OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 10 March 2011 commencing at 10.00 am and finishing at 1.10 pm

Present:

Voting Members:	City Councillor Susanna Pressel – in the Chair
	Councillor Susanna Pressel (Deputy Chairman) Councillor Jenny Hannaby Councillor Tim Hallchurch MBE Councillor John Sanders Councillor Lawrie Stratford District Councillor Dr Christopher Hood District Councillor Jane Hanna District Councillor Rose Stratford Ann Tomline Dr Harry Dickinson Mrs A. Wilkinson
Co-opted Members:	Mrs Ann Tomline Dr Harry Dickinson Mrs Anne Wilkinson
Other Members in Attendance:	Councillor (for Agenda Item)
By Invitation:	
Officers:	
Whole of meeting	Dr Jonathan McWilliam; Roger Edwards
Part of meeting	

Agenda Item	**Officer Attending**
9	John Jackson

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/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

11/11 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor Charles Shouler attended for Councillor Peter Skolar; Councillor Nick Carter attended for Councillor Neil Owen; Councillor Melinda Tilley attended for

Councillor Don Seale and District Councillor Alan Davies attended for District Councillor Hilary Fenton

12/11 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest

13/11 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 20 January 2011 were approved and signed.

It was noted that the item on Paediatric Cardiac Surgery that had been scheduled to be discussed at this meeting would now be taken in May.

14/11 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

There were no requests to speak to the Committee or to present petitions.

15/11 PUBLIC HEALTH

(Agenda No. 5)

The Director of Public Health reported on four main topics:

1. NHS Health Checks – This is a national initiative that is being piloted in 12 wards in Oxfordshire before being rolled out to the whole of the County. Checks take place of blood pressure, weight, height etc. The tests were offered to 2,300 people and were taken up by 924. The plan will be to offer the check-ups to 190,00 people aged between 40 and 74 over a five year period at a cost of around about £45 per person.
2. Family Intervention Project – A collaboration between the County, City and Cherwell Councils, the PCT, colleges and the police to reduce the number of times people have to provide information. 80 families have been worked with so far saving £80,000 per family over a period of years.
3. Prevention Profile 2010 – Members were provided with a fact sheet providing information on nationally mandated preventative health services and interventions. There were five areas where Oxfordshire showed up as being “significantly worse than the England average”. The Director suggested that HOSC members might wish to consider two of these, Chlamydia screening and access to a genitourinary medicine (GUM) clinic, as items for scrutiny later in the year.
4. PCT update on organisational change –

    - Oxfordshire and Buckinghamshire Health cluster – the joint Chief Executive is to be appointed on March 23rd followed by the Director of Finance and then an new executive board.

- The GP commissioning consortium for Oxfordshire (excluding Thame and Shrivenham) now exists and a leader will be appointed shortly.
- Public Health will be coming across to the County Council in 2013.
- Other PCT employees will "gravitate" to the cluster or to the consortium.

In answer to questions the following emerged:

i. NHS Health Checks were initially targeted at hard to reach groups in disadvantaged areas in Oxford and Banbury. They could be differently targeted in future, possibly at specific sections of the community. Negotiations on whether or not GPs will be remunerated for running the checks are ongoing.
ii. Thame is not included in the Oxfordshire PCT consortium as it is part of the Buckinghamshire PCT area. This is a historical configuration brought about some years ago because GPs in and around Thame look towards Stoke Mandeville and Wycombe hospitals rather than Oxford. The consortium will continue to organise within present health boundaries rather the County boundary.
iii. The £80,000 saving from the Family Intervention Project is a notional figure that will only be able to be made subject to review once the project has been working for a while.
iv. The Prevention Profile provides information relating to the whole of Oxfordshire. The DoPH undertook to provide figures relating the District and City Council areas.
v. The formal structure of consortia and health and wellbeing boards have not yet been decided. It will be important to ensure that local people are involved in some way and that effective scrutiny takes place. Precise governance processes and levels of independence from the centre have yet to be made clear.
vi. Governance procedures for the clusters will be decided centrally.

16/11 CHIPPING NORTON HOSPITAL - STAFF EMPLOYMENT CONDITIONS

(Agenda No. 6)

This item was included because in 2005 and again in 2007 the PCT stated the following with regard to the employment of nursing staff at the hospital:

i. To enable staff at the Hospital to decide which choice was better for them as individuals, they would be given the option of whether to remain as NHS employees and be seconded to the Orders of St John (OSJ) for a period of three years or to transfer under TUPE to the OSJ

ii. The PCT would not indicate a preference with regard to the above options

iii. In the event that an NHS employed staff member was to leave during the three year period, their replacement would be placed on NHS terms and conditions for the remainder of the three years.

At the end of the three years a review would take place.

The transfer of existing staff is being undertaken in accordance with the first two statements above. However the PCT decided that new staff employed during the three year period would be employed by the OSJ.

Councillor Hilary Hibbert-Biles spoke to the Committee as the local member for Chipping Norton. Councillor Biles explained the issue as it appears to her and her Chipping Norton colleagues. They are concerned that if nurses are employed by the Orders of St John (OSJ) they would be seen as care staff and the hospital would eventually become a care home rather than a hospital. Councillor Biles expressed a view that the original agreements made in 2004 had already been "whittled away" with no additional consultation and that the PCT was challenging the authority of the HOSC. Members should insist that the original agreement should be upheld, i.e. that nurses employed at any time during the first three years of the hospital's life should be given the opportunity to opt for NHS employment.

Alan Webb, speaking for the PCT, first of all welcomed the fact that the new hospital is now open. He made clear that all staff at present seconded to the OSJ are NHS employees who would be deployed only in the hospital. What the PCT wanted to do was to ensure that staff employed in future would all be OSJ employees with the flexibility to employed throughout the unit. If new staff were not to be OSJ employees they would have to be employed by Oxford Health rather than the PCT and that would cause complications.

The PCT has decided that, rather than wait for three years before reviewing how the hospital was working they would undertake a review at the end of the first year of operation. The views of nursing staff would be sought monthly.

Mr Webb also referred to the "innovative model" that had been created for the First Aid Unit (FAU) whereby a paramedic from the South Central Ambulance Service would be placed on site with a triage link to Bicester Hospital. The Acting Chair of the HOSC made clear that the HOSC was happy with the FAU arrangement.

A discussion took place on the nursing issue. Mr Webb stated that the contract specification that the PCT had agreed with the OSJ would ensure that only qualified nurses would be employed in the hospital. Nurses might be deployed into the care home but not the other way around. This is a new way of working and how it is communicated to the public had to be thought through again.

Despite Mr Webb's assurances members continued to have concerns. They could not see why it was necessary to go back on the original agreement. It was important for the PCT to retain public confidence and allay fears that the hospital would be swallowed up by the care home. Adhering to the agreement would do that.

Concern was expressed that any deviation from the agreed model could also affect the hew hospitals proposed for Bicester and Henley as Chipping Norton was seen as the model for the future. There was also some anxiety that qualified nurses being deployed into the care home could lead to a loss of job satisfaction.

However some members were of the view that the PCT's assurance about the qualifications and experience requirements for staff convinced them that care standards would be maintained.

The Acting Chair summed up the discussion by stating that while there was a mix of views there were clearly a number of members who continued to have concerns about the matter. If the PCT wished to adhere to their intention that all new staff should be OSJ employees then it may be possible for the South Central Strategic Health Authority to act as mediators in the matter.

A vote took place on whether or not the Committee wished to call upon the PCT to adhere to the previous agreement that all staff employed within three years of the opening of the new hospital should be given the opportunity to opt for NHS employment. The vote resulted in a 9 to 2 majority in favour of asking the PCT to adhere to the agreement.

A further vote then took place on whether to refer the matter to the SHA. By a majority of 9 to 1 this course of action was AGREED. Roger Edwards was asked to draft a letter to the SHA to be signed by the Acting Chair.

The Acting Chair confirmed that the HOSC would retain the right to refer the matter to the Secretary of State if necessary.

17/11 RIDGEWAY PARTNERSHIP (OXFORDSHIRE LEARNING DISABILITY NHS TRUST)

(Agenda No. 7)

John Morgan, Chief Executive of the Ridgeway Partnership, gave a presentation to the Committee on the work of the Trust. Mr Morgan explained that around half of the Trust's work is social care – supporting people in their own homes. The other half comprises specialist health services, ensuring that people receive the right care in the right place.

The biggest challenge facing the Trust is to grow while at the same time maintaining the quality of service provision. They must grow to survive and have extended their work beyond Oxfordshire into Buckinghamshire, Wiltshire, Dorset and Somerset. In order to ensure that services do remain consistent and serve clients fully the most recent tendering exercise for services in Oxfordshire was shaped by service users and their families and carers. Staff training is particularly important in this respect.

It will become more important to publicise the work of the Trust and to ensure that there is an awareness that anybody can refer people to the service.

Personalised budgets are already in place in social care but not so well developed in health services.

Relationships with Oxfordshire County Council are very good. Colleagues from across the country come to see how it works. It will be important to see that the change to GP commissioning does not damage the relationship. District Council

involvement comes mostly in the field of housing, particularly with regard to adaptations. Again, Mr Morgan reported that working relations are very good.

The Committee thanked Mr Morgan for his presentation and wished the Trust well for the future.

18/11 HEALTH TRAINERS - PROPOSAL BY NHS OXFORDSHIRE (THE PCT) TO CEASE THE SERVICE

(Agenda No. 8)

The Health Trainer initiative was set up by the PCT in July 2006 as an experimental approach to try to improve the health of hard-to-reach individuals. Recently the PCT undertook an evaluation of the service and decided that it was not providing good value for money. The PCT is therefore proposing to close the service.

The staff involved believe that changes could be made that would improve the outreach service and that, before the service is closed, there should be full public consultation.

Members were asked to consider the evidence to be provided and decide whether they believe that this a substantial service change that would require full public consultation.

Dr Jonathan McWilliam and Jackie Wilderspin introduced a report on behalf of the PCT. To summarise – Dr McWilliam stated that the staff have performed well within the constraints of what is in fact a flawed service model. In order to make the service anywhere near cost effective it would need to improve by around about 3,000%. The public interest would not be best served by continuing the service.

All of the services that trainers advise their clients to use would still be in place and patients would be continue to be able to get access to those services. The money saved by discontinuing the service would be re-invested in alternative services.

Dr McWilliam concluded by pointing out that the client base was very small and that, in his view, it was difficult to see what benefit there would be in consultation.

Mark Ladbrooke, on behalf of Unison and the Health Trainers, presented the case for retaining the service. Mr Ladbrooke pointed out that:

The PCT case was predicated on a costing per client whereas the trainers made multiple visits to each client. Many clients had multiple needs whereas only one was recorded. Partial success was never recognised and, although the service did appear to be expensive in fact only a small proportion of the cost related to staff costs. That was in part because the budget was always underspent thus reducing the number of clients seen and increasing the cost of each one against the budget.

Mr Ladbrooke also raised a number of questions about; (i) the lack of alternatives proposed by the PCT; (ii) the fact that while it was true that GPs were able to provide many of the same services as Health Trainers many of the Trainers' clients were not registered with GPs; and (iii) the importance of targeting the service and that many services are actually generalised. Mr Ladbrooke also stated that the Health Impact

Assessment was not acceptable.

He concluded by stating Unison's view that there should be consultation with patients and that, if there were to be no consultation it could be seen as a precedent for the future every time the PCT chose to describe a service as "failing".

The presentations were followed by a question and answer session during which the following further information was provided:

- The actual underspend on the budget for 2009/10 was £55,000.
- Existing clients would be able to get the same services via GPs and other agencies.
- Existing clients would receive a full handover to new service providers.
- The PCT's "Staff Partnership Forum" would work to reduce the number of compulsory redundancies although there could be no guarantee of future employment.

Following the discussion a vote took place on whether or not the Committee considered that the proposed change of service amounted to a substantial service change that would merit full public consultation. By 7 votes to 4 the Committee decided that it was not a substantial change.

It was AGREED that a letter be sent to the PCT confirming the decision of the HOSC that the closure of the service does not amount to a substantial service change and so there would be no need for full public consultation on this matter.

It was stressed that members would expect that all of the people at present being supported by Health Trainers would have all possible options clearly explained to them for gaining access to other support services and steps would be taken to help them gain access to those services. Members would also expect that their progress would be monitored closely.

Members would seek an assurance that everything possible would be done to avoid compulsory redundancies amongst the Health Trainers.

19/11 DEVELOPING THE NEW OXFORDSHIRE HEALTH AND WELLBEING BOARD

(Agenda No. 9)

The purpose of health and wellbeing boards is "to improve health and care services, and the health and wellbeing of local people". Subject to Parliamentary approval, health and wellbeing boards will be established from 2013, running in shadow form from 2012. 2011/12 will be a transitional year.

Local Councils have an important strategic leadership role in developing the boards and a number, including Oxfordshire, have joined an "early adopter network" with an aim to get the new Board set up in advance of the Government's deadlines and share the benefits of each other's experience.

John Jackson and Jonathan McWilliam updated the Committee on the present situation in the development of the new Health and Wellbeing Board. They explained that the PCT and the County Council are working closely together in developing proposals for the new Board and made the following points:

1. **<u>What the Government has said should happen</u>**

Health and Wellbeing Boards
- Will be a statutory requirement and a key element in increasing local democratic accountability for the NHS
- Must develop a “Joint Health and Wellbeing Strategy”
- Joint Strategic Needs Assessment (JNSA) at heart of the role – but flexibility to broaden this
- Core purpose will be to join up commissioning across the NHS, Social Care, Public Health and related services & improve outcomes
- Support and oversee the use of NHS Act s75 for formal partnerships and support informal arrangements
- Could have functions delegated to them by local authorities
- Should support the involvement of local stakeholders in the preparation of plans
- Should consider whether GP Consortia and local authority commissioning strategies have proper regard to the Health and Wellbeing Strategy.
- NHS Commissioning Board (the new central board responsible for overseeing the NHS) would attend when required for local commissioning issues
- Scrutiny would remain separate but enhanced (Current scrutiny powers enable local authorities to request NHS bodies to attend before them to answer questions and to provide information. Powers in future would be extended to enable scrutiny of any provider of any NHS-funded service, and any NHS commissioner including private sector providers and local public health services).

Membership
- The Board would be an upper tier responsibility but districts involvement encouraged
- Duty to participate placed upon GP Consortia
- Could be joint across local authority boundaries
- Core membership must include a locally elected Councillor, Healthwatch and Directors of Adult Social Services, Children’s Services and Public Health
- Flexibility around who other members could be; for example voluntary sector, clinicians and providers

2. **<u>What is already in place in Oxfordshire</u>**

Oxfordshire
- Long established history of joint working between local government and health including pooled budgets
- Well regarded JSNA
- Evidenced based Community strategy, strong partnership arrangements
- Highly effective DPH acting as a bridge between NHS and other partners
- The existing Health & Wellbeing Board has been co-chaired between the County Council and the PCT from the beginning. There is an active Children’s Trust. Therefore a strong basis in experience on what is need for effective joint working

3. <u>Emerging issues that have come out of discussion with other areas</u>

Key messages from the Early Implementers Group
Key points from early work of the Early Implementers Group are:
- Local arrangements must be strong to drive engagement across areas and up the decision making chain
- Need to recognise different perspectives & develop shared agendas
- The importance of engaging with emerging GP consortia is well understood – but this is matched by uncertainty over how to achieve this locally and nationally
- JSNA should underpin the strategies: crucial for establishing the evidence base for defining outcomes and what works
- The Board is for the whole population - children and families part of it too
- Need to break out of the traditional pathways thinking

The detailed form of the new Board is still to be finalised and it will be the subject of consultation.

Members asked to be kept informed of further developments.

20/11 OXFORDSHIRE LINK GROUP – INFORMATION SHARE
(Agenda No. 10)

Adrian Chant, LINk Locality Manager, reported that the host for the last year of the existence of the LINk has been tendered for and a recommendation has been made to the Director of Adult Social care. It is hoped that an announcement on the appointment of the new host will be made by May 1st. The future budget will be cut from the present £200,000 to £150,000.

21/11 CHAIRMAN'S REPORT
(Agenda No. 11)

The Acting Chair had attended a recent consultation meeting at the Kassam Stadium on the future GP consortium. Councillor Pressel reported that a number of GPs had expressed concerns about the future and members of the public asked about scrutiny of all health services including the GP Consortium and the Health and Wellbeing Board.

The Acting Chair also reported that the Safer and Stronger Communities Scrutiny Committee had requested that the HOSC should write to the Government in connection with minimum pricing of alcohol. Their view was that what has been proposed by the Government did not go far enough and that the minimum price should be higher.

Members AGREED that the letter should be sent and asked Roger Edwards to produce a draft in conjunction with the Assistant Director of Public Health.

.... in the Chair

Date of signing ....