# OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 21 February 2013 commencing at 10.00 am and finishing at 13.25

Present:

**Voting Members:** District Councillor Rose Stratford – in the Chair

Councillor Jenny Hannaby

Councillor Jim Couchman
Councillor Gill Sanders
Councillor Lawrie Stratford
District Councillor Martin Barrett

District Councillor Dr Christopher Hood

Councillor Susanna Pressel

District Councillor Alison Thomson

**Co-opted Members:** Dr Harry Dickenson

Dr Keith Ruddle Mrs Anne Wilkinson

Other Members in

bers in Councillor Tim Hallchurch (Substituting for Councillor Dr

Attendance: Peter Skolar)

Councillor Hillary Hibbert Biles (for Agenda Item 8)

Officers:

10

Whole of meeting Claire Phillips

Part of meeting Angela Baker

Agenda Item Officer Attending

6 Dr Mary Keenan, OCCG

7 Riana Relihan, Oxfordshire PCT

8 Andrew Stevens, OUHT

Jane Herve, OUHT Paul Brennan, OUHT Tony McDonald, OUHT

Adrian Chant, LINk

Sue Butterworth, LINk Patricia Wells, LINk Linda Watson LINk

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.

## 76/13 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillor Skolar (Councillor Hallchurch substituting), Councillor Strangwood.

# 77/13 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Cllr Rose Stratford and Cllr Lawrie Stratford declared they are both members of the League of Friends for Bicester Community Hospital.

#### **78/13 MINUTES**

(Agenda No. 3)

The minutes were approved with the following amendment:

The first sentence of the eight paragraph of item 73/12 should read: "Patricia Wells" rather than Shelia from LINk.

## Matters arising:

71/12 Cllr Pressel confirmed that she had been misinterpreted and the main point she would like to communicate is that the OCCG should be considering the timescales for bids as GPs can't complete with larger conglomerates with the current short timescales in place.

## 67/12 A&E waiting times

The committee asked OUHT for updates on A&E waiting times and delayed transfers of care.

72/11 Cllr Hannaby confirmed to Cllr Pressel that a provider's previous service history cannot be taken into consideration when assessing tenders.

## 73/12 District Nursing

Cllr Presell requested a report on District Nursing (Oxford Health) at a future meeting.

## 79/13 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

Cllr Hibbert-Biles and five public speakers asked to address the committee on the Cotswold maternity unit item. Cllr Rose Stratford asked the speakers to address the committee during item 8.

## 80/13 HEALTHWATCH UPDATE

(Agenda No. 5)

The Chairman confirmed this item had been removed from the agenda.

## 81/13 CLINICAL COMMISSIONING UPDATE

(Agenda No. 6)

Dr Mary Keenan addressed the committee. She confirmed that the five conditions for authorisation are being addressed between now and the end of March 2013.

The first draft of the Oxfordshire Clinical Commissioning Group (OCCG) Operating Plan was submitted to the NHS Commissioning Board Area Team in January 2013 for feedback. The plan highlights the large financial challenge for the OCCG.

The plan has been structured around the NHS outcomes domains:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

OCCG will be moving towards outcome-based commissioning focused on outcomes that matter to patients and clinicians in the following three areas:

- Frail elderly
- Maternity
- Mental health

Oxfordshire is at the forefront of the national process.

OCCG are looking to pool budgets with OCC to help deliver long-term financial health. The main focus of the work is the Older People's pooled budget which, when in place, will be the main underpinning arrangement to implement the Older People's Joint Commissioning Budget 2013/16.

The committee raised concerns about the potential for GPs to have a conflict of interest with the new arrangements. OCCG confirmed that it has robust procedures in place to identify GPs medical interests.

Dr Mary Keenan emphasised the scale of the financial challenge facing the OCCG. Opportunities for savings around areas such as more consistency around follow up appointments are being explored. The committee requested an update report an information on the financial challenge for the next meeting.

## 82/13 COMMUNITY HOSPITAL UPDATE

(Agenda No. 7)

Riana Relihan, Estates Project Manager at Oxfordshire PCT gave an update on the status of the two community hospital developments in Oxfordshire. The changing structure of the NHS has led to delays for the Bicester and Townlands community hospitals.

The Townlands delay has been a result of the project funder Aviva needing new assurances as the premises will now belong to NHS property Services Limited. Progress has been made between Aviva and the Department of Health which is leading towards the financial close of the project.

Bicester is two to three weeks away from signing a contract. The financial close of Townlands is more complex and is due mid April 2013. The PCT are currently assessing what impact this could have on project costs and sign-off by Property Services Ltd.

The committee said the Bicester hold up is frustrating and more transparency is needed with members of the public.

## 83/13 CHIPPING NORTON MATERNITY REVIEW

(Agenda No. 8)

Public addresses were made by:

Cllr Hibbert-Biles – Local County Councillor

Jennifer Lanham - Maternity Services Liaison Committee Chair

Kim Murray - Cotswold Maternity Unit supporters group

Kate Barlow - A mother from the local community

Heather Bower - A representative from the local community

Sarah Boyd - Chipping Norton & District branch National Childbirth Trust

All public speakers expressed their desire for the Cotswold Maternity Unit to reopen as soon as possible. Other concerns raised included:

- Limited transparency of the internal review
- Opinions being gauged from current staff only
- Methods of data gathering
- Reduction of student places

A paper circulated by the Cotswold Maternity Group to some members of the committee is to shared with the OUHT.

Cllr Hibbert–Biles addressed the committee and raised concerns that the consultation had closed in January but there hasn't been any recommendations published or reopening date set. Cllr Hibbert–Biles expressed the need for the OUHT to consult the public on what is happening and increase transparency.

Oxford University Hospitals Trust were represented by: Paul Brennan, Director of Clinical services at Oxford University Hospitals Jane Hervé, Head of the OUHT midwifery service, Andrew Stevens, Director of Planning, Tony McDonald, General Manager, Children's and Women's Division

The OUHT confirmed that the decision to close the unit was taken after patients and staff raised concerns about the high transfer rate. There were a range of complex issues at the Unit and the OUHT felt the best course of action was to close it temporarily and launch a review. The OUHT stated their intention is to reopen the unit once any recommendations highlighted through the review have been implemented.

Jane Hervé confirmed that more detail would be provided when the report is published and thanked the local community for all of their support. A summary of data collection methods was given and Jane Hervé confirmed that all staff were happy to meet with her. The OUHT will work closely with GPs and local groups to implement any changes

At this stage the review has identified the following emerging themes:

- The local community want the Cotswold Maternity Unit to be available for a full range of services
- Recent transfers have been appropriate
- An effective discharge policy needs to be agreed
- Midwives and local GP's need to collaborate
- Staffing ratios and a skills mix need to be agreed
- Cultural challenges
- A review of working arrangements is needed
- The service needs to be promoted in the community

The committee expressed concern about the amount of time the unit has already been closed. Andrew Stevens reiterated the point that a range of issues combined led to the OUHT taking the decision to close the Unit. The OUHT confirmed the report would be going to the board meeting on the 13<sup>th</sup> of March 2013 and the papers would be available on the website a week before.

In response to a question the OUHT confirmed that there was no evidence of adverse clinical outcomes in the Unit.

The committee was sympathetic to local concerns about the review and emphasised to the OUHT that it should reflect the candour of the Francis report; be independent; and be timely.

The committee agreed that OUHT will discuss the best way to consult the HOSC on recommendations with the Chairman and that the priority is to reopen the Unit as soon as possible.

OUHT updated the committee on the recent decision to temporarily suspend emergency abdominal surgery at the Horton hospital in Banbury due to staffing issues. The Trust is planning to consult formally on the future of services at the Horton this year.

## 84/13 PUBLIC HEALTH

(Agenda No. 9)

Angela Baker presented the public health update in the absence of Jonathan McWilliam.

Transition plans for Public Health are going well and 8 members of staff are to move to County Hall on the 2nd April 2013.

The Health and Wellbeing board becomes a statutory requirement from April 1<sup>st</sup> 2013. An update on progress of the board will be covered in the Public Health update at the next HOSC meeting. The committee requested the dates of future Health and Wellbeing boards and an update on the Public Information Network (PIN) at the next meeting.

The Joint Strategic Needs Assessment is in progress and will be published by the end of March 2013. The results of the assessment will influence the Strategy for the Health and Wellbeing board.

The Planning for Patients 2013/14 paper builds on the information presented by OCCG. It lists the five domains that all organisations will be measured against. The plans will be signed off locally 31st March 2013.

The Everyone Counts - planning for patients 2013/14 paper sets out how the CCG and NHS Commissioning group will be monitored, what improvements they are expected to make and how money should be spent. There are five headlines:

- The importance of the NHS constitution
- The NHS Offer
- Delivering against the NHS Outcomes Framework
- Three local priorities
- Other National Priorities to be rolled out

The Public Health Outcomes Framework sets out the desired outcomes for Public Health and details on how these will be measured. The two main outcomes identified are:

- increased healthy life expectancy
- reduced difference in life expectancy and health life expectancy between communities

The overall picture is good for Oxfordshire with only a few specific indicators needing more consideration:

- The figures for the number of people killed/seriously injured are much lower this year. In future the figures are also to be compared against the national average.
- The Drug Treatment figures are skewed by the fact the DAT team are now part
  of Public Health and all treatment had to stop and start with a new provider. A
  report on this area of work is to be brought to the committee at a future
  meeting.
- Work is planned for next year to encourage young people to get tested for Chlamydia
- Current data suggests that Oxfordshire has more falls than other populations. The committee requested a report on fall indicator for a future HOSC meeting.

Information on the indicators is updated on a regular basis. More information on specific indicators can be found on the internet at http://www.phoutcomes.info/

## 85/13 LINK - FINAL REPORTS

(Agenda No. 10)

Adrian Chant, Sue Butterworth, Mary Judge and Linda Watson presented the final reports from LINk. Linda Watson gave a summary of the LINk work over the years and highlighted the partnership working with local groups and engagement with the public.

The Maternity Services Review Report highlights two concerns:

- Conflicting information and limited support for breastfeeding
- Lack of consistency of support

Jane Hervé confirmed the OUHT have drafted a response which would be with LINk within the next week.

The findings from the review of information provided for NHS Dental Patients in Oxfordshire has been shared with the PCT/OCCG. This report was requested by the PCT and the recommendations relate to display signage, printed and on-line materials. Angela Baker confirmed that there are four oral health practitioners in Oxfordshire that are available to schools.

Adrian Chant updated the committee on the OMEGA report into ME services which had been discussed at the previous meeting. OMEGA has met with the OCCG and will be looking at care pathways in the future. The committee requested that the OCCG and Oxford Health responses to the report be shared when available.

The report from the Mental Health Hearsay event in December will be taken to the Better Health Programme Board on 28<sup>th</sup> Feb 2013. Issues identified included:

- GP and Medication Reviews
- Support Carers and Confidentiality
- Information isolation and the need for a range of communication channels
- Integration across Services
- Care pathways and care co-ordination
- Crisis response and staff attitudes

Linda Watson confirmed the LINk handover event will take place in March to agree the priority work to pass onto Local HealthWatch.

The committee thanked LINk for all their work especially the large number of volunteers.

#### 86/13 CHAIRMAN'S REPORT

(Agenda No. 11)

Cllr Rose Stratford updated the committee on the meeting held with the OCCG in February.

Cllr Couchman updated the committee on a meeting held with the Care Quality Commission (CQC) in November. There were some concerns raised by members

	JHO3
	about the CQCs ability to meet its new role and have sufficient resource to monitor quality of services. The committee requested an item on the CQC at a future meeting.
87/13	CLOSE OF MEETING (Agenda No. 12)
	The meeting finished at 13.25
	in the Chair
	Date of signing