

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 14 September 2017 commencing at 10.00 am and finishing at 1.40 pm

Present:

Voting Members: Councillor Arash Fatemian – in the Chair

District Councillor Monica Lovatt (Deputy Chairman)
Councillor Mark Cherry
Councillor Laura Price
Councillor Alison Rooke
District Councillor Jane Doughty
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)

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.

42/17 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Cllr Jeanette Matelot attended in place of Cllr Mike Fox-Davies and apologies were received from Cllr Kevin Bulmer, Cllr Dr Simon Clarke, District Cllr Nigel Champken-Woods and Anne Wilkinson.

43/17 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

District Cllr Andrew McHugh declared a personal interest on account of his appointment as a short-term locum at West Bar GP Surgery, Banbury.

44/17 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 22 June 2017 were approved and signed as a correct record.

The Minutes of the special meeting held on 7 August 2017 were approved and signed as a correct record subject to the addition of the following to page 18, paragraph 2 (addition in bold italics):

‘Valerie Ingram, administrator of ‘Save Our Horton’ Facebook page urged referral and spoke in particular against the proposals for maternity services by reference to the individual experience ‘**and the death of a baby**’ suffered by a pregnant woman and her family.’

There were no matters arising.

45/17 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed the following requests to address the meeting;

- Brenda Churchill, Deer Park Medical Centre Patient Participation Group (Agenda Item 6 – ‘Advice from the Independent Reconfiguration Panel (IRP);
- Sarah Lasenby, ‘Keep our NHS Public’, Agenda Item 6 – ‘Advice from the Independent Reconfiguration Panel (IRP) – speaking at this item.

Sarah Lasenby, of ‘Keep our NHS Public’, addressed the committee to voice her concern that by making piecemeal changes to services the Oxfordshire Clinical Commissioning Group (OCCG) was disguising cuts. For example, the changes now proposed for stroke rehabilitation services at Witney and Abingdon community hospitals were being made ahead of the Phase 2 Transformation consultation. She also questioned the clinical basis for this decision. Ms Lasenby urged the committee to instruct the OCCG to halt the implementation of Phase 1 decisions until the Judicial Review of the consultation process had run its course.

46/17 HEALTHWATCH OXFORDSHIRE - UPDATE

(Agenda No. 5)

The Committee welcomed Professor George Smith MBE, Chairman, and Rosalind Pearce, Chief Executive Officer, of Healthwatch Oxfordshire (HWO) to present their regular update of issues/activities (JHO5). They undertook to circulate a list of all those invited to the postponed July 2017 primary care workshop to all members of the Committee. This workshop involved representatives from the Oxfordshire Clinical Commissioning Group (OCCG) , local Patient Participation Groups (PPG’s), local GPs and Locality Forum representatives, local politicians, members of the public and representatives from various voluntary organisations. Its aim was to help all to understand the issues involved for primary care in areas of Oxfordshire that were developing rapidly. Rosalind Pearce reported that the workshop was now scheduled to take place on 20 September 2017. She apologised for the inadvertent exclusion of local county councillors to the list and gave her assurances that in future they would be invited to similar events. The OCCG was urged by the Committee to take on such a role rather than the onus being on HWO to organise this types of event.

On a request from a member of the Committee, Rosalind Pearce also undertook to organise a stall in Thame about Stroke Awareness. HWO was encouraged to consider including South Oxfordshire in more of their planned events and to work with their counterparts across the border in Buckinghamshire. HWO was also urged to turn their attention to the Vale of White Horse area which was experiencing 'stresses and strains', including long waiting lists for services following patient discharge from hospital, for example in Physiotherapy and Speech Therapy, thus causing possible re-admittance to community hospitals and GP surgeries. This often gave a feeling of 'abandonment' for patients.

With reference to pages 28/30 of the HWO report, members of the Committee made reference to public concerns about the need for ensuring that there were no increases in GP surgery waiting times or in mental health support services for children as an outcome of the new proposals for Stroke Services within the community. In this regard, the Committee also added its concern in relation to difficulties experienced by the elderly when using IT to make an appointment, maybe resorting to a visit to Accident & Emergency. Rosalind Pearce added to these concerns stating that HWO had found people of a younger age continued to ask for face to face visits with the GP, rather than using Skype. She added that it was HWO's view that designs for a new surgery could not be based on all patients owning a smart phone. Moreover that HWO was looking to develop a younger aspect of HWO which would include the voice of the young in debates.

When asked, Rosalind Pearce reported HWO's concern that 400 patients from Deer Park surgery had not re-registered with another surgery. Furthermore, they planned to send out a co-authored letter alongside the OCCG to these patients emphasising that it was very important to do so for reasons of their own safety. She accepted the OCCG's contention that there were always a number of people left on a register in these circumstances called 'ghost patients', who had maybe left the area. She agreed that it was vitally important that Deer Park was included in all that was taken forward in discussions regarding the Locality Primary Care Development Plan within the West Oxfordshire area. Members of the Committee asked the OCCG to help them understand how these numbers compared with those of other surgeries that had closed for whatever reason.

A Committee member advised the meeting that funding for GP surgeries was based on the Carhill Formula. He emphasised the importance of defining the 'ghost patient' as a normal patient to avoid the problem of that surgery being stripped of funding for that area. He advocated the continuation of the FP69 process which made it a duty to do so.

Rosalind Pearce reported that more concrete plans for working with patients had been put forward by the West Oxfordshire Locality Forum. She added that three cluster meetings were planned to take place in this area, the first of which was with local PPG's to hear what they would wish to see included in the Plan for the future.

With reference to Part 4 of their report Rosalind Pearce was asked whether HWO had moved forward with their suggestions on what action was required on Health Inequalities. She responded that it was HWO's view that a more strategic approach was required, adding that HWO was looking to work with the voluntary sector in order to produce a design for what could be done in this sector.

Professor George Smith concluded by stating that HWO warmly welcomed the Director of Public Health's Annual Report. He wished to add concerns about the incoming numbers of population coming into Oxfordshire, demographics, the rising birth rate and the need for age distribution in order that the most appropriate health services could be designed. He added that HWO had the basic information in place, but needed a push to get the factual information required to undertake a modest project on the subject.

Both were thanked for the report.

47/17 ADVICE FROM THE INDEPENDENT RECONFIGURATION PANEL (IRP)
(Agenda No. 6)

Prior to consideration of this item the Committee was addressed by Brenda Churchill, Chair, Deer Park Surgery PPG. She stated the PPG's concern that, although the IRP report had been published at the beginning of July, nothing constructive had been done in response to its content. It was only in the last few days, on 8 September, had a meeting with the local MP taken place. She added that there were fears that the OCCG was procrastinating due to the need to concentrate on the Transformation proposals. She also reiterated the point made by HWO that NHS England still needed to appoint an independent person, asking the Committee to ensure that the outstanding work highlighted in the IRP report be carried out quickly. Furthermore, feedback from Deer Park patients had indicated that progress had not been smooth in relation to services provided, such as repeat prescriptions (72 hour wait). She asked what would happen when there was more housing development in this area – asking would patients have to wait even longer?

Brenda Churchill also expressed her concern that Witney and its surrounds had not been included within the current work being undertaken by the OCCG on future primary care for Oxfordshire. The Witney PPGs were thus calling for at least one public meeting in order that the proper consultation could take place.

The Committee welcomed Catherine Mountford, Director of Governance, and Sarah Adair, Head of Communications, OCCG to the meeting. Referring to the points made by HWO and by Brenda Churchill she stated the following:

- Since May of this year work had been ongoing on Primary Care sustainability. She pointed out that there were very different issues inherent in each locality to be looked at in relation to how to plan a strategic service. She added that there was a timeline for this work which had been published on the OCCG website and a web link would be made available to members of the Committee. In addition a template was being prepared on what patients felt were important in their primary care which would then go out to GP practices. She stated that the OCCG accepted the need to be open-minded and transparent about how surgeries would be staffed and funded etc. She assured the Committee that the OCCG accepted the responsibility to undertake this work in a proper manner and issues in West Oxfordshire such

as housing growth were not being ignored. Catherine Mountford reported also that the OCCG planned two events in the West Oxfordshire area, at which the public would be involved – one in Witney and Eynsham and another in the surrounding environs within the area. A further event would also take place at the end of April 2018 focusing on funding. She added that an update would be given on meetings taking place and future work to be undertaken on the sustainability of primary care. This work would include a perspective on other issues such as longer waiting times in GP surgeries;

- With regard to comments made about a reduction in primary care funding in the Witney as a result of patients at Deer Park Surgery not re-registering, she pointed out that 10% non-re-registration was fairly common for an area and the OCCG had not yet found the best way to ensure that patients moved on to another surgery. Furthermore that it was not normal procedure for the NHS to assign a patient to another surgery for patient choice reasons. She undertook to look into what was allowed under the regulations. However, if it was not, then the NHS was reliant on the individual themselves to undertake this. She also confirmed that a joint letter with HWO would be sent to those 400 patients who had not re-registered;
- Catherine Mountford assured the Committee that decisions about Deer Park would not be rolled into the Phase 2 Transformation consultation, but would take account of the general work underway looking at Witney, Eynsham and rural surrounds, looking a population growth, housing needs, current capacity etc.

At the request of the Committee, Catherine Mountford, on behalf of the OCCG, agreed the following:

- to take up the invitation to be extended by Witney Locality meeting to discuss the locality plan;
- (alongside the PPG Deer Park Chair) to ask NHS England to hasten their identification of an independent person to review the CCGs plan to commission a time-limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds, as recommended by the IRP. The Committee felt that this person should have an involvement throughout;
- to take back a request by Committee to review its decision making process in relation to Deer Park in order to build a more meaningful relationship, and genuine engagement with the community, to include information on GP availability, the GP tendering process and its transparency, what constituted and who rejected the GP bid, how decisions were made and current GP availability. Catherine Mountford also agreed to provide a cost analysis for the closure of the surgery, also information on whether incentives were given to other surgeries to take on more patients (it was pointed out that Witney had a population of nearer to 28k, not 23k as documented by the CCG. She also agreed to provide a web-link to information which was in the public domain regarding funding payments for increases of patient numbers on the register;
- to provide a detailed future plan of action, including responsibilities and timeline for Deer Park.

Katie Read also undertook:

- to give a response to HWO about the possibility of sharing traffic data during OTP discussions;
- to correct the reference in the timeline from the DoH letter to reflect the fact that members of the Committee were not involved in the meeting between the CCG and the former Chairman of HOSC;

The Committee **AGREED**:

- (a) to form an informal working group comprising Councillors Price, Lovatt, McHugh, Champken-Woods and Fatemian and Keith Ruddle, together with CCG representatives, to produce a set of proposals of how to work together in a better way; and
- (b) that an update be produced at the 16 November 2017 meeting and final recommendations be submitted at the January 2018 meeting.

48/17 STROKE REHABILITATION SERVICES

(Agenda No. 7)

Dominic Hardisty, Chief Operating Officer, Oxford Health Foundation Trust and Sara Bolton, Allied Professional from Older People's Directorate, Oxford Health Foundation Trust attended for this item. The Chairman welcomed them to the meeting.

The Chairman began by expressing the Committee's concern that the Toolkit process to ascertain whether the proposals were a significant change in service or not, had not been followed in this case. Dominic Hardisty explained the rationale to the proposals, as set out in the paper JHO7, which was that by amalgamating specialist medical/therapy services into one unit in the county, (based in Abingdon), this would allow a higher level of identity and provide a fully dedicated stroke unit with 20 beds.

The Committee asked Kate Terroni, Director for Adult Services, OCC, how the proposals aligned with Social Care in relation to the principle of patients being placed closer to home. She stated that, having discussed the proposals with Oxford Health, she had ascertained that there would be no real impact on Adult Social Care and she could therefore support the proposals.

A member brought the Committee's attention to the concerns of staff working at Witney Hospital. She feared that the proposals were not in their infancy, as some stroke therapists had already left their jobs through their own choice. This had led to some insecurities amongst other support staff working at Witney. Dominic Hardisty responded that the Trust was working on how to support staff more in circumstances such as these, to accord with specialist training guidelines.

With regard to the point made about the apparent pre-empting of Part 2 proposals relating to the Oxfordshire Transformation Plan and delivering a 'fait accompli', without proceeding through the Toolkit process, Dominic Hardisty stated that the Trust was continually changing and improving services and a judgement needed to

be made about what proposals needed to come before the Committee and how to do this. He assured members of the Committee that the Trust had tried to be open and transparent about its aims for this service.

They also pointed out that the proposals were for community-based rehabilitation for patients – which was a sub-speciality. It was not therefore a move towards a future vision of centralising services to the John Radcliffe Hospital.

Following discussion and in light of its concern that the proposals were being presented as a 'fait accompli' and would lead to community bed closures and the future centralisation of all services to the John Radcliffe Hospital, the Committee **AGREED** the following actions be undertaken with regard to the proposals:

- that the Toolkit be completed and circulated and also additional papers be circulated - and to reserve judgement pending receipt of these;
- to see an impact assessment of moving 10 stroke beds from Witney to Abingdon; and
- to request a breakdown of plans for staff as there had been reports of a lack of communication to them, and resulting confusion and concern. This to include information about whether ancillary staff would be transferred alongside other staff.

49/17 DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT (Agenda No. 8)

Dr Jonathan McWilliam, Director of Public Health, presented his tenth annual report to the Committee. Members considered both the strategic and local issues highlighted in the report that could be taken forward in the year ahead (JHO9).

The Committee felt the report was comprehensive and easy to read, although there was some surprise at the absence of information about levels of dementia and frailty in Oxfordshire from the report.

In particular Committee members discussed the following points:

- The pressures posed by an ageing population and difficulties obtaining accurate county population figures;
- The importance of ensuring health impact assessments are completed as part of any service redesign;
- How useful it was for all organisations to have a focus on primary prevention, particularly in relation to breaking the cycle of deprivation and supporting hard to reach groups;
- The impact of loneliness and isolation on Oxfordshire communities;
- How social housing was incorporated into healthy communities and the extent to which District/City housing authorities were meeting their affordable housing targets, including meeting the housing and employment needs of people with learning disabilities;
- The importance of ensuring that health was considered in the development of Local Plans, including the extent to which the County Council Highways team

is able to comment on plans in relation to air quality and how the development of new technologies, such as electric vehicles, was being taken into account;

- The links between increasing educational outcomes and breaking the cycle of deprivation;
- The effect of day centre closures on carers and health inequalities, as well as the funding of child mental health services and the effect this had on children’s carers;

Following consideration of the Director of Public Health’s recommendations in the report, the Committee **AGREED** to **RECOMMEND** the Health & Wellbeing Board to:

- Explore the implications of government plans to stop the sale of diesel cars on air quality and how the County Council is planning to update its fleet;
- Write to Oxfordshire MPs asking for their support for more legislation to reduce the levels of sugar, salt and fat in food and drink in order to combat obesity and drink related diseases;
- Recommend that the Health Improvement Board has a focus on measures to prevent and reduce the prevalence of obesity;
- Encourage the adoption of the “daily mile” in schools;
- All Councillors should be provided with information on tackling loneliness and isolation;
- Recommend that the Public Health team seek best practice and research from other countries where higher rates of breastfeeding are achieved, to inform Oxfordshire’s approach in this area;
- Recommend that District/City councils routinely include health assessments in the development of their Local Plans. HOSC was also keen to scrutinise the ensuing work on this issue.

50/17 CHAIRMAN’S REPORT

(Agenda No. 9)

The Committee noted the Chairman’s report.

..... in the Chair

Date of signing