

Oxfordshire Joint Health Overview and Scrutiny Committee.
7 February 2019

Chairman's Report

1. Health liaison

- 1.0 Committee members have been involved in the following activities since the last Chairman's report.
- 1.1 GP contract decision pathway workshop
- 1.2 On Wednesday the 21st of November, HOSC members attended a stakeholder workshop at the Kings Centre to discuss a decision pathway in the instance a GP hands back its contract. This workshop was a follow up to one held on the 21st of September and included GP representatives, members of Patient Participation Groups and patients themselves. The meeting was held as a result of contract notices given in Oxfordshire practices and recognition of the need to have a more planned approach to such situations.
- 1.3 During the meeting, a 'decision tree' was shared which was a result of work done in the previous workshop to determine the factors to consider when determining an appropriate solution to contract notices.
- 1.4 It was noted that the decision tree would not only apply where a practice gives notice, but would also apply where significant growth was going to occur and new patients needs to be registered. A number of background or 'contextual' factors were recognised as needing to be considered before and during the process outlined by the decision tree, this includes factors such as the demographics of the population concerned, the buildings in question, the quality of services being provided and the public transport options available in the area.
- 1.5 In discussion, the group largely agreed that the decision tree which had been drafted was a helpful process and ensured the right steps were taken to consider how best to provide primary care services in an area where there was population growth of a contract notice situation. It was felt that the most important question to begin the process with was 'must services continue to be provided at the site in question'.
- 1.6 The solutions generated previously by the group were broadly felt to be sensible and realistic solutions. The solutions for larger practices were clear to see, and similarly the potential solutions for small practices. The practices of a patient list size of around 3,000-8,000 were determined to be a) most likely to be the least financially viable and b) the most complex to find solutions for. Some initial ideas for solutions for this cohort were suggested by the group and the CCG were tasked with taking these suggestions away and working up some proposed solutions that would be feasible. Some suggestions could be unpalatable to all and would therefore become a position of 'last resort'. They were felt to be important to identify to ensure the full consequences of being unable to find alternative solutions were clear to all.

- 1.7 The engagement of public, patients and stakeholders were discussed. It was felt to be important to be transparent about the situation and process as early as possible. Routes to achieving this included holding full public meetings, drawing together a stakeholder reference group (standard Terms of Reference for such a group will be drafted by the CCG for future reference), working with the Patient Participation Group representatives and communicating all information through the CCG's website; this is alongside existing stakeholder engagement (e.g. HOSC).
- 1.8 The results of the workshop are being fed into a further draft of the 'decision tree', which the group will feedback on. The CCG will do some additional work to draft Terms of Reference for the stakeholder reference group, they will also do the work to develop solutions for the 3,000-8,000 practice size and share this with the group. The decision tree will be tested with examples, with amendments made as necessary from the learning points of this. The tested and draft tree will be presented to HOSC (in February 2019).

2. The Horton HOSC

- 2.0 Two meetings of the Horton HOSC have taken place since the last Chairman's report. All papers are published for these meetings on the Council's website at:
<http://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CId=1070&Year=0>
- 2.1 The below provides a summary of the information presented to the Horton HOSC:
- Monday 26th of November
During this meeting, the CCG and Oxford University Hospital Foundation Trust presented a paper which set out a revised and updated programme plan following the initial Horton HOSC meeting on the 28th of September 2018. It included an Engagement Plan for stakeholder engagement and a revised timeline for the work which altered the planned meetings of the Horton Joint OSC which are now planned for February and June 2019 (previously January and April 2019). The committee also considered a paper on the key issues around recruitment and retention of staff.
 - Wednesday 19th of December 2018.
During this meeting, Horton HOSC members heard from many interested parties around obstetric services at the Horton General Hospital. This included members of the public, MP's, Council Leaders and Cabinet members, NHS England, South Central Ambulance Service, the Royal College of Midwives and the Keep The Horton General campaign group. The purpose of this session was to inform the committee's future scrutiny as the work progresses and options are proposed.
- 2.2 The next meetings of the Horton HOSC are scheduled for:
- Monday 25th of February 2019
 - Thursday 11th of April 2019 (provisional)
 - Monday 24th June (provisional)

3. Task and Finish Group on Local Health Needs Assessment in the Wantage Locality

- 3.1 Following consideration of a draft Local Health Needs Assessment Framework at HOSC on the 28th of September 2018 and subsequent approval of this Framework at the Health and Wellbeing Board in November 2018, HOSC considered a timetable for the roll-out of this Framework in the Wantage Locality at its meeting on the 29th of November 2018.
- 3.2 During the HOSC November meeting, the committee requested that the CCG look to accelerate the timetable for the work in Wantage due to the extended period of time since the temporary closure of Wantage Community Hospital (which took place in July 2016). HOSC also requested that a Task and Finish Group be established to do a more detailed piece of scrutiny on the Framework and its implementation in the Wantage Locality. The following presents a draft Terms of Reference for such a Group
- 3.3 HOSC is **RECOMMENDED** to approve the Terms of Reference for a Task and Finish Group on the Local Health Needs Assessment in the Wantage Locality:

Draft Terms of Reference: Task and Finish Group on the Local Health Needs Assessment in the Wantage Locality

1. Purpose

- 1.1 The purpose of this document is to define the Terms of Reference for the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) Task and Finish Group on the roll-out of a Local Health Needs Assessment Framework in the Wantage Locality.

2. Background

- 2.1 In April 2016 members of Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) met representatives from the Oxfordshire Clinical Commissioning Group (OCCG) and Oxford Health Foundation Trust (FT) to consider whether the following proposals constituted a substantial variation in service:
- Temporarily close Wantage Community Hospital (to deal with a legionella outbreak in the hot water system),
 - Set aside capital funding (in 2016/17 financial year) for plumbing works,
 - Delay the commencement of the capital works until a public consultation on the future use of the community hospital has been determined.
- 2.2 After considering the proposals HOSC stated that it recognised the closure of the hospital as a substantial change in service. HOSC also noted the commitment of OCCG and Oxford Health FT to a full transformation programme, initially planned for Autumn 2016.

- 2.3 In July 2016 Oxford Health FT temporarily closed the Wantage Community Hospital on safety grounds (due to the legionella issue). The community hospital has yet to be reopened.
- 2.4 The public consultation on the hospital was initially due to conclude in Spring 2017. However, after a delay in launching the consultation HOSC were later informed that the consultation over proposals contained within the overall transformation programme would take place across two phases. The future of the community hospital was due to fall into phase two, planned to take place in May 2017.
- 2.5 In March 2018 the NHS in Oxfordshire issued a joint statement from the System Chief Executives signalling a change to the approach to service transformation. This was a result of learning from phase one and CQC emphasis on better health and social care planning.
- 2.6 OCCG were tasked with outlining a timetable and framework for working with local communities in the June 2018 HOSC meeting. This included how they intended to review the local health needs, current and projected demographics and local assets to inform service change.
- 2.7 In the HOSC meeting in September 2018, OCCG presented a draft Local Health Needs Assessment Framework which was designed to set out how commissioners and providers of health and care services in Oxfordshire would work together to meet the health and care needs of the population today and in the future. The CCG proposed that this framework be used in the Wantage locality first to address the issues with Wantage Community Hospital in a holistic way.
- 2.8 During the meeting in September, HOSC was clear that the proposed framework was a helpful way of considering the health needs of the population. They wished to see greater clarity over the ways in which county-wide services would be planned, but were supportive of the framework as whole. Despite the Committee's approval of the framework, both residents and members of the committee raised concerns about the length of time elapsed since the temporary closure of Wantage Community Hospital and urged OCCG and Oxford Health FT undertake the work as a matter of priority.
- 2.9 The Local Health Needs Assessment Framework was agreed by the Health and Wellbeing Board in November 2018. The CCG then reported to HOSC on the 29th of November that they intended to use the agreed framework in Wantage with an immediate start. The Committee remained unhappy about the proposed timescales for this work to be undertaken and requested an acceleration. However, to provide effective local health scrutiny into the new framework process, HOSC requested that a Task and Finish Group be established to work in more detail than is possible through Committee meetings.

3. Aims and objectives

- 3.1 The aim of the Task and Finish Group is to provide:

Scrutiny throughout the process of implementing the Local Health Needs Assessment Framework and its timely roll-out, to take account of the needs of residents in Wantage and the local area.

3.2 To achieve this the Group will.

- Understand the approach to ensuring all resident's needs, current and future, are being considered, by taking a more detailed look at the proposals.
- Understand and report on how the needs of the local residents are being considered.
- Ensure there is sufficient openness and transparency in implementing the proposed approach and subsequent reporting of results.
- Provide feedback to local health system partners as part of their work under the Health and Wellbeing Board on the effectiveness of the Local Health Needs Assessment process, to aid their future transformation work.

3.3 The Task and Finish Group has been established by Oxfordshire Joint HOSC to provide oversight to, and assure the timely and thorough completion of the Local Health Needs Assessment Framework. The Committee has authorised the Group to conduct this work and report back formally to the Committee. The Group does not have permanency, and will exist until such time as the work has concluded.

4. Membership

4.1 The core membership of the Task and Finish Group is as follows.

- Four HOSC Members, comprising of:
 - Lead Member for Vale of the White Horse
 - Two further Cllrs
 - Co-opted Member

The Group will be Chaired by ## who has been appointed by the members of the Group. The Group may draw in expertise and stakeholders as necessary.

Additional attendees may include;

- Oxfordshire CCG
- Oxford Health Foundation Trust
- Healthwatch Oxfordshire
- Patient representatives
- GP representatives.

Additional attendees may be necessary.

5. Frequency

5.1 The Task and Finish Group will meet as the Chair shall deem necessary.

6. Secretariat

6.1 The Task and Finish Group Secretariat function will be provided by the Policy Officer for HOSC.

7. Agenda and papers

7.1 The agenda and all papers will normally be distributed via email to members and those in attendance in advance of the meeting by the Secretariat.

7.2 The actions to be taken will be recorded in the Task and Finish Group's minutes which will be circulated to all members of the Group.

7.3 The Chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to HOSC accurately record the decisions taken.

7.4 Minutes will be formally approved at the subsequent meeting (or by email where this would be more than one month later).

8. Reporting line(s)

8.1 A report from the Task and Finish Group on the work will be provided at each HOSC Committee meeting.

8.2 The Group will make recommendations to the Committee, the CCG Board and/or to the provider where appropriate.

4. Cogges Surgery

4.0 Following contract notice from Cogges Surgery in Witney to OCCG in the summer of 2018, the CCG worked with stakeholders and patients to explore the options for the future of the practice. On the 27th of September, the Chairman received the following letter notifying that the Cogges Practice will continue to provide services to their registered patients.



**Oxfordshire
Clinical Commissioning Group**

To all stakeholders

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27 December 2018

Dear Colleague

Cogges Partners to continue providing services at Cogges Surgery

I am pleased to confirm that OCCG has agreed to cancel the termination notice for Cogges GP practice. We therefore expect the Cogges GP partners to continue to provide primary care services to their patient list going forward.

When the CCG received notice in July 2018 that Cogges partners wished to no longer provide services at Cogges, our main aim has been to ensure the sustainable provision of quality primary care service to the patients registered with the practice. Towards the end of the process set up by OCCG to find a new provider, Cogges Surgery requested to cancel their notice. As a result Cogges Surgery was asked to submit an application in a similar way to other applicants and this was assessed by the same panel that did the first round assessment. It was important that the CCG completed the process of assessment to ensure we were confident that the arrangements being put in place at the practice would deliver sustainable services of a quality that would be expected. We are delighted to say that the information provided by the Cogges Partners demonstrated this and as a result the practice team will continue to run services from Cogges Surgery.

Further information on the process the CCG followed can be found [here](#). This decision has been widely supported by the neighbouring practices in West Oxfordshire.

We appreciate this has been an unsettling time for patients registered at the practice and we will be writing to them to confirm they can remain registered with the practice and continue to benefit from the services provided there.

Yours sincerely

Julie Dandridge
Deputy Director of Delivery & Localities
Head of Primary Care & Localities