

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 8 February 2018 commencing at 10.00 am and finishing at 1.05 pm

Present:

Voting Members: Councillor Arash Fatemian – in the Chair

Councillor Kevin Bulmer
Councillor Mark Cherry
Councillor Mike Fox-Davies
City Councillor Mark Ladbroke (in place of City Cllr Susanna Pressel)
Councillor Laura Price
District Councillor Andrew McHugh
District Councillor Neil Owen
Councillor Jenny Hannaby (In place of Councillor Alison Rooke)
Councillor Ian Corkin (In place of Councillor Dr Simon Clarke)

Co-opted Members: Dr Keith Ruddle and Anne Wilkinson

Officers:

Whole of meeting Deputy Director of Public Health; Julie Dean and Sam Shepherd (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.

1/18 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS (Agenda No. 1)

Cllr Ian Corkin attended for Cllr Dr Simon Clarke, Cllr Jenny Hannaby for Cllr Alison Rooke and City Cllr Mark Ladbroke attended for City Cllr Susanna Pressel. Apologies were received from Dr Alan Cohen, Cllr Monica Lovatt and District Cllr Nigel Champken-Woods.

2/18 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest.

3/18 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 16 November 2017 were approved and signed as a correct record.

4/18 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following members of the public addressing the Committee immediately prior to Committee discussion on the item itself:

- Agenda Item 7 - Jane Southworth and Brenda Churchill - representing Deer Park Patient Participation Group
- Agenda Item 7 – Yvonne de Burgo – a former patient of Deer Park Surgery speaking as a member of the public
- Agenda Item 9 – Anita Higham speaking on behalf of the Oxfordshire Locality Patient Participation Forums - regarding MSK Services.

5/18 FORWARD PLAN

(Agenda No. 5)

The Committee reviewed the latest Forward Plan (JHO5), adding the following:

- 21 June 2018 meeting – to receive a report on the Stroke Rehabilitation pilot as discussed at the September 2017 meeting;
- 21 June 2018 meeting – to receive a report on the transition of Learning Disability services from Southern Health to Oxford Health.

For action

- Issues of Homelessness to be reported to the Health Improvement Board for action;
- The Chairman to discuss with the Chairmen of the Health & Wellbeing Board and the Health Improvement Board about how public health issues cross over with this Committee and the most appropriate mechanisms which would give the most effective oversight and scrutiny.

6/18 HEALTHWATCH OXFORDSHIRE

(Agenda No. 6)

The Committee welcomed Professor George Smith, Chairman, and Rosalind Pearce Chief Executive Officer of Healthwatch Oxfordshire (HWO) to present the regular update of issues/activities since the last meeting (JHO6). They highlighted the following from their report:

- Musculoskeletal services – Healthshare – HWO was aware of the current issues and were meeting with Healthshare that afternoon to raise issues of concern which had been reported;
- HWO was launching a new website in the style of Trip Adviser which would give HWO direct feedback from the public on every aspect of health and social care. This in turn would serve to flag up areas for HWO to focus its attention; and
- Three further appointments had been made to the HWO staff roll – one of which was a project officer to work with groups that provided feedback on issues of concern from patients and the public. The aim was to raise the standard of HWO reports by giving a clear focus and to better co-ordinate the stakeholders involved.

Questions from Committee Members and responses received were as follows:

- In relation to an inquiry as to whether there were any safeguards in place to protect against fake reviews in respect of the new website, Professor Smith responded that HWO was very aware of this and employed a moderative stance. All comments were scrutinised, some of which were better re-directed to the complaints procedure and not placed on the website. This was an opportunity to pick up an issue which had attracted multiple reviews from patients and the public, and to comment back.
- Professor Smith and Rosalind Pearce were asked if there had, in their opinion, been any recent meaningful engagement with BOB regarding the STP and how HWO were managing to stay with the rapid progress in relation to Accountable Care systems. Rosalind Pearce responded that there had been no public engagement with BOB recently as Louise Patten, the new Chief Executive of the OCCG, had only just taken up her employment. HWO were however keeping a close eye on the situation as things were moving quickly and it was important to exert influence. She added that not all discussion was based on written reports but was verbal and engagement could take place at any time. HWO was keeping a watching and listening brief in the communities and there were, for example, two forthcoming events taking place in Wantage and Wallingford;
- With regard to a comment from a member of the Committee regarding the problems being experienced by some users of the new Musculoskeletal Service, Professor Smith stated that HWO was continuing to put pressure on the OCCG and the provider to respond to problems. He stressed the importance of the work being undertaken by the OCCG to put in place more standardised Patient Participation Groups (PPG) across the County - and in turn the work HWO was doing at a locality level with PPGs to help the OCCG to achieve this. This would serve to give a more effective public voice. Professor Smith added that HWO were very pleased to announce that a contract was now in place with the OCCG to provide support for each PPG Forum which would provide a synergy with the new website and an increase in the flow of information;

Professor Smith and Rosalind Pearce were thanked for their attendance.

7/18 RESPONSE TO IRP RECOMMENDATIONS (INCLUDING WEST OXFORDSHIRE LOCALITY PLAN; OUTCOMES OF INDEPENDENT REVIEW; AND OUTCOMES OF WAYS OF WORKING WORKSHOP)
(Agenda No. 7)

Prior to the discussion of this item the Committee was addressed by the following members of the public:

Brenda Churchill made the following points:

- She had been unable to find any trace of the content of the IRP report and recommendations in the Witney and its surrounds Locality Plan;
- The review of Locality Plan patient engagement was misleading. Two meetings had been held in Carterton and Witney and only 125 people had attended them. Some locals had been refused entry as they had failed to book a place at the venue – it was her view that it was an insult to those people who had found it necessary to book a place as they were local residents;
- It was misleading to call the Plan a review document. She had not been made aware that NHS England had employed people to review the Locality Plan – nobody had approached her about this; and;
- New houses were in the process of being built now and patients would have to cope with more and more demand for the existing primary care services. She implored the Committee to instruct the OCCG to do as the IRP instructed and refute the plan.

Jane Southworth

- It was now over a year since the OCCG's decision to close the Deer Park Surgery and seven months since the IRP had made its recommendations to incorporate patient views into the plan. Nowhere had the Deer Park Health Group been engaged in the co-production of the Plan to address and provide solutions to the current future health needs of the area;
- She made reference to a personal experience of misdiagnosis by a paramedic and subsequent shambolic access to GP appointments;
- She asked about a proposal to relocate the Nuffield Health Centre – this had not been debated.

Yvonne de Burgo

- Had been a patient at Deer Park Surgery and a member of its PPG;
- As a patient suffering with complex health needs, she had always received good care from Deer Park Surgery;
- She recounted her recent experiences of patient care at the surgery of which she was now a patient and had found it wanting in a number of areas including a lack of monitoring or follow up care;
- She expressed her hope that Deer Park would re-open;

- She was very concerned and stressed about the new housing being built in the area and the resulting numbers of new patients; and
- In all, the above had caused her great distress and fear that her life could be cut short.

The Chairman welcomed Louise (Lou) Patten, new Chief Executive of the OCCG to the meeting, together with Catherine Mountford and Julie Dandridge, OCCG.

Catherine Mountford, in introducing this item stated that the main focus was about ensuring safe and sustainable primary care in Oxfordshire. The focus that day was on the changing needs and changing population in the West Oxfordshire area.

With regard to progress made on recommendations put forward by the Independent Reconfiguration Panel (IRP) on Deer Park Medical Centre, Catherine Mountford reported that there were still 285 people who had not yet registered with another practice. The OCCG had asked for guidance from NHS England as to whether it should re-allocate these people and the resulting advice was to re-allocate them to another surgery by the end of March.

The OCCG welcomed the review commissioned by NHS England and had expressed a wish to continue to engage with parties on how best to go forward. She added that the OCCG had learned from experience from one year ago and had given some examples to NHS England on their changes of approach. For example, Kennington Surgery had been taken over by another surgery but continued to provide some services on the original site. Engagement in relation to the future of Banbury Health Centre had been another example.

With regard to the development of a comprehensive plan for primary care and related services for Witney and its surrounds Catherine Mountford made the following points:

- She stressed that the OCCG acknowledged that there was more work to be done in relation to engagement and on the opportunities for co-production. This first version covered west Oxfordshire divided into two groupings, one for Witney and East and one for rural west Oxfordshire. She added that an urgent piece of work to be undertaken with the people of Witney was to review housing growth and what that would mean for primary care in terms of the location of surgeries;
- Engagement on the first version of the Plan would end in December 2018. In the intervening time 'people friendly' plans would be developed with the local Forum chairs; and
- The engagement report had been worked up alongside the local Forum in a round table format to ensure that all were given the opportunity to contribute. The workshop had proved to be very productive and useful with some very rich discussion and the OCCG looked forward to taking the work forward.

Lou Patten welcomed the review espousing a very different approach to engagement in the future. She stated that engagement could only be started with a clear vision and a clear strategy for patients, from which a development plan could emerge.

Moreover, there was a need to look at the Health & Care Strategy again and to refresh it with significant engagement.

A member commented that whilst she understood the need for vision, she wondered why services had been taken away when they were needed. Lou Patten responded that small GP practices had a fragility in the County due to demand on the doctors working in those surgeries. The viability of small practices was a challenge. In such instances conversations with local residents and with other GP practices in the area was needed. The Committee asked to see the resources available to the CCG for the significant changes required, together with a breakdown of how much money had been spent on each practice in the past, and how much was currently spent. Lou Patten responded that there had been no loss of resource and she would support that request, adding that the NHS Funding Formula was a national formulation, the money following the patient. She added that there would always be a negative definition as doctors still saw patients who were not registered anywhere. Furthermore, the way funding was allocated was not within the hands of the CCG – it was via the British Medical Association and NHS England.

A member commented that the Committee had seen a significant improvement in engagement with patients and the public in relation to Banbury Health Centre with a subsequent positive outcome.

Lou Patten was also asked where the funding for the required 25% increase in GPs and other staff increases would come from, together with the money needed for surgery relocations. She was also asked for evidence that there was a planned approach for a sustainable integration of health and social care – and was the CCG prepared to share in that plan? Louise Patten responded that the intention of the Plan was to be reiterative, that there was no end point and the CCG would continue to build on it. There was a need to understand local health and social care needs, the needs of the local workforce and rurality issues, in order to undertake a realistic way forward. She recognised that there was a substantial amount of work to do in the future. Julie Dandridge added that there would be a need to visit practices, talk to the GPs and the other workforce. Currently there was nothing concrete. Preliminary discussions were taking place with PPG's and the public and the CCG could start to build a plan arising from these discussions.

Lou Patten confirmed that patients in the Deer Park Surgery who had not re-registered with another surgery would now be allocated to other practices. The CCG had undertaken a large amount of work to ensure a safe transfer by the end of March 2018 to another practice, in recognition of its duty to ensure these patients were safe and had access to important screening and immunisation processes. Moreover, other services such as those that were subject to referral to Social Care, were based on GP registration. Julie Dandridge gave her guarantee that if there was a need to re-register patients in the future, then those patients would be allocated automatically according to their choice if given. She stressed that patients still had a choice to leave the practice that they were allocated to and to re-register elsewhere in the locality. This issue had formed part of the learning going forward.

In response to an enquiry about whether Phase 2 of the Transformation Plan would emerge in the near future as more localities worked out their requirements for primary

care services, or whether accountable care systems would replace this concept, Lou Patten responded that the term 'Integrated Care Systems' would replace 'Accountable Care' which was American in origin. She added that there were no plans for this as yet and in order to embark on Phase 2 of the Programme, it would be necessary to reflect on and learn the lessons from Phase 1 first – and in particular in light of the CQC report findings. She confirmed also that there were no current plans to consult. She explained that the STP was in existence to help Health to think about how to embark on what was required to meet the needs of larger populations in localities, such as how to tackle workforce issues by, for example, upskilling staff and making changes to training needs.

In response to questions from some members about whether the CCG was confident with the way in which it was going about the changes to GP services, Lou Patten stated that one of the things that the OCCG did in its role as commissioner when dealing with Bicester and Banbury Health Centres was to give clear statements that local providers would need to work together with other providers in order to ensure a satisfactory outcome from the changes.

At the close of the discussion, the Chairman, on behalf of the Committee thanked Lou Patten, Catherine Mountford and Julie Dandridge for their attendance. The Committee, whilst acknowledging that the plan was an iterative process **AGREED** to request the CCG to take the following actions:

- (a) produce a response to the recommendations made by NHS England in their review of engagement on the West Locality Place Based Plan;
- (b) report back to the Committee on actions taken in response to meetings it had undertaken with stakeholders in West Oxfordshire; and
- (c) update the Committee at its next meeting on 19 April meeting about expectations in relation to the next part of the Transformation Programme - and to request the submission of a detailed plan in the future.

8/18 CANCER SERVICES AT THE CHURCHILL HOSPITAL (Agenda No. 8)

In light of the recent focus in the press on cancer services at the Churchill Hospital, a report was requested from Health representatives on the provision of services at the Hospital and any actions taken to ensure the resilience of these services. This was attached at JHO8 for consideration.

The Chairman welcomed the following representatives from the OUH to the meeting:

Dr Andy Peniket – Clinical Lead for Haematology
Matt Akid – Head of Communications
John Drew – Director of Improvement & Culture

Matt Akid began by welcoming the approach made by the Committee to establish the facts behind the headlines, expressing his belief that communication was very important to the Service. He explained that the headlines had centred on one part of the patient pathway which was chemotherapy treatments given at day treatment units

at the Churchill Hospital and at the Brodie Centre at the Horton Hospital. Almost 100 patients a day received treatment at these centres combined, which was a 10-12% annual increase in patients receiving chemotherapy. People were living longer in Oxfordshire compared to other areas and therefore more treatment was being given in comparison with other areas. The specific challenge was not one of resources, rather it was one of provision of nursing staff to manage the service and how to maintain standards in patient care.

He added that the challenges faced by the Trust in relation to the recruitment and retention of staff were substantial. More money had been put into this area but there were still problems in recruiting. Despite this the number of complaints had fallen and standards of care had continued to be very good.

He outlined the innovative work being undertaken to increase the capacity of chemotherapy services which included:

- Improved training to aid staff retention;
- Weekly interviews for staff using social media for recruitment campaigns;
- Working hard at the standards of service to attract staff.

Dr Peniket highlighted the efforts taken by the oncology consultants in seeking constructive comments and ideas about alternative ways of giving palliative care in a bid to maintain services; given the premise that how one responded to cancer care was not an exact science. Matt Akid added that in this instance the email in question which asked for comments and ideas was leaked and the Times newspaper had led with a headline 'hospital cuts to cancer care due to lack of staff'. A statement had then been issued to the Times stating that this headline was untrue, no decision had been yet been made and explaining that the aim of the email was not to cut services, that no changes to treatment had been made and the Trust's priority was to its patients. He agreed that whilst the issue needed to be aired, the impact of the headline was damaging and upsetting to patients. The Trust's clinical head of service, Dr Hobbs, had spoken to the media reassuring patients and the public of this, stating that the area of challenge was in nurse recruitment. The situation was then discussed with patients and staff who were given a more balanced and accurate picture of the situation.

The Chairman thanked the representatives for their very informative explanation of the situation. Issues and comments raised by members of the Committee, and responses received, were as follows:

- When asked if anything could have been done to prevent the newspaper headline, Matt Akid responded that the NHS was always very high on the media's agenda and therefore there was no surprise at the provenance of the story. However, the Trust always liked to handle things in a better way if it could. Furthermore, debate/discussion in public was not unhelpful and it was believed that issues such as these should be talked about in the public domain;
- Dr Peniket confirmed that whilst it might be sensible for chemotherapy to be administered at home, in line with practice in some other countries, the

delivery of chemotherapy in the home environment was strongly regulated in this country;

- With regard to a question about whether the Trust would consider engaging with the district councils about the offer of housing packages and other incentives in a bid to provide more staff to the Trust's hospitals, Dr Peniket stated that should an opportunity arise, the Trust would consider this to be very helpful. Some local Cherwell District Councillors urged the Trust to take this action, stating that Cherwell District Council had won an award for finding innovative ways in relation to housing;
- In response to a question, Dr Peniket stated that the Trust was thinking about ways of making better use of staff and it had plans to upskill, and give a greater role to support and care workers, whilst always keeping safety in mind. The Trust was also offering incentives for staff to work additional shifts. In connection with this initiative, a member asked if home-helps and local pharmacists could be trained to administer the drugs. Dr Peniket responded that this point was well made and there was further work to be done in this area, adding that there were many new agents coming onto the market which were less toxic, for example, immunity and modulatory drugs;
- A member asked if more training would be given to staff when treating or caring for patients with mental health issues; also whether more assistance from relatives who often had a greater knowledge and understanding of the patient could be accessed. Dr Peniket and John Drew accepted this as an interesting observation and indeed a training issue, stating that the Trust only appointed psychiatric assistance to support patients who had solid tumours. They accepted that staff could be better aware of acting on this knowledge and the Trust was already working on staff training to accord with the area of illness. They also added that training was not a hospital-wide speciality as the training status for major specialists was becoming harder and harder. This in turn became a difficulty for smaller units. The Trust however was trying to do its best. The Horton Hospital, for example, now had a trainee registrar which in turn enabled nurses to train there.

The Chairman, when thanking Mr Akid, Dr Peniket and Mr Drew for their attendance asked them to come back to the Committee when they were further down the line with their innovations as outlined above. They accepted, stating that they would be happy to do this, welcoming the opportunity to maintain a dialogue with the Committee. They also offered to organise a visit for members to visit the chemotherapy units at the Churchill Hospital.

9/18 CHAIRMAN'S REPORT
(Agenda No. 9)

Prior to discussion of this item the Committee was addressed by Anita Higham OBE, Chair of the North Oxfordshire Locality Forum, on the subject of Physiotherapy as part of Musculoskeletal Services. She also spoke on behalf of the North East, City, West Oxfordshire, South West and South East Locality Forums.

She stated that across Oxfordshire, all six Locality Forum Chairs were receiving concerns expressed by many patients who were experiencing a significant and serious breakdown in the provision by Healthshare for their physiotherapy and musculoskeletal needs. Healthshare was contracted to provide services for GPs in primary care and patient self-referrals.

She pointed out the view that although there were examples of good services, these were overtaken by serious administrative and organisational difficulties which had led to enormous frustration. Patients had experienced extensive discomfort and further pain due to a lack of treatment long after they had been referred.

OCCG had previously had quite separate contracts with the OUH and OH to the usual physiotherapy for MSK or neurological issues following in-patient procedures. She asserted that Healthshare had inherited a very considerable backlog of untreated patients from the previous contract holders for GPs and self-referrals and had made seemingly very little improvement in managing this. Locations for patient appointments were also not within acceptable travelling distances from their homes.

The locality forums believed that this was a problem of inadequately challenged and poorly monitored performance against contract by the OCCG. They requested the Committee to seek answers to these matters by requesting an update from the OCCG on publicly-funded Healthshare's progress against their contractual requirements.

The Chairman proposed, and the Committee **AGREED** the establishment of a Task & Finish Group to look at questions of the performance of MSK services, to include the expressions of concern received by the Committee in respect of the above.

Cllr Jenny Hannaby, local member for Wantage, expressed her concern that the physiotherapy department had ceased to operate from Wantage Hospital. Instead people were being allocated to premises in Faringdon, to which there were no bus services. She had recently been informed that people could also go to Witney and Wallingford community hospitals to access these services. She stated that only the maternity facility remained at Wantage and was concerned for the Hospital's future. The Chairman noted these comments and referred them to the Task & Finish Group for further examination.

Cllr McHugh reported that he had received correspondence from a number of GPs regarding MSK services stating that now the administration had improved, letters of referral had been received by patients. He added however that the time - period for referrals for scans was unacceptable and that the referral form itself were too complex. These issues were also referred to the Task & Finish Group.

The Committee **AGREED** the following recommendations (made as part of agenda item JHO7);

- (a) develop working principles that could be signed up to by this Committee and Health colleagues

JHO3

- (b) amend the change process to introduce a staged approach with different thresholds of change (ie, minor/temporary/significant;
- (c) introduce more flexible ways of working to allow for early engagement, dialogue, feedback, evaluation (for examples, briefings, task and finish groups, reference groups, debriefs, visits, annual planning event and training;
- (d) robust feedback and communications (for example, to ensure HOSC feedback is recorded and communicated); and
- (e) set an evaluation and reporting back framework.

In addition to the actions referred to above, the Committee **AGREED** to note the Chairman's report.

..... in the Chair

Date of signing