# OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 20 June 2019 commencing at 10.00 am and finishing at 4.00 pm

**Present:**

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| **Voting Members:** | Councillor Arash Fatemian – in the Chair |
| | Councillor Mark Cherry<br>Councillor Mike Fox-Davies<br>Councillor Hilary Hibbert-Biles<br>Councillor Jeannette Matelot<br>Councillor Laura Price<br>Councillor Alison Rooke<br>District Councillor Paul Barrow |
| **Co-opted Members:** | Dr Alan Cohen, Dr Keith Ruddle and Barbara Shaw |
| **Officers:** | |
| Whole of meeting | Colm OCaomhanaigh, Julie Dean and Sam Shepherd (Resources); Rob Winkfield (Adult Social Care) |

*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.*

## 33/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

City Councillor Susanna Pressel attended for City Councillor Nadine Bely-Summers and apologies were received from District Councillors David Bretherton and Neil Owen.

## 34/19 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Doctor Alan Cohen declared a personal interest on account of him being a trustee of Oxfordshire MIND.

## 35/19 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 4 April 2019 were signed as a correct record, subject to some very minor corrections which would be rectified.

In relation to Minute 19/19 - 'Regional PET-CT Scanning Service' the Chairman referred the meeting to his letter (attached to his Chairman's Report) in response to Seema Kennedy MP's, Parliamentary Under Secretary of State for Health and Social Care, Department of Health. Discussion of which would be under Agenda Item 13 'Chairman's Report'.

The Minutes of the special meeting held on 31 May 2019 were approved and agreed as a correct record.

Matter Arising

With regard to Minute 31/19, recommendation (b), the Chairman invited David Walker, Chairman of the Board of Governors, Oxford Health NHS Foundation Trust (OH), to the table, at his request. He referred to the recent announcement of the creation of the Integrated Care System (ICS) for Oxfordshire stating that he hoped that in this climate of collaboration between Local Government and the National Health Service it would proceed successfully. He believed that this would make a real difference for residents. He pointed out that the Board's role was quite separate to that of this Committee, it being about executive decision making.

Mr Walker added that, as a newly appointed Chairman to the Board, he hoped that the Committee's future relationship with OH would be amicable, as well as functional, stating both his view that it was regrettable that the Committee had chosen not to acquire the opinion of the CEO prior to making the statement it had.

Councillor Fatemian echoed Mr Walker's wish that the relationship be amicable, adding that the Committee looked forward to hearing the Board's formal responses to the statement. He added that the Committee was looking forward to receiving evidence that OH was adhering to the agreed principles of working between HOSC and the NHS, as signed by the CEO himself. He concluded by thanking Mr Walker for his attendance that day. Mr Walker responded that OH would be considering its formal response.

## 36/19 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following requests to speak at this meeting – all addresses were to be made prior to consideration of the item itself:

- Agenda Item 7 - Local Health Needs Assessment: OX12

  Local Member Councillor Jenny Hannaby
  Maggie Swain – Save Wantage Hospital Campaign Group
  Terry Knight – Save Wantage Hospital Campaign Group

- Agenda Item 8 -Oxfordshire Health & Wellbeing Board Annual Report

Councillor Jane Hanna

- Agenda Item 13 – Chairman's Report

  Liz Peretz – 'Keep our NHS Public' Campaign Group

## 37/19 FORWARD PLAN

(Agenda No. 5)

Following consideration of the Forward Plan (JHO5), the Committee **AGREED** to add the following items to the Plan:

- The work of the Health Inequalities Commission, to include having a strategy for addressing the outstanding recommendations;
- To revise the Forward Plan to include the 'Integrated Care Strategy – Oxfordshire, Buckinghamshire and West Berkshire' in both the September and November 2019 meetings;
- Optometry – to include waiting times for cataract operations;
- Recommendation from Education Scrutiny Committee – Chairman of CAMHS Special Needs Education Board to be invited to attend this Committee.

## 38/19 OXFORDSHIRE CLINICAL COMMISSIONING GROUP - UPDATE

(Agenda No. 6)

Diane Hedges, Deputy CEO, Oxfordshire Clinical Commissioning Group (OCCG), attended to present the report JHO6. She highlighted the following:

- The 'exciting' progress made that day in relation to the announcement of the Integrated Care Strategy (ICS) which was a testament to improved working between OCC and Oxfordshire NHS, together with the growing work with the other Oxfordshire authorities also;

- The large amount of learning which had taken place around primary care and the need to enlarge its capacity. An active piece of work had taken place in Bicester surgeries were being consolidated into one, in order to offer more services for patients. PML in Banbury were taking an active role in strengthening primary care into a more stable environment, supported by more back office structures. South Oxford Health Centre was another practice who had stepped forward to take on a pilot;

- The pilot work being undertaken by Sue Ryder around giving care and support to more people in their own homes; and

- The OCCG had realised a small financial surplus which would be used to improve care service.

The deputy Chairman, Councillor Sean Gaul, local member for Bicester, requested that Bicester councillors be involved in the work that was taking place in that area. In return, Councillors could offer the OCCG clarity on what would help in determining decision making. A member added that, as GPs were retiring from the service, it was vital that Councillors were involved in the decisions going forward. Diane Hedges responded that the Banbury Community Partnership Networks had been involved in the past, with which the OCCG had been very open. She reassured the Committee that talks were currently taking place with councillors and also within the public domain.

A member asked that, in light of the need to recruit more GPs, how robust was the CCG's forward planning processes? She also made a plea that, when considering sites for the new super-surgery in Bicester, that they be accessible for patients in terms of transport to the site, including cycling routes to it, and for parking availability. Diane Hedges gave her assurances that there would be a very clear set of criteria attached to these plans which would include the input of councillors.

In response to a question asking what contingencies were in place should Sue Ryder, or any other charity involved in the new structure, withdraw? Diane Hedges responded that the ICS was a form of contingency in itself. Thought was currently being given to how integration of the voluntary organisations would be achieved, given the pressures of the increasing workforce challenge. As an example of this, there was a collective group comprising end of life, palliative care workers from OUH who were supporting the consultation which included a proposal for the introduction of certain services. She added that these were different methods of working, and in a more joined - up fashion. She added also that the way organisations were now working, meant more of an understanding for each other's methods of working. The Sue Ryder pilot was a good example of how to facilitate ways of supporting people in new and creative ways.

A member asked that, in light of media reports of hospices not receiving the level of support from central government funding, what was the level of financial input from Sue Ryder and from the CCG; and how it would be balanced out should there be a significant drop in support for Sue Ryder. She also asked for more detail in relation to in-patient bed occupancy and bed numbers; on the scale of pressure on continuing health care and the spend; how much related to legal cases; and finally, how many self - funders there are?

Diane Hedges responded as follows:

- The Children's Hospital and Sue Ryder would always welcome more funding. The OCCG paid a proportion of it and donations were added. Favourable conversations were currently taking place with the Children's Hospital with regard to elements of care which had resulted in additional money flowing in their favour;
- The OCCG was not in a position to replace services provided by non-NHS providers. However, conversations were taking place with end of life providers to ensure their financial positions. She gave the Committee her

assurance that the OCCG wished to be very open and to share its understanding of what was the NHS spend;

- With regard to the number of beds provided, in September the OCCG planned to conduct conversations about the nature of care provision which did not include beds, intermediate care beds and those in the Hubs. She added that it was not about patients coming through the system, as care would be given at home; and
- In relation to the cost and volume of care packages provided, she pointed out that there were more older people needing support and this aspect was going to be looked at.

A committee member asked how the OCCG managed the pressures on payment by results, other than by lengthening waiting lists? Diane Hedges responded that it had now been agreed within the Oxfordshire system to pay by creative incentives. A fixed pot of money would be given and this would be used not as a means of managing spend, but via joined up working and by utilising the different skills which were available from within the community.

A member of the Committee asked for an update on the 3 months plan to address the waiting list for gynaecological services – and would Oxfordshire be providing all the services? Diane Hedges responded that OUH had diverted referrals to a quicker service, which had resulted in an improvement and the best performance for over a year. There was also nobody currently awaiting stage 2 treatment now. There had been 459 on the waiting list at the end of May, which was a reduction of 20-25%. Most referrals had been diverted to hospitals in Reading, Swindon and Buckinghamshire. However, there were still long waits for different aspects of the service. Further work was required with the clinicians on this to ensure the right options were considered. In response to a further question asking what the plans were to bring the services back to Oxfordshire. She reported that clinicians at OUH were being given the opportunity to operate on those waiting a long time. The OCCG would continue to review it and come back to HOSC with an update when the service was back in balance. She took this opportunity to thank patients for travelling that little way further to be seen in the meantime.

The Chairman thanked Diane Hedges for her attendance and for the report.

## 39/19 LOCAL HEALTH NEEDS ASSESSMENT: OX12

(Agenda No. 7)

Prior to consideration of this item the Committee was addressed and petitioned by the following members of the public:

Councillor Jane Hannaby welcomed the Task and Finish Group's report which she said provided an accurate record of the issue. She stated that Wantage Community Hospital will soon be closed to inpatients for 3 years. Given that it will be next spring before proposals can be brought forward it seems likely that it will be closed for 4 years in all.

Cllr Hannaby stated that the Save Wantage Community Hospital (SWCH) Group had worked hard to ensure that the OCCG's survey reached as many people as possible

given the OCCG's limited resources. This was despite the SWCH Group's reservations about the survey, noting that only one question was about the hospital. She expressed hope that the two groups could work together to solve the problem.

Maggie Swain of the SWCH Group and the Stakeholder Reference Group expressed concern about reports that there would be an emphasis on care in the home rather than in hospital and stressed that both were needed. A Community Hospital is easy for people to visit patients, whereas people are often more reluctant to visit in the home and loneliness can result.

Volunteer drivers have problems accessing the JR Hospital in Oxford and many JR employees commute from Wantage and would much rather work closer to home. She also criticised the fact that physiotherapy services were supposed to be up and running but had not yet started.

Terry Knight of the SWCH Group stated that he had been born in the hospital and had received treatment there. He said that the lack of consultation on the survey was disappointing. There was talk that nursing homes could be used but it was not clear why they would be more efficient that the hospital.

He also criticised the survey for researching current use and stated that this is not a reliable guide to future need. There would be 5,000 new families in the area contributing £9 million towards the NHS in taxes. He asked what had happened to the idea of the money following the patients. He noted that the Health and Wellbeing Board advocated treatment closer to home but this is not what is happening in reality.

Councillor Mike Fox-Davies, Chairman of the Task & Finish Group, introduced the group's report and stated that it was an interim report as they had not fully discharged their duty. It had become clear around their second or third meeting that the original three-month timeframe was impossible. He anticipated that actions will be identified by December 2019.

Councillor Fox-Davies stated that he supported the Population Health and Care Needs Framework which was being used for the first time. There will need to be an evaluation process when completed. He welcomed the improved transparency and suggested that an extra HOSC meeting may be needed in December to discuss the proposals.

Jo Cogswell, Director of Transformation OCCG and Senior Responsible Officer (SRO) for the OX12 Project spoke to her report and responded to the points made. She accepted that the hospital had been closed for too long. She stated that the issue was not just about beds but about all services.

She regretted that there was dissatisfaction with the content of the survey and agreed that it could have been explained better how the "front-end" worked but said that the results gave a good picture of needs. The data will inform other pieces of work too. There were gaps remaining and different statistics on new homes which need to be settled as population growth is a key factor.

There will be a range of events to assist in the distillation process. The real pressure is in relation to Primary Care and the OCCG is talking with general practices regarding the next stages.

District Councillor Paul Barrow expressed frustration that decisions on the hospital had been held up because it was decided to do a broader review of all services.

Jo Cogswell responded to this and other timeline issues raised by Members of the Committee as follows:

- Initially work focussed on infrastructure but then the Health and Wellbeing Board agreed that there should be a needs-based assessment. There has also been an estates review.
- Regarding the timeline for decisions, it is expected that the options will be finalised by the end of November so that discussion can take place in December.
- The degree of consultation required on proposals will depend on the nature of the options. There will be some small-scale proposals but any changes to the use of the hospital will require consultation. A timetable will be agreed together as soon as possible.

The Chairman noted the commitment to have options developed by the end of November and reminded Members of the Committee of the possible need for an extra HOSC meeting in December as a result.

## 40/19 OXFORDSHIRE HEALTH & WELLBEING BOARD ANNUAL REPORT

(Agenda No. 8)

Prior to discussion on this item Julie Dean read out a statement produced by Councillor Jane Hanna. Her statement related to the Health and Well-being Board's recent establishment of wider stakeholder involvement through a new Stakeholder Network; and her points were as follows:

- The paper did not state what considerations under-pinned this recent development and did not give access to published information on any questions the public might have had in relation to the purpose, scope, remit and governance arrangements of the Stakeholder Network; and whether these issues had been scrutinised;
- There was also the question of whether the Network would be entirely separate from, or related in part, to the new approach to Planning for Population Health & Care Needs, as set out in the paper submitted to this Committee in November 2018. This approach was to be tried first with the population of Wantage and Grove. Indeed the OX12 Stakeholder Reference Group had recently contributed to the work being undertaken by the OX12 Task & Finish Group; and
- She called for clarity concerning any wider Stakeholder Network, on what it was and how it interfaced with a Population Health and Care Needs Approach, and most especially, any existing Stakeholder Reference Group.

Councillor Ian Hudspeth (Chairman, Oxfordshire Health & Wellbeing Board (HWB), Diane Hedges, Deputy CEO, OCCG, and Lucy Butler (Director for Children's Services and Interim Director for Adult Social Services) attended for this item. Councillor Hudspeth thanked the Committee for the opportunity to return to the Committee. He highlighted the following:

- There had been much change since the last time the Board had reported to Committee, and this had been for the better;
- The CQC had inspected in 2017 and its findings had given the Board the building blocks to work on, ensuring that the system was looked at as a whole, rather than its key parts;
- The CQC had paid a follow-up visit in November 2018 and had found that good progress had been made to deliver social care and health benefits to the residents of Oxfordshire;
- Healthwatch Oxfordshire (HWO) was playing its part in ensuring that the Board received as much information from the voluntary organisations as possible;
- He made reference to the shadow Integrated Care Board (ICB), which was due to be in place by April 2020 and which would have a complete, system-based approach for residents/patients, particularly in relation to prevention aspects;
- Success had been achieved in gaining additional funding, amounting to £215m across Oxfordshire in order to build affordable homes. The planning of these was also about the health agenda and £218m had been awarded for infrastructure and cycle facilities in Didcot to encourage a far greater health input, particularly in relation to air quality.

Lucy Butler added that the newly refurbished Board has spent a lot of time considering its priorities and building strong relationships with each other. Much more focus on all age-groups had also been considered to be very important.

Diane Hedges added that the inclusion of NHS providers was also considered to be very important to ensure integration. That way, benefits could be realised for commissioning, together with learning and knowledge. A whole new thinking had gone into how to get the best out of commissioning and providing – and this had strengthened the approach.

Questions and comments from the Committee were as follows:

A member of the committee enquired why there had been no performance information provided on what the HWB was doing about the areas with red flags against them. Lucy Butler informed the Committee that performance information was soon to be upgraded in relation to how it was monitored. Thought was to be given to the reasons behind what was driving it, and then, for it to be rigorously monitored as a system. She gave the example of concerns around the CAMHS (Children & Adolescent Mental Health Services) waiting list and the linkage behind the reasons why children were on a child protection plan. There were often a multitude of reasons behind why they were on the Plan – there could be mental health issues, domestic abuse, problems with parenting etc.

In response to a question regarding the lack of data on homelessness, Councillor Hudspeth undertook to bring this back to the Committee. He explained that all district councils and OCC did the account, but figures were somewhat skewed as homeless people tended to gravitate to the City where the facilities were. He added that the Board was working with all of the district councils on a Homelessness Strategy, and this was also being addressed by the Oxfordshire Councils Leaders' Group.

With regard to the matter of how the committee would be scrutinising the ICS, the Chairman reported that the committee had previously agreed to seek training on this and now that it was a post-election period, the officers were looking at dates to do so. There had been concerns aired previously at this committee about how much power that HOSC would have, realistically, to carry out scrutiny, given its bigger footprint. Diane Hedges explained that thought had been given to how the different scrutiny committees could work together; and out of this, a suggestion had been made. Each of the three scrutiny committees would work with a specialist commissioner on a particular range of scrutiny. She added that those working with ICS would be interested to hear from each committee on how it may work. Lucy Butler added that Integrated Care Partnerships would be specialised across all of the three areas (Oxfordshire, Buckinghamshire and West Berkshire) – and this HOSC needed to think about how it would like to interact with the wider work beyond Oxfordshire also. Councillor Hudspeth stated that he accepted HOSC's concerns and that training would be provided, adding that there would be a significant amount of hard work taking place, the vast majority of which would be on the actual structures in Oxfordshire. If one looked at the long-term plan it was about having accountability – previously democratic accountability had not been present.

In response to a comment from a member that it was important to think about the actual structures first before work took place on governance and accountability, to avoid HOSC's disempowerment; Councillor Hudspeth reassured the committee that local determination would feature in a part of it, and there would be a far better system approach. However, regionally, specialist areas needed thought and to be taken into consideration. The Chairman commented that it would be important to ensure that processes were put in place to tackle early challenges. That way, surprises could be avoided.

Rosalind Pearce, CEO, HWO was invited up to the table at this point for the consideration of the setting up of the Stakeholder Reference Network. A member asked where the information was on the move away from the Stakeholder Reference Group (SRG) to the Network? Councillor Hudspeth explained that he and Dr Kiren Collison (Deputy Chair, HWB) had approached all the voluntary organisations to discuss the matter of engagement and to explain that the HWB would have too many representatives on it if all representatives were to be present; and it would also serve to make decision making process too complex. He added that engagement with the voluntary organisations (which had been a CQC action point) would be taking place via a Stakeholder Reference Network (SRN) instead.

In response to a question asking if there was a difference between the SRG and the SRN, Rosalind Pearce explained that the proposal was to move away from having exclusive voluntary group around the table and to take a network approach. She added that HWO would be holding 3 or 4 events a year, all holding particular interest

to voluntary organisations, at which a themed discussion would take place. The outcomes of the themed discussion would then be reported back to HWB. She explained that it would also be about going out to people who did not necessarily have any involvement, to obtain their views, for example, the faith groups. This was a much broader approach than the SRG and would glean a great depth of knowledge about what happens within the population, and their views.

In response to a question asking what PCN's were, Rosalind Pearce reported that they were patient groups working together and being involved collectively. She added that HWO were very concerned that PPG's needed an effective group network, where they could be actively involved, rather than operating at individual GP level. Jo Cogswell stated that the CCG was leading on some of the work on PCN's around the county and this would be picked up at Agenda Item 11.

In response to a question about the sufficiency of provision for autism, Lucy Butler stated that she had already picked this up and was working on it.

Councillor Ian Hudspeth, responding to a question regarding affordable housing for social/health workers, explained that this would come under the recently successful £60m Growth Deal which been made, hopefully on a rolling basis. The money would be used to reinvest elsewhere, not just in Oxfordshire. He stated that it had to be used sensibly and good transport networks would be required, including the inclusion of walking and cycle routes.

Dr Ruddle commented that he had attended the last meeting of the revised HWB and it was his view that it had been a very good meeting, discussion being in an engaged, open and honest manner. It was his view also that the issues of joining up prevention, PCNs etc were nowhere near being real and needed to be made top priority. In relation to the performance report he commented on the following:

- the most significant CQC issue was to reduce admissions to hospital – and this needed to be included within the report. It was agreed that this would be included;
- the DToC measures had not been mentioned within the targets;
- the parking problem at the John Radcliffe Hospital should be a performance measure of whole system working. It was the most significant issue for all residents in accessing hospital services and was truly a cross-cutting issue.

Councillor Hudspeth commented that complacency was not wanted and challenge required. He agreed that the DToC figures, although they had improved considerably since the previous report, should still be reduced further.

Dr Ruddle added the following:

- targets with a green rating were more concerning that those with a red rating, in that the latter had an action plan behind them. One should ask 'is the target too low?';
- with regard to the parking problems at the John Radcliffe Hospital – he would have liked to see access to Headington via a better connectivity,

perhaps by bus lanes to the A40. He would like to see parking allocations linked to the appointment system. A solution for this had to be found with the devolving of services locally, adding that ICS could be a solution as clinics could be situated elsewhere rather than at the John Radcliffe Hospital.

In response to a question asking why some district councils were not represented on the Board – and why couldn't at least one local representative from each District Council be given a place, the Chairman stated that consideration had already been given to this issue – and it had been scrutinised by this Committee in November 2018. He added however that this Committee still had concerns with regard to the democratic responsibility on the Board and requested the Board to consider shifting the balance again to ensure that the majority of voting lay with democratic members (to at least 51%). Councillor Hudspeth **AGREED** to take this matter back to the Board.

Responses to various questions and comments from members of the Committee were as follows:

- The report that the prevention framework was coming to fruition was welcomed;
- In response to a question asking where the strategic aim was to tackle inequalities, Councillor Hudspeth responded that given there was a ten year difference in life expectancy across the county, an agreed aim was to reduce the gap by 2040 and to measure progress towards it;
- Could the performance targets be made more ambitious?

At the conclusion of this discussion, the Committee thanked Councillor Hudspeth, Diane Hedges and Lucy Butler for their attendance.

The Committee **AGREED** the following: to

(a) bring a report back to this Committee on work that was being undertaken by the county's leaders on homelessness;
(b) request the HWB to consider again increasing the district council representation on the Board to allow one representative from each to sit on the Board, to ensure that the majority of voting lay with democratic members;
(c) request the Board to consider making some of the targets a little more ambitious - and to include more detail on actions in relation to red targets; and
(d) request more information on the legal aspect of the Integrated Care Board/Strategy from the Director of Law & Govenrnance at OCC.

## 41/19 MUSCULOSKELETAL (MSK) SERVICES

(Agenda No. 9)

Diane Hedges, Chief Operating Officer and Deputy Chief Executive, OCCG, introduced the progress report which was requested at the February HOSC meeting when the Task and Finish Group presented a comprehensive list of recommendations. The Group was led by Councillor Monica Lovatt. MSK services receive over 5,000 referrals per month across Oxfordshire. Generally, the level of concern amongst patients has been reduced.

Members of the Committee raised the following issues:

- Dr Alan Cohen noted that several recommendations included the need to get a clinical review, for example - have long waits led to clinical harm? Also, three of the 8 KPIs have no data since September 2018. He also queried what the Clinical Governance Committee feedback was over the use of the EQ5D. He wished to see evidence that the Committee had considered this. The data should not just be about performance management. It should be about improving care. Diane Hedges stated that there was now clinical overview in the system with GP triaging. Diane Hedges **AGREED** to sharing the notes of the meetings where the recommendations on clinical governance had been considered. Diane Hedges also responded on the KPI's and stated that due to the provision of additional resources, the KPI's have been lengthened and adjusted. The CCG have looked at what is reasonable to measure and asked the provider to meet those adjusted KPI's. Diane Hedges **AGREED** to provide a full set of the revised KPI's.
- Councillor Laura Price noted that NHS physiotherapists have benefited from increased pay under Agenda for Change funded by central government and asked if InHealth staff were not receiving the same benefits. She noted the low number of complaints and wondered if it is clear to people how to complain. It had been reported to her that people in Witney had been told that they cannot have an appointment. Diane Hedges responded to say that she was not aware of any lag or issue with physiotherapists not receiving their uplifts in line with NHS rises, but she **AGREED** to look in to it and report back to the committee. Diane also **AGREED** to investigate to make sure patients were not being told they could not have an appointment in Witney.
- Barbara Shaw asked how the KPIs will be improved for those caught in the delay whose health has suffered as a result. She also queried the extent to which the CCG are tackling the trust of the service with GPs reporting that they are not referring to Healthshare. Diane Hedges recognised that the change-over to a new provider was difficult, but it was helpful to look forward now, which the CCG were doing with GP training events with Healthshare.
- Councillor Alison Rooke asked when the physiotherapist service in Wantage would be up and running. Diane Hedges reported that this would be by the end of July.

The Chairman stated that the committee still had some concerns around the performance of MSK services and would like a report back to its September meeting.

## 42/19 GP APPOINTMENTS

(Agenda No. 10)

Dr Ed Cao-Bianco, Locality Clinical Director, OCCG; Jo Cogswell, Director of Transformation, OCCG; and Julie Dandridge, Deputy Director and Head of Primary Care & Localities, OCCG attended for this item.

Dr Cao - Bianco introduced the report highlighting the following points:

- There were 70 appointments per 1,000 patients in a week;
- Difficulties experienced in the training of GPs;
- There was a variety of ways that patients could interact with GPs, including telephone and on-line appointments, where patients could complete medical questionnaires and receive a response the same day;
- E - consult – one of the online consultation platforms via a private provider. The first wave of 10 practices had signed up to this. There had been a slow uptake as Oxfordshire had one of the most aged populations in the country. However, the patients who had used it had found it both easy to use and speedy;
- A member commented that his surgery did not offer online appointments but offered a morning walk-in service. This had resulted in long waits for patients. It had given the impression that the surgery was managing its booking service rather than conducting a good customer service for its patients. Dr Cao-Bianco responded that there had been challenges with regard to what people needed, whether that was a health care assistant, a mental healthcare worker, or a clinical pharmacist etc. He added that a survey had recently been undertaken on all Oxfordshire GP practices, and it had been found that out of all of the practices in the county, 56 had operated a receptionist triage service. The vast majority operated appointment booking or telephone triage offering appointments afterwards. Not many offered a walk-in system where patients waited to see a doctor, adding a proviso that this could be due to workforce pressures.

  A member commented that it was her view that the data submitted masked what was actually taking place on the ground. There were long waits for same day appointments, following triage, for up to 3 hours. She added that this was not a good patient experience and proved very difficult for patients suffering from long-term conditions – adding also that a patient might have to wait 5 weeks to see a doctor who had an oversight of their condition. Julie Dandridge responded that data had been collected on a national basis, not at practice level. Moreover, data from patient surveys was used and detail collected allowed the OCCG to target where patient satisfaction was not ideal. She agreed that the problem with patient surveys was that many people had not experienced anything better than waiting for 3 hours. However, PCNs were already seeing patients coming together to exchange information – and PCNs should solve this with the sharing of practices. With regard to those patients waiting a long time with long-term conditions, Julie Dandridge added that, for those patients where continuity of care was not important was where single and group consultations with specialist nurses helped (for patient asthma and diabetes, for example). Jo Cogswell

added also that once the PCNs were rolled out, training would be offered to Committees on what they could offer patients.

Dr Cao-Bianco was asked for his perspective on the length of routine appointments? He reported that they were 15 minutes long in some practices in order to try to manage some of the complex problems experienced by some patients. Some practices gave 10 minutes but gave those patients who saw their named GP as much time they needed. These were then signposted to alternate appointments with other practitioners such as pharmacists and nurse specialists. He added that this would increasingly take place when the PCNs were introduced.

A Member reported that her GP practice was excellent, in that there was a Saturday morning walk-in service for emergencies, which worked very well. She advocated being seen by a different practitioner to the patient's named one, as often they highlighted different aspects of a condition which might not have been discussed previously. Also, many GPs nowadays worked part-time hours and patients may have to wait a long time to see them.

A Committee member pointed out that GP numbers varied in each surgery in his ward and it was his view therefore that the way doctors were trained needed to be looked at. Health Education England needed to train more GPs who were able to work week-ends and evenings and for all practices to have the ability to move patients to other practices in rotation to even out the numbers. Julie Dandridge added that often patients thought they needed to see a doctor when a telephone appointment would suffice. A member of the Committee who was a retired GP, differed from this view stating that a patient's pathology could be missed this way, which was mainly emotional.

The Chairman pointed out that the paper submitted had informed the Committee (page 88 on the Agenda) that the numbers of Oxfordshire patients seen by a GP was above the national average by 2.3%. At his request, the OCCG **AGREED** to circulate this trend data, particularly highlighting the points where they dipped to below the national average. He added that telephone appointments were 10% above the national average. Julie Dandridge pointed out that it would be the national data which would be circulated – when in the future individual practice data was produced, this would be monitored.

A member commented that it was difficult to see how the PCN clustering would work given that there might not be any transport facilities between practices in many rural practices, when sharing services. He asked if patients would have a choice about going to a practice in another PCN? Also would patients be consulted about the plans? Jo Cogswell responded that the long - term plan was published in January of this year – and detailed guidance was due on 29 March, to date it had yet to be delivered. Implementation would be at the end of July. There was a significant amount of work for Federations, Local Medical Councils and GPs to do in this regard. When PCNs arrived on the horizon, work with Oxford Health

was undertaken to think about how practices could be supported. There had been an uncertainty about what to advise one another, and it had been decided to run some workshops in which all were encouraged to work together to deliver a new and enhanced service.

Jo Cogswell added that stage 2 of PCNs implementation would involve a broad range of clinical practitioners. The PPGs were aware that there would be regulations for practitioners to engage in. During the previous week the CCG had run a wider workshop which had involved the locality forum chairs, HWO and third sector providers; the key outcomes for which were about how to engage patients, how to be coherent and consistent and what needed to be communicated.

Jo Cogswell, Julie Dandridge and Dr Cao-Bianco were thanked for their attendance.

## 43/19 GP FEDERATIONS

(Agenda No. 11)

The following representatives of the GP Federations attended the meeting to present their reports and respond to questions:

- Dr Ben Riley and Dr Louise Bradbury from OxFed
- Derek Sprague, CEO, Abingdon Federation
- Andrew Elphick, CEO, PML
- Dr Ed Capo-Bianco, SEOx

Andrew Ephick recognised that delivery of Integrated Care is critical. It acts as a glue between practices and facilitates more consistent provision. The Oxford Care Alliance are willing participants though not formally constituted yet. They deal with primary care and community services.

The federations have sought to engage where any practices were in crisis. Their policy is to support individual practices first, then look at working with neighbouring practices and to step in only if all that fails.

Asked about Patient Care Networks (PCNs), Dr Ben Riley said that they would be particularly beneficial for those with frailty or multiple issues. He said that it has been the federations' experience that practices at the scale of 30 to 50,000 patients work well. At that scale 19 PCNs would be needed in Oxfordshire. The networks could better share resources such as IT, communications, appointments, GDPR knowledge and facilitate team systems, career development, disease prevention and health promotion. They will be able to think more about the community needs.

An Oxfordshire training network has been set up to help improve failing practices and address workforce issues such as when a partner is retiring.

The federations have funding for a mentoring scheme to help improve efficiency in practices. There is a risk of greater access issues for PCNs in rural areas. Despite Oxfordshire being relatively attractive, the county has only 85% of the GPs it needs.

Dr Louise Bradbury described how networked practices can provide additional roles such as social prescribing, clinical pharmacists and paramedics. These have been well received by practices and patients. The whole team can learn from each other.

OxFed has seconded paramedics to offer home visits where they can assess and sometimes make decisions or discuss the next steps with the GP. They can make a big difference to GPs' lives but it is not clear yet if it will help with availability of appointments.

Derek Sprague warned that paramedics are a scarce resource as they are sought by the acute sector as well.

Councillor Hilary Hibbert-Biles expressed concern about competition for paramedics with the ambulance service. They are also used as first-aid units outside normal hours.

Andrew Elphick responded that they are training their own paramedics as well. Individual paramedics look for different work experiences.

Dr Louise Bradbury stated that all parties are talking to each other – they share the same set of patients – and ensure that resources are apportioned as appropriate. Being able to assess needs across networks enables better decision-making.

Dr Keith Ruddle expressed concern that a rush towards new arrangements will take over without any health improvement. There were pay-offs in scale but disadvantages at a local level too. He said that everyone needed to work with the communities on this.

Dr Ben Riley said that federations are trying to help PCNs by working on model frameworks, templates for governance and decision-making. Data protection is a difficult issue as practices do not have the expertise individually.

Derek Spraque added that they have begun conversations on improving district nursing and community services.

The federation representatives gave examples of how they work together:

- employing Data Protection Officers
- visiting each other's practices, sharing learning and replicating elsewhere
- networking clinical systems to enable consultation across practices.

Andrew Elphick stated that the PCNs all have federated practices. They will not disappear but will operate between PCNs. He clarified that Year 1 of the process starts from 1 July 2019.

The Chairman thanked the federation representatives for a very useful engagement.

## 44/19 HEALTHWATCH OXFORDSHIRE - UPDATE

(Agenda No. 12)

Rosalind Pearce, Executive Director, Healthwatch Oxfordshire invited questions on her report. Asked about the proposed series of network meetings for the Health and Wellbeing Board which include the voluntary sector she responded with the following points:

- It could be an unwieldy approach but as each meeting will be themed not all organisations will attend all meetings.
- The first one will be key – the Health and Wellbeing Board (HWB) must demonstrate that it is listening. The Board identified the themes.
- It had been said that the Board was closed to the voluntary sector and Healthwatch tried to be a voice for the sector, being close to it, but it can't really be.
- It will take about 18 months to know if it has been successful.
- Healthwatch has standing items on the HWB agenda.
- The HWB and HOSC do coordinate but their independence must be respected.

The Chairman stated that the HWB coordinates with the HOSC Forward Plan and suggested to come back and present on the progress with the voluntary sector forum for the HWB in three meetings time..

Rosalind Pearce reported that Healthwatch had carried out 24 reviews between November 2018 and May 2019. Problems included long wait times and difficulty in making a formal complaint.

Healthwatch is still calling for a community hospital strategy. They are observing developments in OX12 through the stakeholder group and have watched relationships become more collaborative, largely down to the approach taken by the Chair.

## 45/19 CHAIRMAN'S REPORT

(Agenda No. 13)

Prior to consideration of this item the Committee was addressed by Liz Peretz a representative of Keep our NHS Public Campaign Group (KONP).

She urged the Committee to continue the fight to insist that whilst the referral of the PET-CT scanner procurement process to the Secretary of State for Health was being processed, that NHS England do not sign the contract with InHealth. She thanked the Chairman for his clear reply on behalf of the Committee to the undersecretary Seema Kennedy's which was a clear refusal to accept her response.

She stated that it was helpful for the public to note the Committee's argument that NHSE's 'improper' process was a threat to all HOSC's, not just to Oxfordshire. Further, that in proposed service changes covering several authorities, NHSE should have requested a wider HOSC for all the relevant patient populations. She pointed out that the legal remit of HOSC covered not just the service changes but had responsibility to 'review or scrutinise any matter relating to the planning, provision and operation of health services in Oxfordshire'; adding that 'the very strong clinical advice to HOSC was unequivocal that NHSE's plans regarding the PET scanners at

the Churchill Hospital would result in a qualitative reduction in the service offered to patients'.

She called for the original process, the route to preferred bidder status, to be re-run.

Finally, KONP felt that it had been very wrong of the Secretary of State to treat the only legal democratic voice for the people of Oxfordshire, ie. HOSC, with the contempt shown in the letters. She added that no HOSC took its responsibilities lightly, and the decision taken by Oxfordshire was on appropriate grounds. KONP wanted the retain the excellent clinicians at OUH.

The Chairman agreed that the Committee had set out the clear legal arguments in the letter, to which the DoH had committed to send out their latest response by the end of June. He added that there may be a need to call a special meeting in July to consider other potential actions.

On the conclusion of the discussion, the Committee **AGREED** to request the Chairman to:

(a) send out another letter to DoH asking them not to sign the contract until the process had run its course;
(b) write to OUH to request an update on the partnership talks which the Trust was engaged in; and
(c) to note the Chairman's report JHO13.

..... in the Chair

Date of signing .....