Notice of Meeting Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 20 January 2011 at 10.00 am
County Hall

Membership

Chairman - Councillor Dr Peter Skolar
Deputy Chairman - Councillor Susanna Pressel

Councillors:	Jenny Hannaby Tim Hallchurch MBE	Neil Owen John Sanders	Don Seale Lawrie Stratford
District Councillors:	Christopher Hood Jane Hanna	Rose Stratford Hilary Fenton	
Co-optees:	Ann Tomline	Dr Harry Dickinson	Mrs A. Wilkinson

Notes:

Date of next meeting: *10 March 2011*

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman - Councillor Dr Peter Skolar
E.Mail: peter.skolar@oxfordshire.gov.uk

Committee Officer - *Reger Edwards, Tel: (01865) 810824*
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Peter G. Clark

Peter G. Clark
County Solicitor

January 2011

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

Health Scrutiny complements the work of the Patient and Public involvement Forums that exist for each of the NHS Trusts and Primary Care Trusts in Oxfordshire.

What does this Committee do?

The Committee meets up to 6 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. Minutes (Pages 1 - 10)

To approve the minutes of the meeting held on 11 November 2010 (**JH03**) and to note for information any matters arising on them.

4. Speaking to or Petitioning the Committee

5. Public Health

10.15

Report by the Director of Public Health on matters of relevance and interest.

6. Implications of the Health White Paper "Equity and Excellence - Liberating the NHS"

10.30

The Chairman of the PCT, Fred Hucker, Sonia Mills, the Chief Executive and Jonathan McWilliam, Director of Public Health, will brief the Committee on the latest developments in relation to the restructuring of NHS services in Oxfordshire. John Jackson, Director for Social and Community Services and Nick Welch, Head of Major Programmes for Social and Community Services will also attend for this item.

The purpose of this item is to help members understand the latest developments in the restructuring of local NHS services including the possible implications of “clustering” Oxfordshire PCT with Buckinghamshire and Milton Keynes PCTs (the latter may be moved to a different cluster).

7. Safe and Sustainable review - Paediatric Cardiac Services at the John Radcliffe Hospital (Pages 11 - 24)

11.15

A review of paediatric cardiac surgical services in England began in 2008 in response to long-standing concerns around the sustainability of the current service configuration. It was considered that surgeons were spread too thinly across surgical centres (31 congenital cardiac surgeons spread over 11 surgical centres), leading to concerns around lack of 24/7 cover in smaller centres and the potential for sudden closure or suspension of smaller centres.

The review is being led by the National Specialised Commissioning Team (NSC Team) on behalf of the 10 Specialised Commissioning Groups (SCGs) in England and their

constituent Primary Care Trusts. It was planned that proposals for change should go to public consultation in 2011. However, in October 2010 it was decided that the eventual options for reconfiguration to be put out for public consultation would not include the children's heart surgery service at the John Radcliffe Hospital.

However, at the same time, the Trust was told that "not being included in options for consultation does not mean that the JCPCT [Joint Committee of Primary Care Trusts] has made any decision about the future of the service at the John Radcliffe Hospital.

The purpose of this item will be to broaden understanding of this issue and how the John Radcliffe Hospital could be included in the future consultation on changes to the service. Also, to hear from the Oxford Radcliffe Hospitals NHS Trust about the development of a proposal to establish an integrated service with Southampton University Hospitals NHS Trust that would enable a robust paediatric cardiac service to be provided at Oxford.

Speakers will include representatives of the ORH Trust; the Director for the NSC Team "Safe and Sustainable Services" programme and representatives of the "Young Hearts" a local charity that supports children with heart disease and their families.

The following papers are attached:
A letter from the Chair of the Joint Committee of Primary Care Trusts to the Chief Executive of the Oxford Radcliffe Hospitals NHS Trust
A letter from the Chairman of the HOSC to the Secretary of State for Health
The reply from the Secretary of State
Young Hearts briefing to MPs

8. Keeping People Well - plans for the future of Mental Health Day Services (Pages 25 - 28)

12.15

In May 2010 the HOSC considered proposals from the PCT to recommission day services provided by voluntary and community services for adults over the age of 18 who have mental health problems. Following that a working group was formed to work with the PCT commissioners to ensure that; the outcomes of the process led to a service that maintained equity of access to high quality services; the process was transparent throughout; and that there would be a clear and effective transition process.

The tendering process has now been completed with HOSC members observing the work of the implementation group. Fenella Trevillion, Head of Joint Commissioning for Mental Health, Oxfordshire Primary Care Trust, Ian Bottomley, Service Development Manager – Mental Health and Dennis Preece, Chairman – Mental Health Commissioning Programme Board will attend for this item and explain the outcome of the recommissioning process and the transitional plans. A paper which has been prepared by Ian Bottomley is attached.

9. Oxfordshire LINk Group – Information Share (Pages 29 - 34)

12.45

The latest Oxfordshire LINk newsletter is attached. LINk representatives will be available at the meeting to answer member's questions if required.

10. Chairman's Report

13.00

The Chairman will report on meetings that he has attended and issues that have arisen since the last meeting.

Declarations of Interest

This note briefly summarises the position on interests which you must declare at the meeting. Please refer to the Members' Code of Conduct in Part 9.1 of the Constitution for a fuller description.

The duty to declare …
You must always declare any "personal interest" in a matter under consideration, ie where the matter affects (either positively or negatively):

(i) any of the financial and other interests which you are required to notify for inclusion in the statutory Register of Members' Interests; or

(ii) your own well-being or financial position or that of any member of your family or any person with whom you have a close association more than it would affect other people in the County.

Whose interests are included …
"Member of your family" in (ii) above includes spouses and partners and other relatives' spouses and partners, and extends to the employment and investment interests of relatives and friends and their involvement in other bodies of various descriptions. For a full list of what "relative" covers, please see the Code of Conduct.

When and what to declare …
The best time to make any declaration is under the agenda item "Declarations of Interest". Under the Code you must declare not later than at the start of the item concerned or (if different) as soon as the interest "becomes apparent".
In making a declaration you must state the nature of the interest.

Taking part if you have an interest …
Having made a declaration you may still take part in the debate and vote on the matter unless your personal interest is also a "prejudicial" interest.

"Prejudicial" interests …
A prejudicial interest is one which a member of the public knowing the relevant facts would think so significant as to be likely to affect your judgment of the public interest.

What to do if your interest is prejudicial …
If you have a prejudicial interest in any matter under consideration, you may remain in the room but only for the purpose of making representations, answering questions or giving evidence relating to the matter under consideration, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise.

Exceptions …
There are a few circumstances where you may regard yourself as not having a prejudicial interest or may participate even though you may have one. These, together with other rules about participation in the case of a prejudicial interest, are set out in paragraphs 10 – 12 of the Code.

Seeking Advice …
It is your responsibility to decide whether any of these provisions apply to you in particular circumstances, but you may wish to seek the advice of the Monitoring Officer before the meeting.

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 11 November 2010 commencing at 10.00 am and finishing at 12.55 pm

Present:

Voting Members:	Councillor Dr Peter Skolar – in the Chair
	Councillor Roy Darke (in place of Councillor John Sanders) Councillor Tim Hallchurch MBE Councillor Jenny Hannaby Councillor Neil Owen Councillor Don Seale Councillor Lawrie Stratford Councillor Susanna Pressel (Deputy Chairman) District Councillor Dr Christopher Hood District Councillor Jane Hanna District Councillor Rose Stratford District Councillor Hilary Fenton Councillor Roy Darke (In place of Councillor John Sanders)
Co-opted Members:	Dr Harry Dickinson Mrs A. Wilkinson
Other Members in Attendance:	Councillor Roger Belson and Councillor David Turner (for Agenda Item 5)
Officers:	
Whole of meeting	Julie Dean and Roger Edwards (Chief Executive's Office)

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.

59/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Councillor Roy Darke attended for Councillor John Sanders and an apology was received from Mrs Ann Tomline.

60/10 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest.

61/10 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 16 September were approved and signed. There were no matters arising.

This being Julie Dean's last meeting before assuming a different role within Committee Services, she was asked to minute the thanks she received by the Committee for her good work over the years within the Health Scrutiny sphere.

62/10 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following requests to address the Committee:

- Councillor Roger Belson (at Agenda Item 5)
- Councillor David Turner (at Agenda Item 5)

63/10 INTERMEDIATE CARE

(Agenda No. 5)

In August 2010 the County Council/NHS Pooled Budget Joint Management Group had decided to end a contract for short term Intermediate Care beds at Watlington Care Home. Following that, the County Council and the PCT had received a number of objections to the decision. In response to the objections, the Joint Management Group had decided to suspend the decision to end the contract, pending a review of the Joint Intermediate Care Strategy.

The review was due to report its findings and recommendations to the next Joint Management Group on 12 November 2010. The Group would then decide how to proceed in respect of intermediate care in general and the Watlington beds in particular.

The matter had created a great deal of concern in Watlington and its surrounding area and the Chairman had received a number of letters including one from John Howell MP in which he had requested the Committee to support a proposal that a decision on the beds 'remains suspended until a proper consultation has taken place with local residents and until the impact of the additional funds for the NHS and for social care announced in the Comprehensive Spending Review can be properly assessed against a strategy for the need of intermediary care beds'.

Mr Edwards advised the Committee that while the beds were provided by the County Council, they were in an NHS setting and medical care was provided by Community Health Oxfordshire. Therefore, it was an NHS service and any plans for closure

would be subject to the same rules which state that any substantial service change should be subject to full public consultation.

Prior to consideration of this item the Committee heard addresses from Councillor Roger Belson and David Turner, each of whom raised a number of points relating to the closure of 13 beds at Watlington Hospital:

Councillor Roger Belson

- The much valued care home had opened 6 years ago following a vigorous campaign by the community who had raised £1.5m;
- The number of intermediate care beds had increased recently from 13 to 15;
- During recent months the level of dependency, due to mental health problems, had increased. The Care Home was well placed to cope with this, given the level of skills held by staff;
- The level of satisfaction from patients was 'very high';
- Local GPs were very supportive, their premises being adjacent to the Hospital site;
- Patient costs amounting to £700 per week were relatively low compared to those charged for acute care;
- Bed occupancy was 86%, which had reduced recently due to the inefficiencies of the referral system and the known pressures of delayed discharge;
- The ORH valued the beds;
- Could beds be offered to bordering counties to alleviate the need to reduce costs?
- Any change to policy should take place following detailed consultation with patients and local residents; and
- He urged the Committee to ensure that it considers the review carried out by the OCC/NHS Pooled Budget Joint Management Group.

Councillor David Turner

- When the much valued Cottage Hospital had closed, the NHS had promised a transport budget for its replacement. This had not materialised;
- Due to extensive and resourceful fund raising efforts on the part of the local community, a package was put to Sanctuary Care, a 'not for profit' organisation, a part of which was 3 beds for local residents who were unable to afford a nursing care bed;
- OCC had agreed to fund more beds and it was therefore a shock to receive the news from the Chalgrove GP Surgery about the bed closures. Local members should be kept informed about issues of such significance and not to do so constituted a breakdown in members' rights. This had been emphasised recently at full Council;
- He asked if it would be possible to attend the Joint Management Group meeting which was due to take place the next day.

The Committee had invited Paul Purnell, Head of Adult Social Care, Oxfordshire County Council to attend for this item to enable Members to scrutinise the policy decision and the rationale behind it. He made the following points:

- There was great demand for home – based and bed based community intermediate care and it had proved very effective to date. The Government was advocating it strongly;
- Different forms of rapid response service were also being developed within Oxfordshire. Getting the mix right was not an easy task and Marie Seaton, Joint Head of Commissioning, and her staff were currently working on a plan of what would be the best mix;
- A particular variant being worked on by the Government, and so in Oxfordshire, was called 'Reablement' which was a special form of intermediate care. It required a whole pathway, with ongoing care;
- At the end of a course of treatment, if the ongoing care was not available, then patients could become 'stuck'. Cases of Delayed Discharge in Oxfordshire had increased since the summer months and one of the solutions to this was to improve the Reablement pathway;
- In the meantime the contract with the Watlington Care Home in relation to bed-based intermediate care was coming to an end;
- It had been the intention to proceed down the route of re-tendering for the 21/22 beds, but then it had been realised that the re-ablement pathway could provide a solution to the Delayed Discharge problem, particularly in relation to Domiciliary Care;
- The Joint Management Group, whilst suspending any decision pending the review, had progressed the planning process for re-ablement intermediate care at the Care Home;
- Marie Seaton had submitted a request to the Joint Management Group on 12 November that the current contract be rolled out to March 2011 in order for her to plan a comprehensive picture, as historically it had arisen on a haphazard basis;
- If the Joint Management Group decide to roll out the contract until March 2011, work on the re-ablement facility would have to cease and Government funding would be lost; and
- He concluded by reassuring the meeting that the Care Home was a very important local resource and that it should be protected. He understood the local concern and expressed his willingness to listen to the views of this Committee.

The Chairman asked Paul Purnell if members could attend the Joint Management Group meeting the next day. He explained that it was an officer meeting working within a legal framework which dictated that it was not a public meeting. He undertook, however, to take back the general issue of public engagement. He added that two service user representatives attended the meetings.

Following a further discussion it was AGREED to:

(a) thank Councillors Roger Belson and David Turner for their addresses and Paul Purnell, Head of Adult Social Care for his attendance;

(b) to note the reasons why the decision to close 13 intermediate care beds was made, but to request Mr Purnell to inform the Joint Management Group at their meeting on 12 November that this Committee considers that the bed closure constitutes a major service change and that therefore a full public consultation process should be undertaken as soon as possible; and

(c) to remind the Joint Management Group that a form of public consultation must take place on the future plans for Watlington Hospital once the review has been completed.

64/10 REMEMBRANCE DAY SERVICE

(Agenda No. 6)

The meeting was adjourned for 30 minutes whilst members, officers and members of the public attended the Remembrance Day service. The meeting was resumed at 11.15 am.

65/10 OXFORD RADCLIFFE HOSPITALS NHS TRUST

(Agenda No. 7)

As part of a series of items of business aimed at bringing members of the Committee up to date on the position of local NHS Trusts, Sir Jonathan Michael, Chief Executive of the Oxford Radcliffe Hospitals NHS Trust, had been invited along to the meeting to give an update on both the current situation and on the future for the Trust.

Sir Jonathan was welcomed to the meeting. He referred to a number of issues currently affecting the Trust:

- The Trust was working to a £47m reduction in the cost base;
- At the same time they were working hard to improve performance against standards of care, leading to improving targets;
- A new integrated management structure for clinical services had been introduced. Clinicians had responsibility for running the services and accordingly were accountable for them;
- There were six clinical divisions, each with significant health care business, each with a turnover of £100m and each with approximately 1,000 staff;
- The Trust's financial performance was doing reasonably well, though there were delays in discharging patients from acute care. This situation was not unique to the ORH. An agreement had been reached with the PCT/CHO and SCS to allow the Hospital to discharge some of the patients waiting for healthcare packages and community placements. He expressed his support for the agreement as this would have an impact and would cause an abatement of pressures on the services. The current pressures on discharge had slowed down financial progress due to the inability to reduce the capacity within the hospital system in line with expectations of the PCT;
- With regard to Agenda Item 8 – Creating a Healthy Oxfordshire - the Trust was working with the PCT, CHO and the local GPs on a pilot in Abingdon to support patients who might otherwise have been admitted to a hospital bed and to support patients coming out of hospital. It was still 'early days' to measure outcomes;

- The Horton Hospital – the Trust had now developed a vision for the way services should be run at the Horton Hospital site. The Board was keen to expand services, particularly for services for outpatients in order to reduce the frequency of journeys to Oxford;
- The integration of the NOC and the Trust. Discussions were ongoing, and progressing well, the business case was to be considered by both Boards on 2 December 2010. Following this, if approved, there would be a public consultation, following which, if given final approval, the proposals would then be submitted to the SHA and to the DoH in turn. If all were in agreement the integration would take place in mid 2011 and, following that, in 2012/13 the newly integrated Trust would apply for Foundation Trust status ;
- Paediatric heart surgery – following a number of unfortunate deaths at the beginning of 2010, an independent inquiry had identified weaknesses in the way in which the Trust organised its risks in the governance of services. There were, however, no specific risks found in the management of patients;
- Cardiac Surgery – Oxfordshire, the smallest of the eleven centres across the County, did not feature within any of the service options. The Trust was having to consider the implications of this for paediatric cardiac services and the potential knock-on implications on other paediatric services. The Trust was currently in discussion with other health trusts with a view to providing joint services and hence a viable service centre for the South Central region which was acceptable to the DoH's Safer & Sustainable Review Panel.

Members of the Committee asked a number of questions, some of which are set out below, together with the responses received:

Q <u>Will the current work being undertaken on intermediate care affect this year's winter pressures</u>?
R We are equally as concerned and hope that by the time they arrive we will have resolved the current problems. There is a need to ensure that the delayed discharge levels are reduced down to the norm and that additional capital is provided to deal with fluctuations in demand. Despite the pressure we will be able to cope.

Q <u>Does the JR have the full complement of anaesthetists</u>?
R This was an issue a year ago, but recently there has been a much clearer separation so that surgical anaesthetists are working to a planned list and not taken out to do elective care.

Q <u>Are there risk management outcomes worked out across all medical areas</u>?
R The work on risk management has been generally welcomed with the view that it will be useful when working on the Government's move for health organisations to measure outcomes rather than processes. So, for example, consents and policies would be scrutinised during an assessment. In some areas measuring outcomes against risk might prove quite complicated, in others, such as Cardiac surgery it will be easier.

Q Visits to the JR undertaken by members of a scrutiny task group looking into the Single Front Door interface between the NHS and Social Care identified instances when Social Care were only informed of a patient's discharge at the last minute and thus the care package was not in place. Also social care staff were not allowed to see NHS IT system for reasons of confidentiality.
R This area has been improved significantly.

Q The plans to provide more rounded services to the Horton Hospital are to be welcomed. What are your thoughts on the adverse comments in the media recently about a lack of quality of care for older people in some hospitals?
R One of the core responsibilities of the Healthcare system is to provide care for the most vulnerable people in our society. However, it needs to be recognised that being ill or injured can be risky and treatment is not without risk. He added that he had a strong personal commitment towards older peoples services, provided all partners are involved.

Q The Abingdon pilot scheme is welcomed. Is your nursing ratio healthy and are you seeing a substantial reduction in the use of agency staff?
R This is a joint pilot and is being run by the PCT, and others are contributing. It is early days, at the moment there has been no indication if it has been beneficial or not. There are approximately 8k staff working across the Trust, 65% of which are cost based. It will be necessary to rationalise the work force and the use of agency staff so as to improve efficiency. It is hoped that this could be done by managing vacancies and by redeployment. The NOC has got a workforce of £1k and the merger will be a good opportunity to look at how services will be provided. Efficiencies will more likely to be realised in corporate/backroom functions, not in front line services.

Q What is your view to GPs taking a reduction in their workload in order to take on a commissioning role?
R Community GPs have an important role in deciding the health needs in Oxfordshire. We will work very closely with whomever the consortia identifies. A number of GPs are keen to take on a wider managerial role whilst maintaining a clinical activity, others want to concentrate solely on their personal clinical practice.

Q Why don't you make car parks in hospitals free?
R There is always a tension between access to hospitals and income generation. Many hospitals have discouraged staff and patients not to use their cars but to use public transport. We have to provide car parking, but cannot provide it free of charge without finding a further source of revenue to replace it.

Q The amalgamation with the NOC will create a larger institution which will be massive in area. Will you be consulting with local people on the impact of this on the north eastern area of Oxford in relation to car parking, transport etc?
R We must be mindful of our role as a healthcare provider to be a responsible member of the local community and to recognise the issues which have an impact.

Members of the Committee thanked Sir Jonathan Michael for his attendance, for participating in the questions and answer session and for his very helpful update.

66/10 CREATING A HEALTHY OXFORDSHIRE

(Agenda No. 8)

Oxfordshire's NHS organisations and the County and District Councils were working together to try to ensure the continued provision of high quality and sustainable health and social care services. In the face of reductions in funding, health and social care services needed to respond to increasing demand, patient expectations and advances in technology and medicines. The plan was to improve the quality and value for money of health services provided in Oxfordshire in a way that would keep the system in financial balance. This would involve redesigning the wide range of health care services currently provided throughout Oxfordshire. The programme was known as Creating a Healthy Oxfordshire (CAHO).

Catherine Mountford, Director of Strategy & Quality, Oxfordshire PCT, attended the meeting in order to update the Committee on developments and to respond to any questions. A report (JHO8) which had been produced by Catherine Mountford was before the Committee.

Catherine Mountford presented her report and responded in the following manner to a number of issues raised by members:

- There would be a slight increase in funding over the next few years which would amount to 0.4% in real terms. As a consequence, things will need to be done differently and more would have to be done with available funding, for example on enablement;
- No policy decisions have yet been taken with regard to any potential changes which may be taken as a consequence of the permission given by the Government to disregard NICE recommendations;
- With regard to the Quality Innovation, Productivity Prevention Plan (QIPP) that related to maternity and mental health services - work was being undertaken on managing maternity care, maximising normal delivery and reducing the caesarean rate; and reducing hospital interventions. The largest part of the savings in mental health was the joint work being carried out on supported to independent living;
- The maximum numbers of women were giving birth in midwife-led units as part of the programme;
- The PCT would be working closely with GP consortia to take the Plan forward , beyond 2013, when the PCT would disband. Naturally, it may change and adaptations will have to be made as it progresses and new ideas brought forward. There was not as yet a balanced plan with regard to delivery;
- To date, 30 plus GPs had put their names forward to become more involved in the consortia;
- Informal consultation was going ahead with regard to developments for Bicester Hospital; and
- With regard to possible job losses due to efficiency savings, it was difficult to answer this question, but the aim was to effect this via natural turnover and vacant posts. The detailed planning with regard to workforce changes and contractual issues would be undertaken next year.

The Committee thanked Catherine Mountford for her attendance, for her update on developments and for responding to members' questions.

67/10 THE FUTURE OF THE LINK CONTRACT

(Agenda No. 9)

Lisa Gregory and Robyn Noonan, Social & Community Services (representing the host) attended to present a paper (JHO9 – attached to Addenda) and to respond to questions from members, with regard to the future of the Oxfordshire LINk and HealthWatch.

The Committee were asked to explore the options set out in the paper and then to express a view on the future of the contract, in particular for the period between the end of the present host contract and the start of HealthWatch.

Lisa Gregory reported that Legal & Governance Services had advised that it would be deemed illegal if the support for LINk was to be brought 'in-house' (within Social & Community Services).

Lisa Gregory and Robyn Noonan were thanked for their attendance and for responding to questions from the Committee.

Following discussion it was AGREED that the contract with Help & Care should not be extended and that a further view would be required from the Committee about whether the contract should be brought 'in house' or put out to tender once the funding situation was known.

68/10 CHAIRMAN'S REPORT

(Agenda No. 10)

The Committee noted the Chairman's report on the following meetings he had attended with the Deputy, and letters received, since the last meeting of this Committee:

- Meeting with the Chief Executive of Oxfordshire & Buckinghamshire Mental Health Care Foundation Trust;
- Letter received from the Prime Minister responding to this Committee's representations with regard to the NHS White Paper;
- The Chairman was sitting on a Member Team looking into the possible transfer of Public Health to this Authority;
- The Chairman was also involved in discussions on the future structure of the Health & Well Being Board. He undertook to keep the Committee informed on this issue.

..... in the Chair

Date of signing .....

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Safe and Sustainable

Paediatric Cardiac Surgery Services

NHS

Specialised Services

2nd Floor, Southside
105 Victoria Street
London SW1E 6QT
Tel: 0207 932 3945

Sir Jonathan Michael
Chief Executive
Oxford Radcliffe Hospitals NHS Trust
Headley Way
Headington
Oxford
OX3 9DU

14 October 2010

Dear Jonathan

As you know, the independent investigation of the children's heart surgery service at the John Radcliffe Hospital in July 2010 recommended the continued suspension of the service pending a decision on its future place within the national service by the *Safe and Sustainable* review.

Having considered the outcome of an independent assessment of all hospitals in England that provide children's heart surgery services in May and June 2010 by an expert panel chaired by Professor Sir Ian Kennedy, I am writing to let you know that on the basis of information currently available the *Safe and Sustainable* review team is minded to recommend to the Joint Committee of Primary Care Trusts (JCPCT) that the eventual options for reconfiguration that are put out for public consultation in 2011 do not include the children's heart surgery service at the John Radcliffe Hospital.

The emerging recommendation about the John Radcliffe Hospital was shared with the *Safe and Sustainable* expert steering group today. This group comprises the relevant professional associations. This approach has also been endorsed by South Central Specialised Commissioning Group in their role as local commissioner.

The purpose of the *Safe and Sustainable* assessment process was to assess the ability of the current heart surgical services to meet new quality standards in the future. The outcome of this assessment was that the service at the John Radcliffe Hospital received the lowest ranking assessment of the current 11 centres by a significant margin. The JCPCT will be advised that the service would have such difficulty in meeting the new standards in the future that it should not be included as viable in any potential configuration option.

You were provided with the findings of the expert panel's assessment in August 2010. Key findings included:

- Concerns about governance arrangements
- Limited evidence of leadership within the paediatric cardiac surgery service and of the Trust's strategic vision for the service

- Reliance on informal relationships within clinical networks and limited evidence around how the Trust would establish and effectively lead a more formal clinical network over a larger geographical area
- Limited evidence of the Trust's plans to address the minimum staffing and activity requirements

Notwithstanding these issues we explored whether the location of the John Radcliffe Hospital could justify its inclusion in potential options on the grounds that this would improve access for children and families, but this analysis concluded that access was not improved by the inclusion of the John Radcliffe Hospital in potential viable options.

The JCPCT aims to agree options for reconfiguration in the next few months. These options will be published for a full public consultation in 2011. You should be aware that not being included in options for consultation does not mean that the JCPCT has made any decision about the future of the service at the John Radcliffe Hospital.

A final decision about the future of the paediatric cardiac surgery service at the John Radcliffe Hospital and of the current services at other NHS Trusts in England will not be made by the JCPCT until the outcome of the public consultation has been considered. Parents, NHS staff and the public will have the opportunity to make their views known during the consultation process, including on the future of the service at the John Radcliffe Hospital.

Although the *Safe and Sustainable* public consultation will not start until 2011, we have taken the decision to notify you of the situation without delay so that local parents, patients and local NHS staff are kept informed of emerging recommendations.

I appreciate that the emerging recommendation may come as a disappointment to you and to your staff, and I am conscious of the need to provide staff and parents with some clarity around the potential future role of the service. I will ask the national review team and local specialised commissioners to meet with representatives of the Trust in the next few weeks.

Kind regards.

Yours sincerely

Sir Neil McKay CBE
Chair of the Joint Committee of
Primary Care Trusts

Copy

Dr Patricia Hamilton CBE, Chair Safe and Sustainable Steering Group
Dr Lise Llewellyn, Chair South Central Specialised Commissioning Group
Teresa Moss, Director of National Specialised Commissioning
Andrea Young, Chief Executive South Central Strategic Health Authority
Members of the Joint Committee of Primary Care Trusts

INVESTOR IN PEOPLE

OXFORDSHIRE COUNTY COUNCIL
CHIEF EXECUTIVE'S OFFICE
www.oxfordshire.gov.uk

The Rt. Hon. Andrew Lansley MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

Oxfordshire Joint Health Overview and Scrutiny Committee
County Hall
New Road
Oxford OX1 1ND
Tel: 01865 792422
Fax: 01865 247805
DX 4310 OXFORD

My ref: Your ref: Date: 28 October 2010

This matter is being dealt with by Roger Edwards	Direct line 01865 810824
	Email: roger.edwards@oxfordshire.gov.uk

Dear Andrew

Paediatric Cardiac Service at the John Radcliffe Hospital

On October 14th I received an email from **Jeremy Glyde,** Programme Director, Safe and Sustainable Programme, relating to the provision of children's heart surgery services at the John Radcliffe Hospital. In the email Mr Glyde stated that, *"No decision will be made on the future of the service at the John Radcliffe Hospital until a public consultation has been held in 2011 and the outcome of consultation has been considered. The consultation will allow scrutiny committees, local parents, NHS staff and members of the public to have their say on the recommendations".*

Attached to the email was a copy of a letter from Sir Neil McKay, Chair of the Joint Committee of Primary Care Trusts (JCPCT), to Sir Jonathan Michael, Chief Executive of the Oxford Radcliffe Hospitals Trust. Sir Neil said in his letter that *"the eventual options for reconfiguration [of paediatric cardiac services] that are put out for public consultation in 2011 do not include the children's heart surgery service at the John Radcliffe Hospital".*

Sir Neil's letter then went on to say that, *"not being included in options for consultation does not mean that the JCPCT has made any decision about the future of the service at the John Radcliffe Hospital"*. It is very difficult to understand that sentiment. If the John Radcliffe is not included in consultation, how could it be possible to come to any decision other than that the unit should close? And how could the decision be subject to consultation if the John Radcliffe is not included in the options?

In my view, this decision removes any chance of the John Radcliffe being able to present its case properly and effectively. Furthermore, the removal of any possibility of meaningful local consultation does not fit with the spirit of health scrutiny regulations or the exercise of local democratic accountability. It is difficult to see how it fits with the principle of shared decision-making and "*no decision about me without me"*.

As far as we are aware, this decision has been taken with no consultation with local people, clinicians, GPs or anybody else with an interest in health matters in Oxfordshire. There has certainly been no consultation with the HOSC over something that is quite obviously a substantial change in service.

I am not sufficiently naïve to expect the JCPCT would now undertake a U-turn and reverse its decision to close the John Radcliffe unit – life is not like that. However, on behalf of the Oxfordshire Joint Health Overview and Scrutiny Committee, I would ask that the closure of the John Radcliffe children's heart surgery unit should be included as an option in the public consultation hat is due to take place in 2011 so that the people of Oxfordshire can have their say.

Yours sincerely

Dr Peter Skolar
Chairman of the Oxfordshire Joint Health Overview and Scrutiny Committee

The Oxfordshire Joint Health OSC comprises councillors from Oxfordshire's County, District and City Councils as well as co-opted members of the public

Copied to all Oxfordshire MPs

From the Rt Hon Andrew Lansley CBE MP
Secretary of State for Health

DH Department of Health

Richmond House
79 Whitehall
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Tel: 020 7210 3000
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Peter Skolar
Chairman - Oxfordhsire Joint Overview and Scrutiny Committee
Oxfordshire County Council
Chief Executive's Office
County Hall
New Road
Oxford, OX1 1ND

24 NOV 2010

Dear Peter,

Thank you for your letter of 28 October about the national review of paediatric cardiac surgery services, the overall aim of which is to ensure that these services are fit for the future. The review process is complex but has been carefully designed to provide opportunities for the public to feed in their views and to keep the public informed as work moves on before reaching the stage of formal public consultation, which is scheduled early in 2011.

My understanding of the next key stages of the review process is as follows: early in 2011, the Joint Committee of Primary Care Trusts (JCPCT) meet to agree their recommendations, which, as indicated by Sir Neil McKay in his letter of 14 October, may exclude an option with paediatric cardiac surgery at the John Radcliffe Hospital. At this time, the service configuration options, the future service standards and the future service model will all be subject to formal public consultation for around three to four months. A final decision would only be taken once the results of the public consultation have been considered by the JCPCT.

The national review team is currently working through the process of developing the preferred options for consultation and is minded to recommend to the JCPCT that the eventual options for reconfiguration that are put out for public consultation in 2011 do not include the paediatric cardiac surgery service at the John Radcliffe Hospital. Sir Neil therefore felt that the emerging potential recommendations should be shared with the Oxford Radcliffe Hospitals NHS Trust and local scrutiny committees in the interests of transparency and openness with local stakeholders in advance of the JCPCT meeting in the new year when recommendations on options for future services are due to be agreed.

AG 22.11

Being excluded from the options would not preclude the Board of the Oxford Radcliffe Hospitals NHS Trust - nor local scrutiny committees and local people - from submitting their views about the future of the service provided by John Radcliffe Hospital. I hope my explanation of the process explains the apparent contradiction in the letter you have received from Sir Neil.

I am confident that the consultation will be meaningful. The national review has recently been commended for its transparency, inclusiveness and effective stakeholder engagement by an independent Office of Government Commerce 'Gateway' review. I also understand that the national review team has recently written to all Health Overview Scrutiny Committees in England (HOSCs) asking them to advise on how they can be best be consulted, taking into account local circumstances. I believe that this demonstrates a genuine attempt by the NHS to consult effectively and openly with HOSCs. I would encourage you and local colleagues to make best use of the early dialogue that has been offered.

I have been keeping in close touch with the progress of this review and recognise that this is a significant issue for you locally. However, I am convinced that we must take action now if we are to safeguard services in the future.

Yours ever,

ANDREW LANSLEY CBE

AG 22.11

SAFE AND SUSTAINABLE CHILDRENS HEART SERVICES REVIEW – OXFORD PERSPECTIVE

Background

The National Specialist Commissioning Group is currently reviewing Paediatric Cardiac Services to ensure that we have safe and sustainable services. There are currently 11 children's heart surgery centres in England employing approximately 30 surgeons as follows:

- Evelina Children's Hospital, Guys Thomas NHS Foundation Trust *
- Royal Brompton Hospital NHS Foundation Trust
- Hospital for Sick Children, Great Ormond Street NHS Trust
- Bristol Children's Hospital, United Bristol Healthcare NHS Trust
- Southampton General Hospital NHS Trust *
- Oxford Children's Hospital, Oxford Radcliffe Hospitals NHS Trust *
- Birmingham Children's Hospital
- Glenfield Hospital, Leicestershire
- Leeds General Infirmary *
- Royal Liverpool Children's Hospital / Alder Hey
- The Freeman Hospital, Newcastle *

Between them they carry out 3.800 heart operations on UK children a year. All currently provide safe services but there is a concern at national level that given changes such as the European Working Time Directive too few surgeons are employed to enable a safe 24/7 service to be provided. The main driver for the safe and Sustainable (S&S) review has been the perception that surgical results are better in larger centres. This is not supported by examination of statistics – there is no direct relationship between case load and mortality except for the very small units doing less than 75 cases per year – all 11 units

shown above do more than 100 cases per year. The S&S review wants to create fewer larger centres – 6 or so – increasing the number of surgeons working in each centre to at least 4 and increasing the total volume of work they undertake.

This would mean the closure of 5 children's heart surgery programmes with parents and children having to travel longer distances for surgery.

It is suggested that non surgical paediatric cardiac services could continue to be provided at the local level so that access for parents to local services will be maintained. This is a nonsense as most cardiology would have to move to one of the 6 proposed super centres as it is not safe to do interventional cardiology in the absence of a surgical facility close by in case of the admittedly rare occasion on which a child needs immediate access to an operating theatre. The loss of interventional cardiology means that few paediatric cardiologists would wish to be based in a local centre without surgery, interventional cardiology and all that accompanies these aspects of a service. Services in de-designated centres would rapidly approach that provided in district general hospitals as specialist staff left or retired and could not be replaced.

Is there an alternative – short term

The concerns raised by S&S are mainly about units with small numbers of cases and providing 24/7 cover with 2 or less surgeons. It would be possible to ensure that more surgeons are recruited to ensure at least 4 surgeons are working in each unit to facilitate a 24/7 operating capacity. This would not be very costly in national terms as it would only require recruitment to say a maximum of 14 posts at costs of approximately £100,000 per post = £1.4million. Although the NHS faces increasing pressure on resources, this is not a large sum given the NHS annual budget of £100 billion Critics of such a solution may argue that there are not enough qualified surgeons to fill these posts in the short term pending an increase in training opportunities and new young surgeons qualifying for such appointments. This is a short term problem which can be resolved by an international recruitment campaign to boost numbers of qualified and experienced paediatric cardiac surgeons in the UK.

This would also enable a reorganisation of national workloads so that each centre handles circa 300 operations on children each year. This is sufficient workload to maintain a thriving centre especially when it is coupled with the increasing number of operations required for adults with congenital heart surgery who often need a redo or corrections as they get older.

Oxford Children's Heart Centre

Oxford performs approximately 300 procedures (surgical operations or catheter interventions) a year on adult and child patients with congenital heart disease aged from birth to 80plus years. The Oxford unit is part of the Oxford Children's Hospital and is therefore co-located with other specialist paediatric services on the John Radcliffe Hospital campus, the Women's Hospital, which is also on the JR campus, provides maternity services including those for women at high risk during their pregnancy, Fetal Medicine and fetal intervention and a large Level 3 Neonatal Intensive Care Unit providing a regional service. There are plans for a significant expansion to NICU to increase the number of babies treated from 7,500 per annum.

The Children's Heart Federation estimates that 1 in every 138 children is born with Congenital heart Disease. Given the JR has over 8000 births per annum this amounts to 60 babies a year just in Oxfordshire with similar numbers in each of the other 5 counties served by the Oxford unit. Children with congenital heart disease often require a series of operations as they grow into their teenage years building on early treatment in their first years of life. Such young women may also require specialist treatment in the JR's High Risk Maternity Unit as they reach the age of wanting to start their own families.

Oxford has also developed an excellent service for Grown Ups with Congenital Heart Disease who are now being treated in the new Oxford Heart Centre which opened in 2010.

Many children with congenital heart disease are diagnosed in the womb requiring heart surgery in the neonatal period. Oxford is very well placed to provide this type of surgery with its combination of fetal/neonatal/maternity

and paediatric cardiac services all linked together on the same site together with excellent new parent's accommodation in the Oxford Children's Hospital.

Oxford is one of the few UK centres to have performed interventional catheter procedures on children still in the womb who would not otherwise have survived until birth (Such interventions require close collaboration between feto-maternal medicine, cardiology and neonatal services.)

Oxford's Professor Steve Westaby. Adult and Paediatric Cardiac Surgeon, has saved a number of children and teenagers lives by pioneering temporary artificial hearts which allow the patients own heart to recover. He is the UK and European lead clinician for this work performing these life saving operations in many EU countries.

Oxford also leads the way in interventional cardiology with Dr Neil Wilson. Paediatric Interventional Cardiologist having pioneered new and innovative procedures on children and adults in Oxford, with referrals from other tertiary centres for these procedures being made to him.

The Oxford Children's Hospital as a tertiary children's hospital is currently well placed to offer access to the full range of specialist children's services except for paediatric renal services. In the longer term, children with congenital heart disease often need major non-cardiac surgery for associated problems. Support from paediatric cardiology and paediatric cardiac anaesthesia is vital to allow this to take place safely. However, if the Children's Heart Surgery Unit closed with a consequent loss of paediatric cardiac expertise, this would mean that some children would have to travel to other centres for non-cardiac surgery.

Similarly many children with what appear to be non cardiac problems turn out to need specialist cardiological and on occasion cardiac surgical input urgently. Children referred often as emergencies to feto-maternal or tertiary services would not have access to all appropriate care if there was not a comprehensive cardiac service on site. Thus if paediatric cardiac surgical centres are to be closed, careful consideration must be given to which centres have other

tertiary practices which would be undermined or even effectively closed by such changes.

Most experts agree that children's heart surgery should be performed on an integrated site which has the whole range of facilities available as for example these children often require emergency access to renal, neurological and other specialist children's services

As a result of significant public and private investment (half the capital and equipment costs of the Oxford Children's Hospital were funded by charitable donations) Oxford meets this criteria (signified as *) but at least 6 of the other centres under review do not. Oxford is also well placed geographically providing services to residents of Oxfordshire, Buckinghamshire, Berkshire, Wiltshire, Northamptonshire and Gloucestershire and the Western suburbs of London.

Critique of the Safe and Sustainable Review.

The current review is flawed in that it is focused predominantly on the surgical episode and not on the wider picture of what services make up a fully integrated service for children with heart disease and how and where should this be provided and what impact changes in cardiac provision will have on other hospital based specialist services for children. A fully integrated service should consider a child and its parents' needs from before birth to old age. This means that ideally services need to be provided on hospital sites which include fetal, maternity and neonatal services, the full range of paediatric specialties and adult congenital heart services.

Closure of 5 current centres will create a scenario in which there is a greatly increased need for transport services for sick children – both emergency cases being transferred for emergency treatment and less sick children being repatriated to local centres. The costs and impact and staffing needs of this should not be underestimated.

The way in which the current review has been conducted is deeply flawed and unlikely to survive legal challenge. Of particular note is the way in which the review team has used the recent Inquiry into four unexpected deaths of

children with heart disease in the Oxford Children's Heart Unit to denigrate the reputation of the unit and use backdoor influence to ensure that surgical services remain suspended even though the Inquiry report published in July 2010 exonerated the individual surgeon and found no fault with surgical practice in the unit.

In addition the S&S review team has sought to subvert the democratic process by announcing in a Press Statement issued on 14th October 2010 that the Oxford unit would not be included in any of the future options for the re-configuration of children's heart services which would be issued for public consultation early in 2011. This matter has now been taken up by the Oxfordshire Joint Health Overview and Scrutiny Committee which has pointed out in a letter dated 28 October 2010 to The Rt Hon. Andrew Lansley MP that '*If the John Radcliffe is not included in consultation, how could it be possible to come to any decision other than that the unit should close? And how could the decision be subject to consultation if the John Radcliffe is not included in the options?*'

Financial Implications

The financial implications of the review have not yet been published but it is clear that the loss of paediatric cardiac surgical services will lead to a loss of income for the Oxford Radcliffe Hospitals NHS Trust running into £2/3 million per annum based on current tariffs. Although the review proposes that paediatric cardiological services will be retained at local hospitals feeding into the proposed 5/6 super surgical centres, it is hard to see how this will be economically viable.

The loss of children's heart surgery may threaten the viability of the Oxford Children's Hospital, as a loss of income of this magnitude cannot easily be replaced by developing alternative services. The capital costs of the Oxford Children's Hospital were part funded from one of the largest fundraising campaigns in the NHS in recent years raising £14 million or approximately half the total capital costs of the new hospital. Any threat to the potential viability of the Oxford Children's Hospital is likely to provoke considerable public protest.

No information has been provided as to the likely capital costs of S&S's proposals given that all of the new proposed super centres will have to provide more theatres / intensive care beds / patient facilities etc to meet the increased patient flows. By contrast, Oxford is well placed to provide these services without new capital development with a new Children's Hospital and new Adult Cardiac Centre.

No information has yet been provided as to where the Oxford patient flows will be redirected. If children needing heart surgery are in future referred to London this is likely to result in considerably increased costs for the commissioners of the service as London units are allowed to charge an additional London premium currently £3,750 per case reflecting the increased cost of providing services in London. This will put increased pressure on local budgets.

In addition, parents will incur increased costs in travelling longer distances to access services and may find it difficult to make daily visits to a hospital further away if they have other children to care for. No information has been given as to who will fund any excess costs incurred by parents

Way Forward

If we are planning for the early part of the 21st century, a comprehensive review needs to consider the range of physical facilities and equipment needed to establish state of the art units which are future proofed for at least the next 20 to 30 years. The current review fails to do this relying on alarmist statements that Ministers will be faced with another Bristol situation if they take no action. This is despite the fact acknowledged by S&S that no current unit, including Oxford, is unsafe and the fact that there is virtually no international evidence to support their case that only larger units undertaking at least 400 operations with each surgeon performing 100 cases per annum will be safe and sustainable. Indeed the North American evidence provides a useful counterpoint to this in that most US Children's Heart Surgeons only perform circa 75 operations per annum.

A new review needs to be commissioned taking account of international experience where parents can be confident that a properly evidenced range of options can be produced with sufficient time for consultation with all stakeholders and a commitment of the necessary resources to effect change.

Young Hearts

November 2010.

Oxfordshire Joint Health Overview & Scrutiny Committee
20th January 2011

An update report on *Keeping People Well*

Keeping People Well [KPW] is a strand of *Better Mental Health in Oxfordshire 2009-12*, the joint Mental Health Commissioning Strategy developed by Oxfordshire PCT and Oxfordshire County Council. It has designed a pathway of personalized and enabling services that link into clinical pathways and support people to self manage their own care in the wider community. In doing this Keeping People Well will

- Prevent people needing to use specialist mental health services and
- Support people in their recovery so that they can move on from hospital and community based secondary mental health services.
- Foster independence
- Offer best value

Keeping People Well consists of 2 services, both delivered across the County:

The **KPW Recovery Service** will provide structured interventions so that people living with mental health problems can develop their capacity to work and/or achieve social inclusion through meaningful occupation.

The **KPW Well-Being Service** will promote positive mental health to all age groups and help people aged 16 and over to take greater control over their lives through self-management of their mental health problems by providing information, support and services in non-clinical settings.

The procurement process

The services were advertised in July 2010. We had a good response to the advertisement for KPW. Eight organisations were included in the final shortlist for the KPW Recovery Service and six for the KPW Well-Being Service, all of which were sent Invitations to Tender ("ITT") in September 2010.

The evaluation panels received very strong bids and decided that:

- The Well-being service will be delivered by **Oxfordshire Mind**.
- The Recovery Service will be delivered by **Restore**.

These new services will replace the current day-time services from 7 March 2011.

Key features of the new services

The **Recovery** service will be delivered through seven locations across the county (including Bridewell Organic Gardens and Root and Branch and the current Restore sites in Oxford, Banbury, Didcot) supported by some county wide services. Each site will provide people with the opportunity to participate in a supportive group with a focus on work and recovery.

The groups will help people to start and be supported on their recovery journey and to achieve their goals. Access to the service will be by referral from OBMH,

TalkingSpace (the local psychological therapy service) the Well-being service and the housing providers within Supported into Independent Living. Restore will manage the referrals and assess people for places across all the sites.

The **Well-being** service will provide a range of new services to help people understand mental ill-health, help them identify what keeps them well and offer practical support to help them along a pathway to recovery. It will include:

- support to prevent people becoming unwell through group training for 'at risk' groups
- information and advice to help people help themselves and learn how to get more support
- a programme of accredited short courses across the county to give people the knowledge and skills to help themselves
- peer support groups around the county to help people from particular areas, or with particular issues or interests in common, to support each other and develop recovery strategies
- 1:1 recovery planning for those people who need more help to identify what will work for them, including help developing recovery plans and putting their plans into practice in the wider community

The Well-being service will be universal: *anyone* can contact it for information and advice. If they need more help they can then be referred onto the other parts of the service. The Well-being service will operate out of a number of locations across the county, some currently used by Oxfordshire Mind, and some new ones located in the wider community.

Impact on current services

Mind and **Restore** are planning the reorganization of their current operation to deliver the new services (see Transition plan, below).

Bridewell Organic Gardens and **Root and Branch** were part of Restore's bid for the Recovery service and will deliver parts of the service within a formal sub-contracting arrangement.

Oxfordshire Chinese Community Advice Centre are in discussions with Mind about providing services within the Well-Being Service.

The Archway Foundation are not presently part of the future services within KPW. They are intending to continue to provide a range of services to support people who experience loneliness, and Commissioners are helping them look at ways of resourcing this going forward.

The **Gemini** day service based in Rectory Road and run by **Rethink** is not expected to continue after 6th March when the current contract expires. We are working with Rethink and the providers of the new services to support transition for the people who use Rethink.

Transition plan

The transition plan for KPW is complex. To manage the process a working group consisting of Restore, Mind, the PCT and OBMH have been set up. We are meeting fortnightly to manage the detail of the transition processes. In addition there is an Implementation group consisting of the same group plus service users, carers and

members of HOSC which meets monthly to review the plan and provide vital input on how the plan is being experienced “on the ground”.

We will be publishing a transition guide for users of current services shortly. The key features of the transition plan are as follows:

1. All current users of services can be referred to the new Recovery services. Existing providers will support service users to be referred to Restore who will assess all referrals prior to the start of the new service on 7th March.
2. Anyone who does not wish to access the Recovery service will be able to self-refer or be referred to the Well-Being service. Mind will review all current users of their service to ensure that there is a seamless transfer into the new Well-being service after 7th March.
3. We are working to ensure that key agencies (OBMH, TalkingSpace, housing providers under Supported to Independent Living) understand their place within the referral pathways and co-ordinate care planning with service users and with KPW services
4. We have a comprehensive communications strategy that seeks to address the needs of all stakeholders.
5. We are developing a plan for those people who are at risk of “falling out” of services, particularly where they are not currently under the care of OBMH. We will identify relevant people and identify individual support plans going forward-for instance using existing links through housing providers to support people through the process.
6. Overall the number of spaces in the Recovery service will increase (see below) but the number of spaces in the City will reduce as we ensure greater equity of access around the County. We have a plan to ensure that we can manage demand through the transition process. There will be an Appeals process for anyone who does not get a space from March in the Recovery service.

Conclusion: Benefits of this procurement

This procurement has

- Delivered new services within budget
- Will provide a care pathway which delivers the outcomes set out in the specifications, particularly around prevention and recovery
- Will support the recovery pathway and increase the number of people living with mental health problems who are supported to move on and manage their own care independently in the wider community
- The **Well-Being** service provides a universal service that will challenge stigma and create an enabling environment that offers tailored interventions so that people can manage their own care needs independently in the wider community
- The **Recovery** service provides a 49% increase on the level of service provision specified in the tender, and offers a coherent model for a structured recovery process

Access, quality and choice will all be improved within the commissioned services:

- Service users will have a planned relationship with services as part of a pathway
- Services will be more closely integrated with clinical pathways
- Services will be more closely integrated with housing and other pathways

- There will be a more even geographical spread of services
- There will be better access for marginalised groups
- There will be better support for the Oxfordshire Mental Well Being Improvement Strategy
- There will be more personalised support
- There will be a higher level of participation of service users and carers both in the management of their own care, and in the development and delivery of the services they use
- There will be a greater focus on outcomes

The newly-commissioned services will be provided by organizations with a strong-track record of supporting people with mental health problems towards recovery. Mind and Restore are familiar with the local landscape and have been closely involved in developing local responses to the needs of people living with mental health problems. This will both deliver the outcomes we seek and smooth the process of transition.

There has been excellent and wide-ranging stakeholder involvement in this process and the services as specified have to a very large extent been developed by the people who will use them. There is a significant level of "ownership" of the principles and thinking behind KPW.

There is a great deal of energy and engagement within the incoming providers and OBMH to develop these services within pathways that will support recovery and promote mental well-being. This procurement has created an opportunity to create pathways and bring providers together for the benefit of people who use services.

Ian Bottomley
NHS Oxfordshire
10th January 2011

Oxfordshire LINk Newsletter

Winter 2010

Your voice on local health and social care

1st Health Hearsay!

Following positive feedback received about the Hearsay! event for Social Care services, Oxfordshire LINk held the first Health Hearsay! event, in partnership with the Nuffield Orthopaedic Centre (NOC), on Friday 26th November at the Four Pillars Hotel, Witney.

This first Health Hearsay! was a LINk engagement event to gather patient and carers views on the Outpatient Services provided by the NOC and to give people the opportunity to speak directly to those who manage and deliver the services. We asked people who attended to make suggestions for improvements in three areas: '*Before', 'During'* and '*After the Appointment*', also to feedback what works well and together form a list of key priorities for change. We also gathered comments from people who could not attend but who had been a patient of the NOC within the last 18 months.

All the comments we received are currently being put together into a 'Making Change' document to be presented to the NOC later in December. A commitment has been obtained from the NOC to work on the recommendations and, where feasible, to implement improvements suggested or obtain clarification as to what services or procedures are not able to be changed due to cost or practical implications. The full report, together with an action plan, will be published during January.

LINk Locality Manager Adrian Chant said, : "This event was a great opportunity for Outpatients to talk with those NOC staff who can influence & improve the service which they and all other patients receive."

Special points of interest:

1st Health Hearsay!

Inside this issue:

LINk Project Updates

Self Directed Support (Personal Budgets)

The LINk has carried out a research project to understand individuals' experience of the new social care system of Personal Budgets in Oxfordshire. The final report has been presented to Oxfordshire County Council's Adult Services Scrutiny Committee and to the Adult Social Care team in charge of this transformation of the way services are obtained. A summary or the full report can be read online at www.makesachange.org.uk/cms/site/news/oxfordshire/link-self-directed-support-personal-budgets-project.aspx or be obtained on request from the LINk office.

The LINk wishes to follow up on the research once re-assessments of those clients still receiving traditional services have been completed and after they are in receipt of Individual Budgets. We also intend carrying out research with minority and 'hard to reach' groups, and a project plan is being drawn up to initiate this to further help improve the implementation of these significant changes.

Social Care Hearsay!

The next quarterly report is due at the end of December. Social and Community Services (SCS) have a detailed plan in place to address remaining actions from this year. A small group of Hearsay! participants have been invited to meet SCS Directors & Officers for a more detailed discussion about specific issues raised through Hearsay and to contribute to the planning for the second Hearsay! event, which is taking place on 11th March 2011, at which participants will hear if the quality of services people receive has improved, receive an update from the 2010 key recommendations, explore what further the LINk and Oxfordshire County Council can do to change or improve services and to set further recommendations for 2011-12. There will shortly be interactive pages launched on both OCC and LINk websites which everyone can use as a means of assessing the quality of different services. If you would like full details of the changes the Council have been making and their plans for improvements to your services, or to receive a copy of the Hearsay! recommendations, please contact the LINk office.

Drug Recovery Project

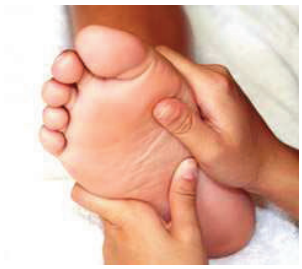
The new Residential Detoxification Project was opened at Howard House in Oxford on 1st November. The LINk will be holding a further meeting in public early next year to report back to those who have taken part in the project and on the new service as it develops. We will also arrange a visit, to see how the new service is developing, once it has become more established.

LINk Project Updates

Community Mental Health Services

A Project Group Open Day took place on 12th November to disseminate information, receive further first hand experiences and propose the next steps with those LINk participants involved. The LINk is receiving information about all nine Community Mental Health Teams regarding caseloads, vacancies, availability of interim support and waiting times for various services (including 'Talking Space' - the Psychological Therapy Service). If you have any comments or would like to be part of the project group, please contact Sue at the LINk office by phone, email or post. There is also a discussion board on the website at the LINk website where we would welcome your stories and comments.

Podiatry



Most of the feedback the LINk has received shows that there appears to be significant gaps in knowledge about foot care services in Oxfordshire, about alternative treatments and where to find advice and sources of additional information. Following meetings with the PCT Podiatry service and 'Sole Mates' at Age UK, the LINk has been looking into creating an information resource that will inform people where they can go to access chiropody and other foot care services across Oxfordshire. The intention is to publish a directory of services, both printed and online, and to make the resource widely known through our contacts and networks. Look out for further news of publication in the New Year.

GP appointments (extended hours)

The first focus group meeting took place on 26th October from which a 'Good Practice Guide' has been compiled and is being circulated. This will inform the next steps for the project in partnership with Practice Managers, the PCT and GP Patient Practice Groups (PPGs). The guide & report can be viewed on the www.makesachange.org.uk/cms/site/news/oxfordshire/link-gp-appointments-project.aspx or obtained from the office. Further work will be required in 2011 to inform PPG and GP Consortia about the potential for public engagement with support from the LINk and leading towards the establishment of GP Commissioning and the local HealthWatch in 2012. Oxfordshire GPs have been chosen to lead the way in implementing new government changes to the way the health service is organised. They have been approved to be part of the GP Consortia Pathfinder Programme which will enable them to take the first steps in pressing ahead with commissioning health care for local patients.

LINk Project Updates

Become a member of Oxfordshire Unlimited

The LINk has been working on a membership & recruitment project to assist Unlimited's Committee in the development of this User Led Organisation for those with physical disabilities in Oxfordshire. The partnership work is providing Unlimited with the ability to increase its membership and become better known throughout the county and hence to offer to the community a key reference base for information and services in the future. If you or your organisation would like to receive a membership pack or hear more about the work of Unlimited, please contact Sue at the LINk office or you can read more and download the pack at www.makesachange.org.uk/submenu/oxfordshire/oxfordshire-unlimited.aspx
Look out for more publicity about Unlimited in the New Year.

Oxfordshire Neurological Alliance (ONA)

The ONA committee has been focusing on the structure of the organisation, its business plan and promotional material. Pump prime funding from LINk has enabled ONA to develop and to expand its membership of specialist organisations, for example DENDron – dementia; MS Society; Omega – ME society; Parkinson's UK and individual memberships. LINk will continue to support ONA's development in 2011.

Community News & Events

Proposals to integrate Oxford Radcliffe Hospitals NHS Trust (ORH) and the Nuffield Orthopaedic Centre NHS Trust (NOC)

Included with the newsletter is an update from the NOC and ORH. It was announced in September that the ORH and the NOC would explore the option of combining into a newly named organisation to create a comprehensive provider of acute hospital services for Oxfordshire. The development of the business case for merger is progressing well with both hospital Trust Boards endorsing the vision and rationale for merging at their meetings on 2nd December. The two Boards are expected to approve the full business case early in 2011. It will then have to follow an approval process, which, it is hoped, will lead to the merger becoming effective from summer 2011. Both NOC and ORH would like to hear views and comments from patients, staff and members of the public.

For further information or to comment please contact:
Melanie Proudfoot at the NOC - Tel: 01865 737563; Email: melanie.proudfoot@noc.nhs.uk
www.noc.nhs.uk/aboutus/FutureoftheNOC.aspx
or Heather Barnett at the ORH - Tel: 01865 231473; Email: heather.barnett@orh.nhs.uk
www.oxfordradcliffe.nhs.uk/news/newsrecords/1012/101205nocupdate.aspx

Report from the Chair of the Stewardship Group

The Stewardship Group consists of eight LINk members, elected in 2009, to work with the officers employed by Help and Care to collect and report on the views of Oxfordshire people on the quality and quantity of care provided or commissioned for them by the County Council (social care) and local NHS Trusts (health care).

This newsletter reports on various projects undertaken by the LINk - at least one of the Stewardship Group is involved in each of these projects, so that we are fully informed on the LINk activities.

In July the new coalition government published a White Paper on the future of the National Health Service - the main proposal is to involve General Practitioners more in commissioning services from hospitals (replacing the Primary Care Trusts which currently do this). Other changes include giving more responsibility to local government (for public health and for co-odinating commissioning priorities). The government also proposes to replace the present LINks with new 'HealthWatch' bodies in 2013.

Many of the powers and duties of HealthWatch will be similar to those of the present LINks, but there are many details still to be agreed. Members of the Stewardship Group are talking to other LINks and to Government ministers and civil servants as well as the local NHS and County Council officers about the White Paper and the future structure and governance of HealthWatch. Several were members of the old Community Health Council, then of Patients' Forums and now of our LINk. The transitions between these organisations were not well-handled, so we are working hard to make sure that we can continue to feed back comments on social and health care to the commissioners and providers without a gap while LINks evolve into an effective HealthWatch.

The Stewardship Group receives regular reports on comments by LINk members, please continue to inform us of your concerns, so that we can play our part in improving services in Oxfordshire.

Dermot Roaf

South Central Ambulance Service Public Consultation Meetings

South Central Ambulance Service NHS Trust (SCAS) is gearing up to become a Foundation Trust with the help of local residents aged 14 years and over. With your help they will be able to develop services that are more sensitive to the needs of their patients.

To find out more about your local ambulance service and to enrol as a member for free, come to one of their public consultation meetings.

Bicester Community College	Bicester Community College Queens Avenue Bicester OX26 2NS	13 January 2011	18.30 - 20.30
Oxford Brookes	Oxford Brookes University Gypsy Lane Oxford OX3 0BP	01 February 2011	18.30 - 20.30

MERRY CHRISTMAS

AND

HAPPY NEW YEAR!

Oxfordshire Local Involvement Network

Meet the Oxfordshire LINk Staff Team

Adrian Chant — Locality Manager
Nicky Robinson — Development Officer
Sue Marshall — Development Officer
Man Liu Clark — Communication & On-line Support Officer
Nancy Darke — Administration Assistant

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