

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 8 July 2010 commencing at 10.00 am and finishing at 1.38 pm

Present:

Voting Members: Councillor Dr Peter Skolar – in the Chair
Councillor Jenny Hannaby
Councillor John Sanders
Councillor Lawrie Stratford
Councillor Susanna Pressel (Deputy Chairman)
District Councillor Rose Stratford
Councillor Mrs Anda Fitzgerald-O'Connor (In place of Councillor Tim Hallchurch MBE)
Councillor Ray Jelf (In place of Councillor Don Seale)

Co-opted Members: Ann Tomline
Dr Harry Dickinson
Mrs A Wilkinson

Invited Attendees: Sir Jonathan Michael, Chief Executive, ORH

Officers:

Whole of meeting Julie Dean and Roger Edwards (Corporate Core)

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.

39/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor Alan Davies attended for Councillor Hilary Fenton; Councillor Ray Jelf for Councillor Don Seale; and Councillor Anda Fitzgerald-O'Connor for Councillor Tim Hallchurch MBE. Apologies were received from Councillors Neil Owen and Jane Hanna OBE.

The Committee congratulated Cllr Hanna on receiving her OBE.

40/10 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Councillor Lawrie Stratford and Councillor Rose Stratford both declared a personal interest in Agenda Item 7 on account of their membership of the Bicester Hospital

League of Friends. Councillor Dr Peter also declared a personal interest in Agenda Item 7, on account of his membership of Henley Town Council.

41/10 MINUTES
(Agenda No. 3)

The Minutes of the meeting held on 20 May were approved and signed, subject to the addition of a recommendation (e) in Minute 32/10 at the bottom of page 8, to read as follows:

‘request the Working Group to submit their report to the next meeting of this Committee.’

42/10 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

The Chairman had given his agreement to the following people addressing the meeting:

- Councillor John Sanders, speaking in his capacity of local member, addressed the Committee on the Silver Star Maternity Unit – Item 10 Information Share;
- Patrick Taylor, Chief Executive, Oxfordshire MIND and Alex Taylor, Manager, Bridewell Organic Gardens – Agenda Item 9 – Chairman’s Report – ‘Keeping People Well Project Group.’

Councillor John Sanders expressed concern at the lack of notice given of the closure of the Silver Star Maternity Unit, John Radcliffe Hospital, resulting in an article in the Oxford Mail in which members of the public had expressed their worries about the risks relating to the closure. He asked for details of the planned closure and a timetable leading to its re-opening.

Andrew Stevens, Director of Planning & Information and Susan Brown, Senior Communications Officer, Oxford Radcliffe Hospitals NHS Trust had been invited to attend the meeting in order to respond to questions from the Committee. They commented that there had been a significant amount of miscommunication on the part of the media with regard to the situation and welcomed the opportunity to give a true account of the changes to the service. They informed the meeting of the following:

- The service was not closing, exactly the same range of services would be available over the summer months;
- The plans were to reconfigure the service over the summer months, as had happened in previous years, by reducing the number of floors from where the service was provided, from 3 to 2, in order to respond to demand for the service, staff holidays etc;
- The sole driver for the temporary closure was patient safety and midwifery contracts, there being fewer midwives recruited to contracts, due to staff summer holidays;
- In order to provide the same quality of care and effectiveness, services were to be rationalised with a reduced resource base;

- The Trust had monitored issues such as caesarean and mortality rates in past years and there had been no evidence that they had risen in the summer months. There was a 5 - 7% sub set of high risk elements to the service which had to be taken into account; but the Trust also had to ensure that they were looking to the safety of the other 93%. Therefore, in order to deploy resources to their full effectiveness, it was necessary to reduce the number of floors from which the service was provided over the summer;
- Any problems which had arisen in the past, the Trust had learnt from and thus the plans were more robust this year;
- There was no firm date for the reopening of the full service, it would depend on recruitment levels. However, last year the date was earlier than expected because the recruitment process had taken less time than was envisaged.

The Chairman thanked Andrew Stevens and Susan Brown for attending and asked if there would be any change to the level of service provided to the residents of Oxfordshire. Andrew Stevens responded that it was merely a transfer of location, rather than a change in the level of service. He added that the newly opened Oxford Spires Unit had been earmarked almost exclusively for local women and there were delivery suites for low risk women situated on the seventh floor. The element who were high risk would continue to be a discrete area.

Cllr Sanders responded that he had been reassured by the points they had made but asked why there had only been one week's notice of a planned closure? He added that he now understood why the Trust could not give a categorical reopening date, but staff and mothers would be reassured if a target date could be given. Mr Stevens explained that the plans had been worked up by managers previously, but, due to the nature of the change and the issues raised the previous year, the service had sought the approval of the Trust Board which had met two weeks prior to this meeting. Meetings had then taken place with staff during the week prior to this meeting. Once staff had been told, then a news release was sent to the local media. Unfortunately, by this time, incorrect and unhelpful had already gone out to the general public.

When asked how far the service would be reduced, Mr Stevens explained that there would only be a net reduction of four beds which would enable staff to operate over two floors only. He added that planning for beds was, as a matter of course, also informed by advance booking activity.

Mr Stevens undertook to notify Roger Edwards of the date when the service would reopen over three floors.

43/10 OXFORDSHIRE LINK GROUP – INFORMATION SHARE (Agenda No. 5)

Mary Judge, a member of the Oxfordshire LINK Steering Group reported as follows:

- The Hearsay Report had now been published and the recommendations relating to Social & Community Care had been agreed and were being monitored by the LINK;
- Patient Voice were presenting the outcomes of their survey on Patient Discharge, which had been commissioned by the Oxfordshire LINK, to the

Oxford Radcliffe Hospitals NHS Trust shortly and were due to present the same to this Committee at their 16 September meeting;

- The LINK were experiencing difficulty in finding people able to take part in their report on self directed support and were working on how to circumvent the problems;
- They were working with the Neurological Alliance in relation to the development of services, including the Parkinson's Disease service;
- Oxfordshire LINK were discussing the future of LINKs with their central office, whilst they awaited the White Paper;
- They intended to do some work with the Podiatry Service; and
- She asked how organisations like the LINK could assist with regard to the Public Health Annual report.

The Committee thanked Mary Judge for her update on the recent activities of the Oxfordshire LINK.

The Committee expressed their disappointment with the level of output and the general organisation of the Oxfordshire LINK to date. They **AGREED** to request Mr Edwards to write to the Host organisation giving the reasons for their views. They also expressed a wish to invite a representative from Help & Care's procurement Team to come along to a meeting of this Committee.

44/10 PUBLIC HEALTH (Agenda No. 6)

Dr McWilliam presented his fourth Annual Report (JHO6).

The aims of the Annual Report were:

1. To report on progress made in the last year and to set out challenges for the next year.
2. To galvanise action on five main threats to the future health, wellbeing and prosperity of Oxfordshire.
3. To emphasise two strongly emerging threats to public health; namely those posed by dementia and alcohol abuse.

Dr McWilliam set out progress made in relation to the five main long-term threats which were:

- Breaking the cycle of deprivation
- An ageing population – the 'demographic challenge'
- Mental Health and wellbeing
- Increasing obesity
- Fighting killer infections.

The threat posed by alcohol abuse took its place as the sixth long-term threat to health. Progress would be monitored in future reports. Long-term success would depend on achieving wide consensus across many organisations.

Dr McWilliam made reference to the speech made by the Secretary of State for Health the previous day which had highlighted the need for a stable Public Health service at national and local level and the need to judge by outcomes. He added the following:

- His concern for the public health function within Oxfordshire in the light of the government cuts and legislation changes, some examples being uncertainty around the future of this Committee and partnership changes;
- His hope for the future that the NHS, Public Health and Local Authorities will work together in partnership with a clear agreement on the prevention agenda; together with machinery in place to monitor measure and scrutinise. He emphasised the importance of the alliance between the OJHOSC and Public Health as an example of this, in that each were concerned with the population of Oxfordshire as a whole.

The two additional emerging threats to public health were welcomed by members of the Committee and, during the question and answer session which followed the following issues were highlighted:

- Many of the issues cited in the report entailed a behavioural change, for example, the combating of obesity;
- The importance of a good diet and exercise – Dr McWilliam agreed but commented on the lack of skills, time and life-style to grow and cook nourishing food as the nation did in the war-time period;
- The need for drugs abuse to be included with that of alcohol - Dr McWilliam responded that drugs issues had not emerged as a pressing concern in Oxfordshire – they were also illegal;
- Concern about alcohol promotions – Dr McWilliam agreed that price was certainly key with regard to the extent of the problem. Moreover, to be effective, a decision would have to be made by the Government at national level as to whether to grapple with the issues. Binge drinking was a big concern for this county and there was a need to do more on this;
- The question about the needs of people with more severe mental health problems when currently the PCT do not run rehabilitation or day care services. Could the Keeping People Well services be maintained or improved on a budget of £3 – 4k? Dr McWilliam responded that the mental health of the population did feature strongly in his report, together with an assertion that its ‘cinderella service’ reputation should be avoided. He added that if he continued to hear enduring messages and recommendations from bodies such as the OJHOSC, then action taken by Public Health on recommendations would be included in next year’s report for the Committee and others to scrutinise;

- Spending on family support should increase, given that **ten** wards within Oxfordshire were included within the top 10% of the most deprived in the country. This is marked as only 'partly met' within the report. Dr McWilliam responded that family support was part of cornerstone working being undertaken with individual families by Children, Young People & Families. It was intended that more of this work would be undertaken in the future;
- The report did not address how Oxfordshire compares with other area with regard to the numbers in the population who have given up smoking and comparisons with regard to superbug control. Dr McWilliam responded that this county compared well with others with regard to the smoking statistics and there had been a significant improvement with the national average level regarding superbug incidence. He added that that the levels could be improved and that work must be ongoing;
- Members asked how the Committee could assist , given the alliance between the OJHOSC and Public Health. Dr McWilliam responded that the Committee should continue to scrutinise Public Health, share goals and align work programmes. He thanked the Committee for its continued interest in Public Health.

(Amendment in bold above agreed at meeting on 16 September 2010).

The Committee thanked Dr McWilliam for his excellent report and for his presentation. It was **AGREED** that this Committee should receive a tracking document on a regular basis giving details of outcomes in priority areas, to enable monitoring to take place.

45/10 PCT PROCUREMENT PROCESS - TOWNLANDS AND BICESTER HOSPITALS

(Agenda No. 7)

Work had been ongoing for a considerable time to develop new community hospitals in Henley and Bicester. This had included:

- Establishing a planning framework;
- Carrying out a number of surveys on the current sites;
- Looking at other site options in Bicester and work with key partners, including Cherwell District Council, on the wider developments in the area, such as the proposed eco town.

The PCT had been going through the process of finding a developer to take on the work of re-developing the hospitals. However, legal advice had led to a decision to restart the procurement process.

The purpose of this item was to give the Committee an opportunity to find out how this situation had arisen and what effect the delay would have on the future development of the hospitals.

Catherine Mountford, Director of Strategy & Quality, Oxfordshire PCT; Dr Michael Curry, Chairman, Bicester Community Hospital Engagement Forum and Dr Peter Ashby, General Practitioner, attended the meeting in place of Councillor Ian Reissman of the Townlands Steering Group (TSG).

Catherine Mountford expressed disappointment that the process had had to be re-started, but there had been no option but to cease development, given the level of risk involved, as advised by the Legal service. She added that it was deemed important to simplify the process as far as possible, given that a significant amount of work had already been completed on, for example, planning surveys etc. Moreover, there were plans to take to a business case to the September PCT Board involving two locations, which would include a preferred option. It was expected that approval would be received by May 2011, subject to planning permission. She assured the Committee that the PCT were working closely with the local communities.

Dr Michael Curry expressed also expressed regret that the project had been delayed by 6 months, but that a new, revised process was now to be drawn up. In his view, it was not possible to manage it via a committee process, rather it required input from an architect, and GP and nursing input also.

Dr Peter Ashby informed the Committee that the Steering Group, rather than taking a confrontational stance, had preferred to concentrate on working with the PCT to find a solution. He added that the PCT had given a commitment to re-provide the services currently offered by the hospital and the aim of the Group was to ensure that a hospital was kept open for the next 25 years. The Steering Group had asked the PCT to provide sufficient support and advice with which to deliver the Business Case for September.

During the debate, members of the Committee raised the following points:

- It was hoped that there would be no further problems with the legal side, in order to ensure success;
- There had been a lack of communication with the residents of Bicester with regard to the project. It was hoped that the PCT would be more vocal in managing the expectations of the local community;
- It was important to the residents of Bicester that the Hospital be situated within the centre of Bicester and that transport links to it would be considered;
- It was asked what guarantees there were that permission would be granted by the new coalition Government to proceed with the projects; and
- What had been the cost of procurement on the projects to date?
- It was important to avoid the staffing issues relating to TUPE which were experienced with the Chipping Norton development;
- Will revenue funding be ring-fenced?
- How could you guarantee that services will be commissioned which the clinicians may not want to use?

Catherine Mountford responded making the following points:

- With regard to the cost of procurement, most of the work had been undertaken by PCT staff as part of their job;
- A detailed survey had been undertaken at some of the external costs incurred to date and this had revealed that £90k had been spent on surveys, planning and vital information services etc; all of which would be used;
- Expectations were clear that capital was to be provided by the developer and that the NHS would pay the lease cost;
- The press had been notified of various events where the public would have the opportunity to receive information and ask questions, but it is always their prerogative as to whether they wished to attend or not;
- Transport and staffing issues would be picked up;
- Revenue funding was currently ring-fenced. The PCT were working closely with local commissioning groups;
- We are working with the clinical representatives via the PBS Consortia on required services.

The Committee thanked Catherine Mountford, Michael Curry MP and Peter Ashby for their attendance. They **AGREED** to keep a very close eye on the process.

46/10 DEMENTIA DIAGNOSIS PATHWAY

(Agenda No. 8)

Early diagnosis for people with dementia had been shown to have benefits in terms of patient and carer quality of life and independence. There was also evidence to show that there was a financial benefit as a result of delayed need for residential care.

In Oxfordshire, Quality and Outcomes Framework (QOF) data showed that 34% of people currently received a diagnosis of dementia. Memory clinics existed, provided by both Oxford Radcliffe Hospitals Trust (ORHT) and Oxfordshire & Buckinghamshire Mental Health Foundation Trust (OBMHFT). There was currently no clear pathway and no agreed service specification, leading to uneven levels of service and post diagnostic support. There was confusion amongst GPs around where to refer a patient with suspected dementia.

Building on recommendations in the National Dementia Strategy, the proposal was to commission an integrated Memory Assessment Service involving both providers working together to maximise the strengths of both. The need for an increase in the numbers receiving a diagnosis and current capacity issues would be partially addressed by enabling a specialist dementia nurse to undertake routine follow up appointments, moving to follow up appointments into community settings, such as GP surgeries; and freeing up consultant time for diagnosis and more complex cases. Agreed information and support would be provided at, or shortly after, diagnosis.

Duncan Saunders, Service Development Manager for Older People's Mental Health, Oxfordshire PCT and Marie Seaton, Head of Joint Commissioning, Older People, attended to present the business case, which was attached to the Agenda at **JHO8(a)**, and describe what consultation has taken place to date (**JHO8(b)**). The

proposed Care Pathway for early diagnosis in Dementia, was also attached at **JHO8(c)**).

Following the presentation, members welcomed the proposals and raised the following questions/issues:

- The quality of life will decrease for the carer as well as the sufferer as the disease progresses;
- Sufferers can become quite isolated within their own homes – a good residential home can assist in giving them a better quality of life. is there a more holistic support available for them?
- Care homes can be very expensive, if sufferers could be kept safely within their own homes, this would be the best option. Are the resources given to it sufficient?
- Can there be more done to diagnose younger people with dementia?
- Day centres are an important stimulation for sufferers;
- Is access to drugs restricted?
- Have you taken note of the increase in numbers of older people living in rural areas?
- Shouldn't there be more GP's specialising in dementia treatment/care?

Duncan Saunders responded to the above points as follows:

- Much of the above questions has been covered by the overall work on the Dementia Strategy, for example, work around improving standards of care in some care homes. Also making sure that admissions, where possible, are planned from the early days of diagnosis;
- It was hoped that the pathway would make it easier for younger people (ie aged 65 and under) to get a diagnosis and be referred according to their needs;
- The overall numbers of people suffering from Dementia were projected to be quite small, because the population of Oxford City is younger;
- Oxfordshire adhere's to NICE guidelines with regard to access to dementia drugs;
- Ideally, finance permitting, it would be beneficial to have GPs training in diagnosis. To increase the level of diagnosis one would also need to employ specialist nurses;
- It was hoped that that awareness could be raised through the provision of specific guidelines.

The Committee thanked Duncan Saunders and Marie Seaton for their attendance and for responding to questions. They wished them well, stating that they believed the proposals were the correct way forward.

47/10 CHAIRMAN'S REPORT (Agenda No. 9)

The Chairman updated the Committee on the following issues/meetings he had attended:

South Central Ambulance Service (SCAS)

Roger Edwards reported that a number of meetings had taken place with the South Central Ambulance Services as part of a project undertaken by the informal South Central Scrutiny Group which looked at the underperformance of SCAS access targets in rural areas. A number of recommendations had emerged from this review which had been formulated in a letter to the commissioners, together with a number of further questions. A response was awaited.

In response to representations from the South Central Scrutiny Group, SCAS had set up a workshop to look at the way vehicles were deployed in rural areas as part of a departmental review. Furthermore they had invited major stakeholders to attend a meeting held in Newbury to discuss it. He added that there were some good outcomes emerging from this piece of work, which would be submitted to a future meeting.

The Chairman pointed out that an important outcome of the project would be an admission from SCAS that the national targets Service Level Agreement was different in rural areas and that they depended on an average figure. He asked the Committee if it was prepared to accept that there was an inequity of access to rural areas compared to urban areas; given that there was no guarantee of the £6m funding required to guarantee equity of access. He pointed out the deemed failure and the frustrations inherent in not meeting the target when arriving 1 second after the 8 minutes, whereas a floor level of , say, 95% arrival in 11 minutes would be more realistic. He also pointed out also that the new Government were removing NHS targets and replacing them with the concept of 'outcomes'.

Members of the Committee joined in seeing the sense in the Government's decision, believing that a realistic and pragmatic view was required. It was pointed out that different thresholds could then be placed on different circumstances, for example, there could be different outcome threshold placed on the area within the Oxford ring road compared with the outside. It was added, however, that priority had to be given to lobbying the Government for additional funding for rural services; indeed that there should be adequate monitoring of performance leading to service improvement, if necessary.

Keeping People Well (KPW) – Re - commissioning of Day Services provided by Voluntary and Community Services for Adults with Mental Health Problems.

At the last meeting, following representations from members of the public and a full discussion, it had been decided that a working group be formed (Minute 32/10 refers) comprising three members of the Committee, to work with the PCT commissioners to ensure that :

- (1) The KPW service level outcomes were equitable, there was equity of access and that the current level of service was maintained and/or improved;
- (2) That the process had been transparent throughout; and
- (3) Whether a full public consultation was required.

A report by the Working Group would be submitted to the next meeting on 16 September 2010.

Two representatives from two voluntary organisations had requested to address the Committee at this point on the Agenda, at which an update from the Working Group was due to be given. Patrick Taylor, Chief Executive of Oxfordshire MIND and Alex Taylor, Manager of Bridewell Organic Gardens attended the meeting making the following points:

Patrick Taylor

- A variety of important services were provided from different voluntary organisations, under the umbrella of MIND, and funded from KPW; some, for example, providing information and some helping people back to work, all providing a life-line to a large number of people with a mental health problem. He expressed a hope that the need to gather evidence of these services would be written into the task of the Working Group;
- He also expressed his concern over the £300k cut in the MIND budget, stating that the £300k was needed, given the Creating a Healthy Oxfordshire agenda and its emphasis on establishing early preventative measures.

Alex Taylor

- He informed the Committee that the PCT were not funding the charity as a part of the budget cuts;
- The PCT had identified a need to save £80m per annum, which amounted to a 9% cut overall. In his view the charity sector were being disproportionately penalised;
- OCC had invested a significant amount in the development of small charities, particularly in rural areas. Without this funding it would be difficult for them to continue. The KPW could jeopardise the benefits these charities provide to people with a mental health problem.

Members of the Committee agreed that the work undertaken by charitable organisations was valued greatly and gave their reassurance that this Committee was doing all it could to have a voice at the table. Mr Taylor was encouraged to correspond with the Working Group, submitting the appropriate evidential information.

Dennis Preece, Chairman of the Programme Board overseeing the BMH project for Oxfordshire and Alan Webb, Director of Service Redesign, Oxfordshire PCT attended the meeting in order to respond to questions from the Committee. Alan Webb thanked members for their input, and challenge to date, but stated that he needed to check whether there could be any Committee involvement in the procurement process (in the form of observer status), as promised at the last meeting. Whilst this was accepted, the Committee asked Mr Webb if alternate arrangements could be made for some kind of involvement.

In response to various questions from the Committee Messrs Preece and Webb commented as follows:

- Local voluntary organisations had already been encouraged to make an open tender;
- Selection criteria will be based on a range of issues of which financial viability will be one, but bidders will be permitted to join together in a consortium. It would be possible within the process to go out to tender

- in such a way that small local groups could bid for part of the service providing for a small local area;
- It had been confirmed that there will be a budget cut amounting to £300k, the largest percentage of which would come from the OCC budget. The PCT had to be realistic, outcome focussed, but required services to provide value for money and deliver within budget;
 - The membership of the Project Board included GPs, specialist consultants from the OBMHFT, representatives from the PCT commissioning team , users and carers;
 - (Mr Preece) Over the last 25 years, he had been involved in many consultations, but had never encountered a better one than this in terms of input. Hundreds of people and organisations affected by these proposals had been consulted and listened to;
 - Within the KPW budget there would be set aside some service user initiatives which was in keeping with the aim to adopt a bottom up approach; and
 - The PCT had flagged up with the smaller charities that they could work with other groups to come up with a viable bid.

Meeting with Sir Jonathan Michael, Chief Executive of ORH

The Chairman and Roger Edwards had met with the new Chief Executive of the ORH.

Opening of new Darzi Centre, Banbury.

Roger Edwards and the Chairman reported their attendance at the opening of the new Darzi Centre in Banbury , at the invitation of the local member. They commented that the building was impressive and well used , with good open access to the medical centre, had very enthusiastic staff, and had developed a large base of patients ranging from local residents, to the homeless and travellers.

Meeting with the Chair of the Community Forum, Banbury, Julia Cartwright

The Community Forum would continue in existence for a further six months in order to oversee the implementation of the ORH contract to provide a consultant delivered, not led, service. He congratulated members of the Committee on the successful outcome and the effective part it had played in the outcome. He had met up with the Keep the Horton Local Group, members of Banbury Town Council and the Prime Minister to celebrate the outcome. The involvement of this Committee would now cease, unless further issues arose.

48/10 INFORMATION SHARE

(Agenda No. 10)

There were no items for information put forward.

..... in the Chair

JHO3

Date of signing