OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held at Cherwell District Council offices on Thursday, 19 November 2009 commencing at 10.00 am and finishing at 12.35 pm.

Present:

Voting Members:	Councillor Dr Peter Skolar – in the Chair
	Councillor Tim Hallchurch MBE Councillor Jenny Hannaby Councillor Ray Jelf Councillor Don Seale Councillor Lawrie Stratford District Councillor Dr Christopher Hood District Councillor Jane Hanna District Councillor Rose Stratford District Councillor Hilary Fenton (In place of District Councillor Richard Langridge)
Co-opted Members:	Dr Harry Dickinson, Mrs Ann Tomline and Mrs A. Wilkinson
Officers:	
Whole of meeting	Julie Dean and Roger Edwards (Corporate Core)

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

58/09 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Councillor Hilary Fenton attended in place of Councillor Richard Langridge. Apologies were received from Councillor Susanna Pressel and Councillor John Sanders.

59/09 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

There were no declarations of interest.

60/09 MINUTES
(Agenda No. 3)

The Minutes of the last meeting held on 17 September 2009 were approved and signed.

61/09 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

There were no speakers or petitioners.

62/09 BETTER HEALTHCARE FOR BANBURY AND THE SURROUNDING AREA
(Agenda No. 5)

In July 2007, this Committee had referred to the Secretary of State for Health proposals by the Oxford Radcliffe Hospitals NHS Trust (ORH) for changes to services at the Horton General Hospital (HGH). This had followed much local opposition from members of the public, local GPs and others.

In February 2008, following an investigation by the Independent Reconfiguration Panel (IRP), the Secretary of State had supported the view of the HOSC and rejected the ORH proposals.

The IRP had advised the Secretary of State to reject the Trust's proposals because they had failed to provide an accessible or improved service for local people. The IRP had recommended that the Oxfordshire Primary Care Trust (PCT), working with the ORH Trust, should carry out further work to set out the arrangements and investment necessary to retain and develop existing services. It was recognised that there would need to be changes because of major developments in the NHS around working hours (the European Working Time Directive) and training patterns. However, any plans for change should ensure that services at the HGH continue to be appropriate, safe, sustainable and accessible.

The full IRP recommendations were before the Committee (JHO5(a)). Also before the Committee was a 'Better Healthcare Programme Board (BHPB) – Programme Report which informed the PCT Board of their recommendations and on the next steps. The BHPB, at their meeting on 17 November, had agreed to:

1. Tell the PCT Board that, in the view of the BHPB, a consultant delivered paediatric and maternity service was the preferred model of service as it would preserve the 24/7 maternity and paediatric services at the Horton;
2. Support the proposal that the PCT Board should make its final decision on the **affordability and deliverability** of the model once the ORH clinicians had produced detailed operational specifications and those had been subject to the **clinical and financial challenge** process;
3. Tell the Better Healthcare Programme team and the ORH to present a plan to the Programme Board in January that would; **provide a timetable for the production of the specifications and how they would operate across the Horton and the John Radcliffe** and **a timetable for clinical and financial review;**
4. Approve the payment to the ORH for the time required to produce the specifications;
5. Invite the ORH Trust Board at its 14 January meeting to (a) support the creation of the specifications and (b) **approve the maintenance of the**

interim plan (the plan that has been keeping the service going with a hybrid rota of consultants, middle grades and locums);

6. Invite the Oxford deanery to continue working on identifying opportunities for accrediting middle grade paediatric training at the Horton.

In summary, the BHPB wanted the PCT and the ORH to agree on the development of consultant delivered maternity and paediatric services and to produce a timetable for when the information required to make the final decision on the service would be available.

Alan Webb, Director of Commissioning, and Ally Green, Programme Director for the Better Healthcare for Banbury Project, Oxfordshire PCT presented the PCT's proposals as contained in the report JHO5(a) explaining the role of the BHPB, its vision for the HGH , steps taken to date, the findings of the report and the road ahead. They also circulated a paper entitled 'Delivering the IRP recommendations' (a copy of which is attached to the signed minutes) which set out progress to date in achieving each IRP recommendation. They added that the ORH had confirmed their support to the steps taken so far via the BHPB and that they wished to continue to work with the Deanery, whatever the outcome.

Alan Webb briefly summarised the position to date as there having been:

- Significant progress;
- There was now an agreed model which had been partly signed up to; and
- There was now the challenge of making it work and the implementation of those challenges. All had agreed to work together to meet this.

Following this, there were a number of speakers who had been invited by the Committee to express their views with regard to the PCT's proposals and to request any assurances and/or caveats that they would wish to see attached to them. Their comments are briefly summarised below:

<u>Sumit Biswas, Chair, BHPB and Non Executive Director, Oxfordshire PCT</u>

- He offered the Committee his assurance with regard to the process and gave a flavour of the very full and robust discussions at the 17 November BHPB meeting;
- The report reflected a programme that was very complex in nature. The task of the Board (and from a non executive director's viewpoint) was whether a balanced and appropriate view had been taken;
- The IRP had charged the PCT to lead the programme, hence the need to invest significant time, effort and resourcing on the part of the PCT;
- The proposals straddled a number of constituencies from within and from outside the borders of Oxfordshire;
- A significant effort had been made to be as transparent as possible, all meetings had taken place in public for a well-informed debate and were very inclusive;
- The meeting on 17 November had been pivotal. From a Chair's perspective, there was much discussion about whether there was sufficient information to give a conclusion. Following the debate it was the view of the Board that there had been appropriate amount of information given, in the way the arguments had

been presented. In addition, the ORH had given a commitment to work through the process in an appropriate manner which would lead to a greater amount of detail within the public domain. Alan Webb had also reassured the Board that a better understanding of detail would be generated as the process and its implementation was worked through;
- Conversation had also focussed on ensuring that the outcomes and timescales were clear. A sub-group of the Programme Board had been charged with making clear what the next stage would be and to publish the details;
- The Board had also had an assurance from the ORH representatives present that there would be good, balanced and considered clinical leadership as part of the process;
- The finances had been looked at in aggregate. Part of the Terms of Reference for the next stage was to look at this in detail;
- Clarification and details were sought on consultant numbers, accreditation, market testing, and how it was envisaged that the Board would work with the ORH;
- This had been an important process with the IRP proposals, of an appropriate duration and detail. This understanding had now to go through to the next stage.

The Chairman thanked Sumit Biswas for his clarification of discussions at the BHPB.

Dr Peter Fisher, a former consultant working at the HGH

- A very detailed investigation and consultation with local people had taken place over the last eighteen months, with the aim of meeting the aims of the IRP recommendations, keeping vital services running and meeting the needs of the people living in the area;
- They agreed that it was very important to work out the detail and conduct explorations, with flexibility, common sense and less dogmatism, on matters such as how to reduce the time which the consultant paediatricians spent on the Out of Hours Service in order for them to be more present at the hospital, given the safety aspects of the national guidelines on more children being cared for at home;
- As the implementation evolves, the implications would be that the ward could be closed, this would require full consultation and it would have to be brought back to this Committee.

The Chairman reassured Dr. Fisher that this would be the case.

Councillor George Parish, Cherwell District and Banbury Town Councillor

- Cllr Parish gave a brief background on the position to date. He expressed pleasure in the support pledged by ORH;
- He commented that in 2003 there had been 1,500 births at the HGH and now there were 1,700, due to population growth within the Cherwell area. He added that what was proposed was a good solution if it was to go ahead in terms of population growth;
- It would also end eight years of staff uncertainty with regard to their employment position.

Tony Baldry MP

- Thanked this Committee for referring the matter to the Secretary of State because if they had not, then the IRP recommendations would not have come about;
- He believed that the PCT had responded appropriately to the IRP proposals and that all parties had worked very hard and constructively towards a satisfactory solution. All contributors had been open and transparent at meetings of the Community Partnership Forum(CPF) and the BHPB;
- Colleagues from Northamptonshire and Warwickshire had also attended the public meetings;
- Much detailed work had yet to be carried out to get a satisfactory answer as there is no 'plan B';
- In relation to the comments made by Dr. Fisher, he responded that Children's Services was an evolving service nationally and all involved would have to be very careful to ensure that the correct process was put in place at the appropriate time. In the meantime the HGH would continue to be a general hospital delivering a range of services as a general hospital should;
- David Cameron MP had visited the HGH twice recently as a large part of his constituency bordered Banbury;
- He stressed the importance of everybody having a clear understanding of the timescales, programme of work and of the procurement process, given the distractions of the general election next year;
- He hoped that whatever changes were made as part of the implementation process, a full consultation process would be in-built into the timetable;
- He added that much work could be done together to show the public that there was a parallel between deliverability and affordability, as there had been apprehensions about this for decades.

Andrew Stevens, Director of Planning & Information, ORH

- He reiterated that there was no need to wait for 14 January to confirm the complete commitment of the ORH to the proposals relating to the HGH;
- The ORH had learned a significant amount from the process with regard to public engagement;
- ORH continued to see the HGH as 'the jewel in the crown' for Banbury and the surrounding districts, giving continual general hospital services. This had led, for example, to a recently expanded Chemotherapy Unit and a Bowel Screening Centre established at the hospital;
- ORH saw, as their key task, to demonstrate safety and a quality of care which is in the best interests of children and families. The workshop uniformly agreed the interim plans, plans which might not continue to be not sustainable in the medium term;
- ORH were keen to demonstrate an openness and transparency to the challenges facing them;
- He listed the challenges facing the ORH Board:

1. There was no other site, except the Royal Free Hospital, London, who were running a combined rota across more than one site. Assistance would be required with innovative ideas to overcome the problems associated with this.

2. Whilst the ORH had been partially successful in recruiting to the posts in the interim, the figures presented to the Community Partnership Forum identified that there were only enough middle grade paediatricians in England to fill 75% of the posts. The solution must, therefore, be sustainable.
3. There must be robust planning to ensure that there is interdependence between the services and thought given as to what impact there would be on other services, and on specific services in the north of the county.
4. There were issues of affordability within the tariff. In 2010/14 the PCT would face £240m in cost pressures. Any additional monies would have to be found elsewhere within other services commissioned by the PCT. In the long term, collective thought was required in order to consider parallels to the detailed work being done, in order that flexibility could be built in for the future.

At this point a question and answer session was held. A number of questions were asked of the speakers so far, some of which are included below:

Q (to Alan Webb) How would the PCT address the problem of supplying consultants to deliver paediatric services when the long term aim was to remove the care of children from acute care to community services?

R Any changes to children's services would be made in the light of national change and development and of best practice. It would be right to give care in the community a long term consideration, as conditions such as asthma and diabetes could be managed with more sustainable care in the community. However, there are other conditions which could only be managed in an acute setting. Therefore, some services do need to change to accommodate delivery within the community and others need to be maintained within the hospital. The main challenge is how the consultants delivering services within the community will fill up their day. Any changes will be consulted upon.

Q Would it need to be consultant led if you have sufficient numbers who were training accredited?
R (Ally Green) It would partly depend upon the numbers of years in training. It would be likely that a consultant would be required to work beside those in years 1 and 2 of paediatric training. For those that have training amounting to 3 or 4 years and above, it would require a consultant to be on call rather than present on the ward. We are not sure at this stage, but it may be that if we had higher numbers of those with a higher level of accreditation it would probably reduce the numbers of consultants needed.

It may be possible for the rota to be hybrid. If we have a number of middle grade doctors submitting permanent applications, then these will be able to take a role in the rota as they will be able to work on, and run a ward. At the moment there is high reliance on using locum doctors and doctors with fixed term appointments which is not sustainable or ideal.

Q Are you giving training to middle tier doctors top priority?
R (Andrew Stevens) With regard to paediatrics, there has not, in the past, been sufficient numbers of patients to justify giving training recognition. In order to fill the

middle tiers we have had to rely on locums to fill the non training posts. With regard to Obstetrics, the Dean has said that the training could be retained.

(Dr Peter Fisher) There are two stages to overcoming this problem:

1. The Dean must be convinced that there is sufficient work to enable doctors to gain adequate experience here to justify accrediting the posts. This could involve paediatricians working more in the community and significant efforts have been made in primary care to this end.
2. To endeavour to make the posts more attractive. There is a shortage of trainees to fill the posts.

Q (To Alan Webb) What is the model you envisage ? What are the questions you have to decide on? And what happens if the answer is 'no' from the ORH?
R Alan Webb directed the Committee to the information given in the presentation entitled 'Best Alternate Model'. He added that the proposal is to consult on the delivery of a paediatric and maternity service as agreed on 13 October. There will be a mixture of training and non training posts. Maternity is more likely to be a hybrid model as it is easier to recruit into middle grade posts. The PCT Board on 26 November will be asked to sign off the plan and approve the next steps of the process, which will be to approve a service specification (ie. answering questions such as 'What will the model mean for the consultants'? 'What will be contained in their job descriptions'? etc). This will be looked at by the Board in January.

There is no 'Plan B'. This model is the only solution. We have to have a long term, sustainable solution and it has to be affordable. If there are issues, then these will be discussed within public debate. We are totally committed to making it work.

Q How much of a difficulty is the European Working Time Directive proving to you? What happens if the Government changes and the Working Time Directive is reviewed?
R (Andrew Stevens) The European Time Directive does make things worse, but it is not the core of the problem. The paediatric posts are not training recognised and the labour market for people to fill the non training posts is not there.

(Tony Baldry MP) Work will have to progress on the basis that there will be more changes to the European Time Directive and that it will continue to apply to hospital doctors.

Q The current community procurement process is in the form of a block contract. If there is a significant amount of service provision in Banbury, what would be the effect on paediatric services in the rest of the county?
R (Andrew Stevens) There is currently a cap on our contract which causes problems when we are looking to arrangements. Next year's will not be in the form of a block contract and risks will be shared.

Q Given the need to make budgetary savings next year. What guarantee do you have about funding this proposal?
R (Alan Webb) We have to make a £240m reduction over the next 5 years. Whilst there is no protection as such, the services are provided within areas of

significant deprivation, which is in line with the PCT's priorities. Any investment in Banbury will be taken in the light of the priorities of the PCT.

The Chairman thanked Sumit Biswas, Dr Peter Fisher, Councillor George Parish, Tony Baldry MP and Andrew Stevens for their views and for responding to questions from members of the Committee.

Julia Cartwright, Chair, Community Partnership Forum (CPF); Dr Richard Lehman, Banbury GP; Cllr Rosie Herring, South Northamptonshire District Council; and Cllr Gillian Roache, Stratford upon Avon Borough Council, were all called to the table in order to give their addresses. Alan Webb was invited to remain at the table.

Before inviting Julia Cartwright to speak, the Chairman paid tribute to all her hard work as Chair of the CPF.

Julia Cartwright

- Paid tribute to her team who had worked very hard without a set process;
- The Forum's independence had been a great help, together with equality of access to regulations. There had been collaboration at both a partnership and an organisational level;
- The Forum had a role of mediation and of education – and for these, and the above reasons needed to continue into the future;
- The Forum felt happy that the views of the community had been heard and respected. At the beginning there had been a significant amount of mistrust. She added that 'it would be a travesty if this was to be fractured in the future'.

Dr Richard Lehman

- Dr Lehman had practised as a GP in Banbury for 30 years and therefore was conversant with much of the history of the HGH. In 1992 there had been plans to reduce the numbers of paediatricians working in the HGH. In those days there was a 24 hour response and if the paediatric service had been removed, then it was realised that the Maternity and Accident & Emergency would have to follow. Despite the reassurances from the former Health Authority and the ORH, it was believed that Banbury and its surrounding areas would be left as a 'rump hospital' looking after long term conditions and the elderly;
- This history had entrenched within the community with the view that paediatrics had to be supplied in some form or other. This view was shared by most of the GPs;
- This consensus still applied – all were pleased with the process (all credit to the Forum) and with the ORH for opening up their previously entrenched position, despite opposition from their own clinicians;
- All shared anxieties with regard to the implementation and recognised the possible obstacles. They looked forward to better integration of primary and acute care to which the GPs were committed;
- The GPs were thankful that a process which used to be confrontational and self defeating had moved on in an incredible way since the last meeting of this Committee at the Cherwell DC Offices.

Councillor Rosie Herring

- Cllr Herring is a representative on Northamptonshire County Council's Health Scrutiny Committee, to which the proposals were to be presented and a formal response given;
- She believed that the position with regard to the paediatricians was key to this situation and recruitment middle grade paediatricians would prevent the 'domino' effect as described by Dr Lehman;
- She commented that the detail was of the most importance and urged the Committee and fellow councillors not to agree matters without full knowledge.

The Chairman and Alan Webb confirmed that the proposals did not require ambulatory services, as originally envisaged.

Councillor Gillian Roache

- Cllr Roache endorsed Cllr Herring's comment about the need to see the detailed PCT plans;
- She paid tribute to the 'inspirational leadership' of the CPF, saying that it was a privilege to be a member of a group which had facilitated so much engagement amongst people who had not engaged in the past;
- She expressed the hope that the Forum would continue until the services had been put in place to everybody's satisfaction;
- Cllr Roache stressed the importance of thought being given to transport links in what was a very rural area. She added that some areas were reliant on voluntary drivers.

Members of the Committee expressed the following views with regard to the proposals:

- Thought should be given to the areas being served by the HGH across the Oxfordshire borders. Julia Cartwright responded that one of the roles of the Forum was to go out and present to the various County/District councils bordering Banbury;
- There was a need for the ORH to talk to the Dean as soon as possible;
- Thought should also be given to where the Oxford Maternity Service would take their patients to, in the event that both the ORH and the HGH was full.

Members of the Committee all agreed that this had been a very useful session and thanked all who had taken part.

With regard to the proposals developed as part of the Better Healthcare Programme for Banbury and the surrounding area, the Committee **AGREED** to inform the Primary Care Trust Board at their meeting on 26 November of the following:

1. Whilst accepting that there still was a large amount of work to be done, the Health Overview & Scrutiny Committee (HOSC) is of the opinion that the work of the Primary Care Trust (PCT) and the Oxford Radcliffe Hospitals Trust (ORH) have undertaken to date complies with the recommendations of the Independent Reconfiguration Panel (IRP).The HOSC would wish to commend

both organisations for the positive attitude they have adopted to fulfilling the requirements set down by the IRP.

2. The HOSC recognises that a consultant delivered paediatric and maternity service is the best available option to those rejected by the HOSC in 2007 and subsequently by the IRP in 2008. Consequently the HOSC calls upon the PCT and the ORH to do everything within their capacity to develop and implement the consultant delivered service. Such a service development, provided that it does not constitute a change in the service being provided, would not require formal public consultation.

3. The HOSC recognises that there is a great deal of detailed work still to be done in forming and developing the consultant delivered model. Members would wish to see a timetable for the implementation of the service made public at the earliest opportunity and certainly no later than the end of January.

4. The HOSC is concerned about the sustainability and deliverability of what is being proposed and in particular the possible difficulties of recruiting to new consultant paediatrician posts. Members would urge that the PCT should encourage the ORH to seek imaginative solutions to filling these posts and that those solutions should be shared with the Programme Board and the Community Partnership Forum.

5. The HOSC urges that discussions should continue with the Oxford Deanery aimed at achieving training accreditation for middle grade paediatric posts at the Horton General Hospital (HGH). The report from the Deanery visit to the HGH of 13 November should be made public as soon as possible.

6. The HOSC would wish to see at an early stage plans for implementing a more community based paediatric service in Banbury and the surrounding area and the detailed implications for the HGH. It is expected that such developments would require formal public consultation.

7. The HOSC considers that the Community Partnership Forum must be retained as the main arena for Section 242 (formerly Section 11) informal public consultation.

8. The HOSC wishes to emphasise the importance of continuing formal and informal public consultation. As the paediatric service develops a more community based orientation the PCT should consult widely on the possible effects on services at the HGH.

9. The HOSC considers that it would be a very positive and welcome development for the PCT and the ORH Boards to issue a joint public statement committing themselves to the continuation of twenty four hour, every day maternity and paediatric services at the HGH for the foreseeable future. The statement should contain a commitment to consult the public on any future changes to the service whether driven by local or national priorities.

63/09 OXFORDSHIRE LINK GROUP – INFORMATION SHARE

(Agenda No. 6)

Anita Higham, Oxfordshire LINk Steering Group member and Adrian Chant, Locality Manager, informed the members of the Committee of some recent activities which the Oxfordshire LINk had been involved in. They included:

- Representatives of the LINk had been involved in a number of public meetings and projects, for example, focussing on community projects with regard to interim care; access to rural services; the Banbury and City of Oxford Drugs and Alcohol service; and a training programme seeking to enable members of the public to enter and view proposals;
- The LINk had been represented as a patient group on the CPF. All meetings had been held in public and almost all had been attended by members of the LINk;
- The LINk were working in partnership with a group of Mental Health service users on the new contract;
- The LINk were monitoring a pilot scheme to give 250 people their own social care budget in the north Oxford area;
- There had been a 16% increase in LINk participants, amounting to an additional 515 people onto the database;
- A proposal was to be presented to the next meeting of the HOSC to request space for project groups to report on their work;
- She encouraged all present to understand what the LINk was aiming to achieve, and to look at the Oxfordshire LINK's website.

In reponse to a request for information about whether any visits had been carried out by the LINk , Anita Higham explained that they had authority to enter and view relevant and appropriate premises. It was hoped that they would be able to come back to the Committee with the results of their experiences to date.

The Committee thanked Adrian Chant and Anita Higham for their oral report and for responding to questions.

64/09 CHAIRMAN'S REPORT

(Agenda No. 7)

The Chairman gave a brief report on the following meetings he had attended since the last meeting:

- A meeting of the informal South Central Health Overview & Scrutiny Group had discussed the ORH application for Academic Health Sciences Centre status. He also informed the Committee that the first meeting of the joint review of the South Central Ambulance Service was due to take place shortly;
- A 'getting to know you' meeting with the new interim Chief Executive of the ORH;
- Meetings with the Chief Executives of Community Health Oxfordshire and the Oxfordshire & Buckinghamshire Mental Health Foundation Trust; and

- A discussion with representatives of the Xiamen Government officials of Health.

65/09 INFORMATION SHARE
(Agenda No. 8)

There were no information items reported.

..... in the Chair

Date of signing .....