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 .....