OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 6 April 2017 commencing at 10.00 am and finishing at 1.40 pm

Present:

Voting Members:	Councillor Yvonne Constance OBE – in the Chair
	Councillor Kevin Bulmer Councillor Surinder Dhesi Councillor Arash Fatemian Councillor Laura Price Councillor Alison Rooke Councillor Les Sibley District Councillor Nigel Champken-Woods (Deputy Chairman) District Councillor Jane Doughty District Councillor Monica Lovatt District Councillor Andrew McHugh District Councillor Susanna Pressel
Co-opted Members:	Dr Keith Ruddle
Officers:	
Whole of meeting	Strategic Director for People, Julie Dean and Katie Read (Resources)
Part of meeting	Director of Law & Governance

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.

16/17 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Moira Logie and Anne Wilkinson.

17/17 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Cllr Alison Rooke declared a personal interest in Agenda Item 7, 'Quality of Care in Care Homes' on account of her role as a Trustee and Director of Vale House,

Littlemore, Oxford. She declared that she received no payment of any kind in the role.

18/17 MINUTES

(Agenda No. 3)

The Minutes of the Meeting held on 2 February were approved and signed subject to the penultimate sentence of bullet point 6 in page 14 being corrected to read as follows (amendments made in bold italics):

'As more patients are discharged from the OUH, there would need to be proper multi-skilled hospital doctors and GPs to provide ***a more holistic*** aspect ***to the work.'***

Matters Arising

With regard to Minute 11/17 'Closure of Deer Park Medical Centre, Witney', page 17, bullet point 8, a member put forward the view that the patients at Deer Park Surgery should have been automatically re-registered to another practice by the CCG, as there were a significant number of patients currently not registered to a practice.

The Minutes of the meeting held on 7 March were approved and signed as a correct record.

Matters Arising

There were no Matters Arising.

19/17 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following speakers. All speakers to give their address prior to the item itself:

Agenda Item 7 - 'Quality of Care in Care Homes'
Jeanne Warren – Keep our NHS public

Agenda Item 8 - 'Townlands Memorial Hospital
Veronica Treacher – 'Keep our NHS public.'

20/17 FORWARD PLAN

(Agenda No. 5)

The Committee considered the Forward Plan attached at JHO5.

In response to concern expressed by a Committee member about the proposed slippage of scrutiny of the Health Inequalities report, Dr McWilliam advised that a longer term with which to prepare the implementation report was to the Committee's advantage as more information would be provided at that point.

The Committee **AGREED** the Forward Plan.

21/17 HEALTHWATCH OXFORDSHIRE - UPDATE

(Agenda No. 6)

Eddie Duller OBE and Rosalind Pearce, Chair and Chief Executive, respectively, of Healthwatch Oxfordshire (HWO) presented their regular update to the Committee.

They highlighted the following issues:

- HWO had found the Health Inequalities Report helpful as it had recorded the views of the public in an unedited manner. It had found the recorded experiences of patients over 100 days particularly interesting;
- Mr Duller reiterated the view of HWO that joint Health and Adult Social Care working was becoming more and more fractured as the Oxfordshire Transformation Plan was being unveiled;

With regard to the Deer Park Surgery closure, and in light of the outline planning permission recently signed by West Oxfordshire District Council for new homes to be built to the on the west side of Witney, a member asked how confident was HWO that the local GP Federation Group would join with the Patient Participation Group in a newly created Stakeholder Group to discuss issues of concern. Rosalind Pearce responded that a date for a meeting had just been agreed. She added that the role of the Stakeholder Group would be to try to learn some lessons from the Deer Park experience and to take a wider view of how new housing developments would be approached by GP sector. She reported also that the OCCG had confirmed that a number of patients had re-registered in the final weeks and that the CCG had also put in place a small number of measures to improve patient re-registration.

Rosalind Pearce confirmed that the approach of HWO was to share any adverse patient/resident experiences which had been personally relayed to them with the CQC and the provider, whilst maintaining anonymity at all times. However care was taken when considering whether to take it forward. She stressed that the quality of the clinical care was not their concern. Eddie Duller referred back to the Dignity of Care report that HWO undertook in 2016 which revealed that patients tended to talk more about their experience with HWO, whom they perceived as independent from the Health system. Moreover, HWO talked to a larger representation of patients over a longer period, during these ‘one-off’ 100 day investigations than CQC normally did during their inspections.

In relation to the issue concerning the re-registration of patients from the Deer Park Surgery, a member of the Committee raised a concern that some Witney surgeries had closed their lists to out of catchment patients. Rosalind Pearce reported that she had raised it with the OCCG who had carried out a check on all surgeries in catchment, and, as far as they were aware, none had closed their lists. She added that surgeries were at liberty to refuse patients if they did not live within catchment. The Chairman added that she would write on behalf of the Committee if there was evidence that surgeries were using catchment areas as an excluder.

Mr Duller and Rosalind Pearce were thanked for their report.

22/17 QUALITY OF CARE IN CARE HOMES

(Agenda No. 7)

Prior to consideration of this item the Committee heard an address from Jean Warren of 'Keep our NHS Public.' She spoke in support of the argument to bring all care homes 'in-house', referring to an extract from 'Private Eye' which warned that a care crisis was coming. It referred to the high cost of care prices in the residential sector, which were being driven by Health business consultancies.

The Chairman welcomed Benedict Leigh, Deputy Director, Joint Commissioning, OCC and Helen Ward, Deputy Director of Quality, OCCG, both of whom gave a presentation on the quality of care in care homes across Oxfordshire. They were also joined by Patricia O'Leary, Manager of the Vale House Care Home, Littlemore, which had been rated as 'Outstanding' by the CQC in two categories 'Caring' and 'Effective'.

Mr Leigh began the presentation in thanking HWO for citing the patient experience in relation to a particular care home and undertook to speak to the Quality Team, who would in turn talk to the care home in question. He stressed that the commissioners worked closely with the CQC, adding also that all homes were signed up to 'enhanced' GP cover in a liaison capacity.

Patricia O'Leary gave a presentation informing the Committee of the following:

- The model by which the home had been set up was very unique and had proved to be a great success. Incorporated into it was specialised dementia care. The Home was a 'Not for Profit' organisation, with 9 trustees, none of whom received a salary or a stipend;
- The Home was run by registered nurses on a day to day basis, which gave a consistency for residents and which also assisted with retaining staff;
- Family perception of the Home was the key factor, as they proved to be very discerning as to whether their relative was well cared for or not;
- A family support worker had been appointed 15 years ago which was the source of great importance to families, friends and staff. This was an element that had not been taken up by others;
- The model also assisted the less wealthy and allowed OCC to address this;
- The Home embraced psychology and emotional health as an important factor for the well-being of the residents and also used it as an audit tool;
- The Home regularly adopted the lines of enquiry contained in the CQC inspection and had built up their documentation to ensure that it was giving safe, well –led, and effective care.

Questions for Patricia O'Leary from members of the Committee, together with responses received, included the following:

- Some care homes were no longer accepting Social Services clients following problems with negotiating payments. In response to follow up on this by members of the Committee, Benedict Leigh stated that whilst some care homes did not accept OCC's rates, OCC was not seeing a significant increase

and was looking to negotiate block contracts to establish more long-term relationships;

- With regard to referrals, there existed a care home support service (which was previously known as the Falls Service), which was commissioned by the OCCG and provided by OCC. It had proved to be very useful for prospective residents, as it included a number of experienced staff who were able to solve issues quickly. Where there were serious concerns, the Team would be involved almost immediately. It also worked with the Quality Management Team to provide general support to more troubled care homes, sharing learning and development;
- With regard to the possible provision of Care Homes on an 'in-house' basis, Benedict Leigh explained that in the past OCC had provided care homes on this basis. Nowadays this was in partnership with the Orders of St. John (OSJ) who ran certain homes on OCC's behalf. Currently OCC was exploring options for providing more home care. He added that both Vale House and OSJ had worked very effectively together, as has private home care. This would be an issue to be explored as part of the Oxfordshire Transformation Plan Consultation - Part 2. The Committee requested further data on the breakdown of care home placements provided by the Orders of St John, private providers and not for profit providers;
- A member of the Committee pointed out that it may be feasible to use GP Federations to provide a surgery-based enhanced service as a multi – disciplinary team model encompassing pharmacy, advanced nurse practitioners etc. A good system of digitally active care plans could be available online, alongside the GP patient care plans. Helen Ward stated that GPs were investigating a number of innovations as part of their case for the OTP Part 2;
- In response to a question regarding the percentage of bed closures in each organisation it was stated that 180 beds had been purchased to support intermediate care. Of these, 131 were Hub beds purchased by the OCCG and operated by the Hub, and the remaining 49 were used as short stay beds for patients;
- Benedict Leigh undertook to look into the number of people in Oxfordshire who funded their own care and the trends around the stage at which people enter care homes. He added that it was a matter of choice for the individual to enter a care home earlier, adding that improvements could be made to support this category of client to live in the community which they had lived in all their lives;
- With regard to a question about the need to know more in the future about sustainability issues, Benedict stated that OCC had a statutory duty to publish the market position statement, which was due soon. He undertook to send it to members of the Committee when available;
- In answer to a question to Patricia O'Leary about how it was ensured that staff remained motivated, she explained that measures included working with the trustees regarding good rates of pay, careful recruitment of nurses and to honour speciality nursing training (for example, in caring for people suffering from dementia);
- In response to a question, Patricia O'Leary confirmed that all bedrooms had en-suite bathrooms and community physiotherapy was accessed via the community Team.

All were thanked for their attendance.

23/17 TOWNLANDS MEMORIAL HOSPITAL

(Agenda No. 8)

Veronica Treacher, speaking on behalf of 'Keep Our NHS Public', recalled her own personal relationship with the hospital when her life was saved by clinicians. She described her experience, which she felt could have easily resulted in death had it not been for the staff at Townlands Hospital. She expressed her concern that the hospital had seen two major reorganisations in recent years and the likelihood of another one soon.

Dr Andrew Burnett, Locality Director for the South East CCG attended for this item. He reported the following:

- Townlands Hospital was now operating and was seeing approximately twice as many out-patients. The Minor Injuries Unit (MIU) and the Out of Hours (OOH) service units were doing well, providing to patients in south Oxfordshire and north Berkshire;
- The Rapid Access Care Unit (RACU) is open initially to the over 65's, but also younger people. The service had been developed in combination with the Royal Berkshire Hospital and provided care on an out-patient basis;
- The principle behind the Unit was that a patient could be treated at the RACU, returned to their own home after a short stay, return for follow - up with the community rehabilitation teams and also for support, if necessary from the Adult Social Care Teams;
- He explained that it had been proved that patients had rapidly become unable to cope if hospitalised; and their independence could be retained if treated in this way. The average length of stay in hospital was 32 days compared with 9 days for those treated via the RACU method. It was his view that this would give a much improved service to older persons for the future.

Questions, concerns and issues voiced by members of the Committee were as follows, together with responses given:

- A member asked that if there were going to be twice as many outpatients, why would there be a need for specialised services. Dr Burnett responded that the Royal Berkshire Hospital was particularly keen on the model of care for highly specialised services. Satellite services would be created, sending consultants out to the community hospitals to run their clinics;
- Dr Burnett was asked about travel to the satellite clinics. He responded that in order for this to work well, units would be encouraging families and friends to drive patients to their appointments;
- In response to a question, Dr Burnett confirmed that patients would be able to choose where they wished to receive clinical services, in order that they received a speedier service;
- Dr Burnett confirmed that patients would not be placed in care homes with an unsatisfactory CQC report. He also confirmed that beds would be situated in a building adjacent to the Townlands RACU and a small number may have to be admitted to another hospital within the Royal Berkshire area;

- In response to a question, Dr Burnett stated that NHS Property Services were dealing with the letting of the second floor area to the Townlands Hospital. Unfortunately the NHS had to charge a rent over and above the private business models;
- With regard to questions about signage and appropriate waiting areas at Townlands, Dr Burnett stated that currently the site was under constant change and maintenance. A stakeholder Reference Group had been formed to receive feedback on how it was operating. He added that there was no single timescale for all the changes that were required in the near future;
- In answer to a question about the kind of care which would be provided at Townlands, Dr Burnett explained that the specification for Intermediate Care beds differed from that which was provided at the Community Hospitals. The Hospital provided 18 beds for medical care, the standard for which was the same as for Intermediate Care Beds. He added that local Henley GP surgeries and the patients themselves had been pleased with the RACU service. Moreover, GPS were pleased with how OSJ was setting up the management and supervision of patients in beds and the standard of accommodation, despite being sceptical at first;
- Dr Burnett confirmed that the new medical specification at Chipping Norton Hospital was the same as the former hospital specification;
- In response to a question, Dr Burnett confirmed at food was not cooked on the premises.

The Chairman thanked Dr Burnett for his attendance, and, on behalf of the Committee, applauded Health for their pioneering work in the delivery of care for patients.

24/17 QUALITY ACCOUNTS

(Agenda No. 9)

The Chairman welcomed Dr Tony Berendt, Medical Director, Clinical Governance & Risk Team, Oxford University Hospitals NHS Foundation Trust (OUH) and Dr Clare Dollery, Deputy Medical Director. She also welcomed Richard McDonald, Head of Operations – Oxfordshire, South Central Ambulance Service NHS Foundation Trust (SCAS) and Simon Holbrook, Head of Compliance.

<u>Oxford University Hospitals NHS Foundation Trust – Quality report</u>

Dr Berendt and Dr Dollery were invited to come up to the table to respond to questions and concerns regarding the covering report provided (JHO9). These included:

- In response to a question about the selection of quality targets, and how they were prioritised for external audit, Dr Dollery stated that they were prioritised by a Council of Governors from a number of proposals provided. The Council selected on how much importance it had to the hospital in terms of disease or aspect of care;
- In response to a request for more information regarding patients requirement for drugs in dosset boxes, Dr Dollery stated that, within a 2 week period, 98% were being discharged within 24 hours;

- Dr Dollery confirmed that RAG traffic light rating (red, orange, green) could be utilised, but it was felt that this was a little too impersonal;
- In relation to the Delayed Transfers of Care (DTOC) issue, Dr Berendt stated that the targets were achieved in accordance with what the Trust set out to do. However, there had been a great deal of volatility since then. There were a multi-factional set of inputs which had driven the final figures for domiciliary/hospital bed care. Where there was a deterioration in the programme, this was linked to availability of domiciliary care;
- The Trust was still in the process of recruiting of the 140 reablement workers;
- In relation to a question about how the Trust managed reductions in incidents of medical harm, Dr Berendt responded that this was via investigation. The general approach was to understand that people were human, then to minimise the impact of error, then to change systems and finally to re-train people, if necessary. Moreover, they had a professional and legal duty of candour to explain what had gone wrong. The vast majority of incidents were without harm but people were asked to report all incidents, including near misses. Thus all could learn from the event and aim to get as close to zero as possible, or at least a reduction;
- A member asked if there were opportunities to look at some of the wider issues such as staffing and recruitment; and was there a roll-over of issues from 1 year to the next, thus having the effect of threading through the blockages to achieve the targets. Dr Berendt responded that sometimes it took time to measure achievement of quality and improvement. If an issue, such as staffing, turned out to be a major impediment, then the Team would have to work out what action should be taken;
- In response to a question about availability of bereavement training at the Horton Hospital, Dr Berendt confirmed that all staff had access to a computer to undertake e - learning and the problem had been that it had taken longer than originally thought to get the design together.

Dr Berendt undertook to report back to the Committee in writing when a quality target had been achieved or partially achieved, stating his assurance that the Board were cited on this aspect and nothing was overlooked.

Dr Berendt and Dr Dollery were thanked for their attendance.

South Central Ambulance Service - Quality Report

Richard McDonald and Simon Holbrook attended for this item.

In response to a question about whether the Trust had been consulted as part of the Sustainability & Transformation Plan (STP) Plan, Simon Holbrook replied that the Trust was one of the health care providers who formed part of the STP. Currently the Trust was waiting to find out how it would be involved in the Plans. He added that the STP would have an impact on the Ambulance Service as any changes would translate into a reconfiguration of service.

Richard McDonald was asked if some journeys to the John Radcliffe Hospital (JR) were beyond inclusion in the performance indicators, due to matters such as heavy traffic, which were beyond control. Mr Mcdonald stated that all statistics were

provided to the JR and published on the NHS England website, with a view to any of concern being a focus for improvement. A member asked why it was not a priority to work with the JR on travel times. Mr McDonald responded that the Service did sign up to safety pledges and was working in collaboration with other healthcare providers. It was not, however, currently a priority to address travel times.

The Committee thanked Mr McDonald and Mr Holbrook for attending and **AGREED** to request the Ambulance Trust to:

(a) inform the Committee in writing where improvements had been significant; and
(b) that priority should be given to the Trust should work with the JR to improve travel times from the Horton and Chipping Norton Hospitals to the JR.

In conclusion, the Committee **AGREED** that members' comments on the Quality Accounts would be collated and sent to providers as this Committee's formal comment on the Accounts.

25/17 CHAIRMAN'S REPORT

(Agenda No. 10)

The Committee had before them the Chairman's update on meetings attended since the last Committee meeting and any letters sent and received on behalf of the Committee.

It was **AGREED** to note the report.

26/17 ITEM FOR INFORMATION ONLY

(Agenda No. 11)

The items were noted.

..... in the Chair

Date of signing