

# **Oxfordshire Health Overview & Scrutiny Committee - 17 September 2015**

## **Chairman's report**

Since the last HOSC meeting I have had a number of meetings and visits along with other committee members.

### **1. Witney Community Hospital – temporary closure of Winsric ward**

The chairman and other committee members met with Oxford Health on 22 July about the community hospital services in Witney.

Members were briefed on the proposal to temporarily (six months) close the Winsric ward at Witney Community Hospital. During this time capital works will take place to improve the facilities on Winsric ward. Members used the toolkit on substantial change and on consideration of the evidence advised Oxford Health that the proposal was a managerial issue and did not constitute substantial change so a public consultation would not be required.

Members were very clear to gain assurance from Oxford Health that the reduction in bed numbers

- a. Did not affect their ability to deliver the full service required from the block contract with the CCG. [Oxford Health said that even with these levels of bed numbers they were overproviding the number of episodes of care specified in the block contract and the proposal would not alter this]
- b. is only temporary

### **2. Meeting about health service role in planning (25 August)**

The Chairman (HOSC) met Bev Hindle (OCC Strategy manager) and Libby Furness (CCG) to explore which organisation and what process ensured that the future demand for health care was considered in planning growth and major housing developments in Oxfordshire.

It was acknowledged that planning for future health provision is very difficult given the wide range of commissioners and providers as well as the role of the NHS Property Company. Examples of schemes to deliver new healthcare facilities in other areas were cited which had at the point of completion turned out not to meet the current needs. Also the potentially competing interests of primary care practices was noted as a real factor impacting the provision of new primary care facilities.

Libby Furness said that there will be a strand of work within the Oxfordshire Health and Social Care System Transformation Programme about planning and Bev Hindle referred to work starting on a Strategic Infrastructure Framework for Oxfordshire which will cover planning for health.

It was agreed that it would be useful for HOSC to return to this issue next year once some progress has been made and take it up with district councils.

### **3. Visit to SCAS operations centre, Bicester (1 September)**

Five committee members visited SCAS Bicester to learn about their operation and see the service in action. We were briefed by Luci Stephens, Interim Director of Operations on the organisation of the SCAS service and move toward Clinical Co-ordination Centres for all services (111 and 999).

Members then visited the three service areas of the operations centre; 999, 111 non-emergency and patient transport service. Observing the management of calls was extremely informative and members gained a much clearer understanding of how the services work and link together.

The session concluded with a discussion with Luci Stephens and Sue Byrne (Chief Operating Officer).

### **4. Visit to Isis care home (7 September)**

Five HOSC members visited the Order of St John (OSJ) Intermediate Care Centre in Oxford to learn about the service provided and establish the distinction between intermediate care and sub-acute care which has become important in the development of elderly care outside acute hospitals in Oxfordshire. We met Sara Livedeas, Strategy Director for OSJ nationally, and Patsy Just, Assistant Operations manager at ISIS, Oxford as well as nurses and staff from the centre and Natalya James, the OSJ manager from Chipping Norton Community Hospital who manages the OSJ service at Chipping Norton.