so that both could be achieved in the short term 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 from the Chancellor.

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 there would be a piece of work taking them up to 2020 – and thereafter. Some pieces might take longer, others would fit in more quickly.

John Jackson stated that they could only consult when they were clear of the proposals that were being consulted upon. 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 a further presentation be made to the next meeting in February on progress, to include specifics on staffing, funding etc.

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 tackle bed-blocking which had been the subject of a press statement and separate statement of commitment to the stakeholders that morning (copies of which were circulated around the meeting). Dr Holthof commented that the plan had been worked out before the start of the Transformation Plan and it was a good example of how Health and Social Care providers were working together to provide care for the patients.

Dr Holthof gave his initial thoughts with regard to Oxfordshire, one of which was that it had been a big commitment on the part of all Health and Social Care providers to look at better ways of going forward with their aim to get patients back to their home situation from hospital as quickly as possible. A further thought had been of the need to prioritise a review of which activities could be better performed at the Horton General Hospital and other general hospitals in the broader region, rather than at the Oxford sites. A third thought was that the John Radcliffe Hospital was a highly respected teaching hospital with a medical division that was first in the country and medical research that was first in the world. He wanted to see the development of more highly specialised services so that patients living in Oxfordshire, and those from further afield could be treated in Oxfordshire.

Cllr Surinder Dhesi, a local member for Banbury, 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 hospital beds to be turned into intermediate care beds 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 via discussion 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 the placing of patients into intermediate care beds, 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 in readiness. Andrew Stevens added that this had been measured as part of a recent trial and had been successful in that there had been 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. Members were keen to understand how they found the beds and where they were – also where patients were going etc.

Andrew Stevens was asked if the Trust was sufficiently flexible with its rostas to ensure attractive working conditions for nurses. He 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. He added that he was very much looking forward to working with the various agencies in Oxfordshire looking at accommodation provision for nurses and working opportunities for them.

In response to a Committee member's concern that older people may have two moves built into their care, from hospital to intermediate care and from there to home, Dr Holthof informed the meeting that a small-scale pilot 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 capacity within the system.

In response to a request from the Committee, Andrew Stevens **AGREED** to come back to the special meeting with information about the discharge of patients residing in Thame to care administered by Buckinghamshire County Council.

A members asked about whether the international standing and global role of the Trust was a hindrance or a benefit, Dr Holthof stated that it was the latter. He explained 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 relation to a question about developments which had come about as a result of electronic advances, 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 about increases in research funding as against general funding, what proportion of patients were coming into the John Radcliffe Hospital for specialist services, and how specialist 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 from Health to ensure that the questions were appropriate. Dr McWilliam affirmed this action stating that a common problem of research was of making a judgement on the direction and flavour of comments, particularly where small numbers were involved.

Mr Duller undertook to provide a response to a question regarding progress with the provision of single sex wards.

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 having been part of the discussions in his capacity as the person responsible for adult safeguarding issues in Oxfordshire, which was overseen by the Oxfordshire Adult Safeguarding Board. He explained that this reluctance to make a complaint was not new and had been raised at a Hearsay!,event previously, but the question was what to do about it. He stressed that any 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’ as they saw them. However, he added that they did tend to back away when asked if they would like to take an issue further.

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 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 were travelling to Oxford from the north of the county. He used as an example of this that in January of this year the use of the endoscope had been suspended and the South Central Ambulance Service had found it necessary to travel to Oxford, through the roadworks, with their patients on board.

The Chairman concurred that this issue had been mentioned at a number of meetings with 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