

Oxfordshire Joint Overview and Scrutiny Committee.
21 November 2019

Chairman's Report

1. Committee briefings and communication

1.0 The committee received three written briefings since its meeting in September 2019. These are in the Appendix of this report and are on:

Appendix	Name	From	Received
1	Oxford City Community Hospital Oct briefing note	OCCG	01/10/2019
2a & b	Chipping Norton First Aid Unit briefing and change toolkit	OCCG	09/10/2019
3	BOB ICS News Bulletin Oct	OCCG	15/10/2019
4	Trusted Assessor Briefing (action from the previous meeting)	OCC	26/09/2019

2. Following up from HOSC on 19th September 2019

EU exit planning

3.1 During the committee's consideration of the CCG update on the 19th of September, HOSC requested information on risk assessments undertaken on EU exit planning. The CCG have confirmed that the Department of Health and Social Care wrote to all providers and commissioners of health and care services in England sharing EU Exit Operational Readiness Guidance. This guidance set out the local actions to be taken to prepare for EU exit without a ratified deal. OCCG, OUH and OHFT have all, in line with this guidance, carried out readiness planning, local risk assessments and planned for wider potential impacts. Each organisation is required to identify a Board member as the Senior Responsible Officer (SRO) for EU Exit preparation; these are:

- OCCG Director of Governance
- OUH Chief Operating Officer
- Oxford Health Director of Corporate Affairs and Company Secretary

3.2 Each of these SROs has attended the NHS England regional workshops held in February and September. The three NHS organisations have linked with the Local Health and Resilience Partnership and Local Resilience Forum to ensure a co-ordinated approach across the system. The system wide A&E Delivery Board is also sighted on plans.

3.3 The CCG confirmed that HOSC can be assured the issues raised in the Yellow Hammer Report have been incorporated into the plans. Also OUH, OHFT and OCCG took information to their respective boards looking at emergency preparedness, resilience and response to EU Exit planning:

3.4 OUH: [Oxford University Hospitals NHS Foundation Trust Board Meeting Highlights 13 March 2019 : TB19/03/18 Emergency Preparedness, Resilience and Response - EU Exit Planning](#)

3.5 OHFT: [EU Exit Planning](#) 31 January 2019 Appendix: Chief Executive's Report - EU Exit Operational Readiness

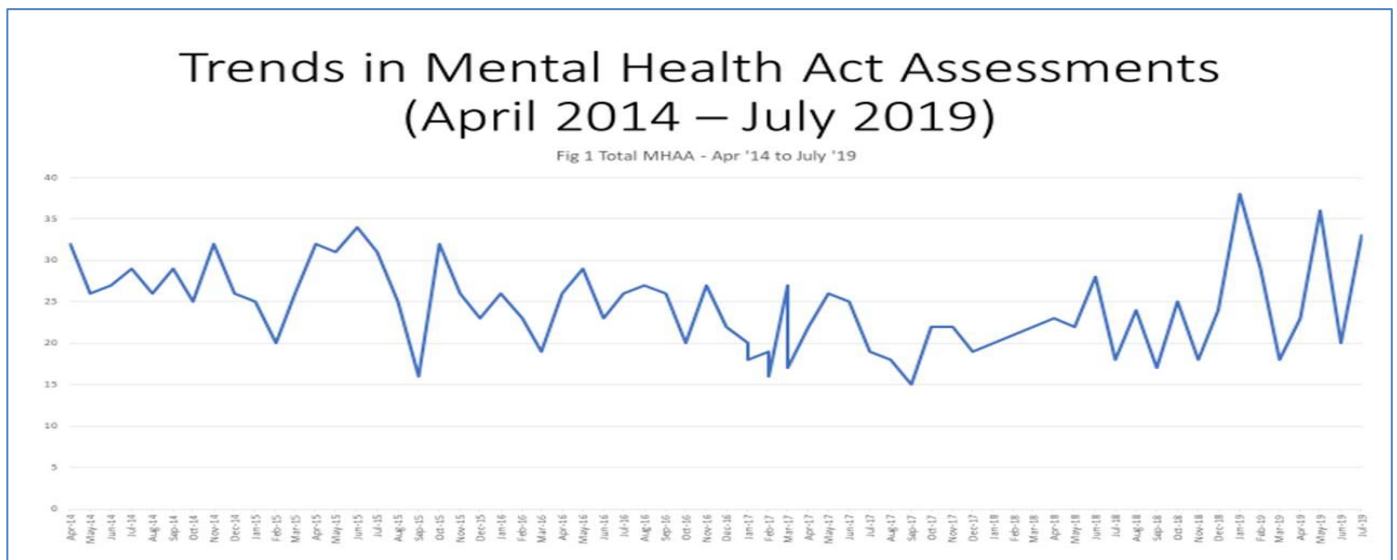
3.6 OCCG: <https://www.oxfordshireccg.nhs.uk/documents/meetings/board/2019/01/2019-01-31-Paper-19-06-EU-Exit-Operational-Readiness.pdf>

Winter Planning

3.7 During the committee's consideration of the Winter plan 2020/21, HOSC requested a briefing on Trusted Assessors. This was provided on the 26th of September and is included (as referenced above) as appendix 4 of this report.

3.8 The committee requested information on how they would be communicated with during the winter period. It was confirmed that communications with the committee over winter will be provided in the CCG's regular update to HOSC at their meetings. This means an update will be provided in November 2019, February 2020 and April 2020 or by exception when required.

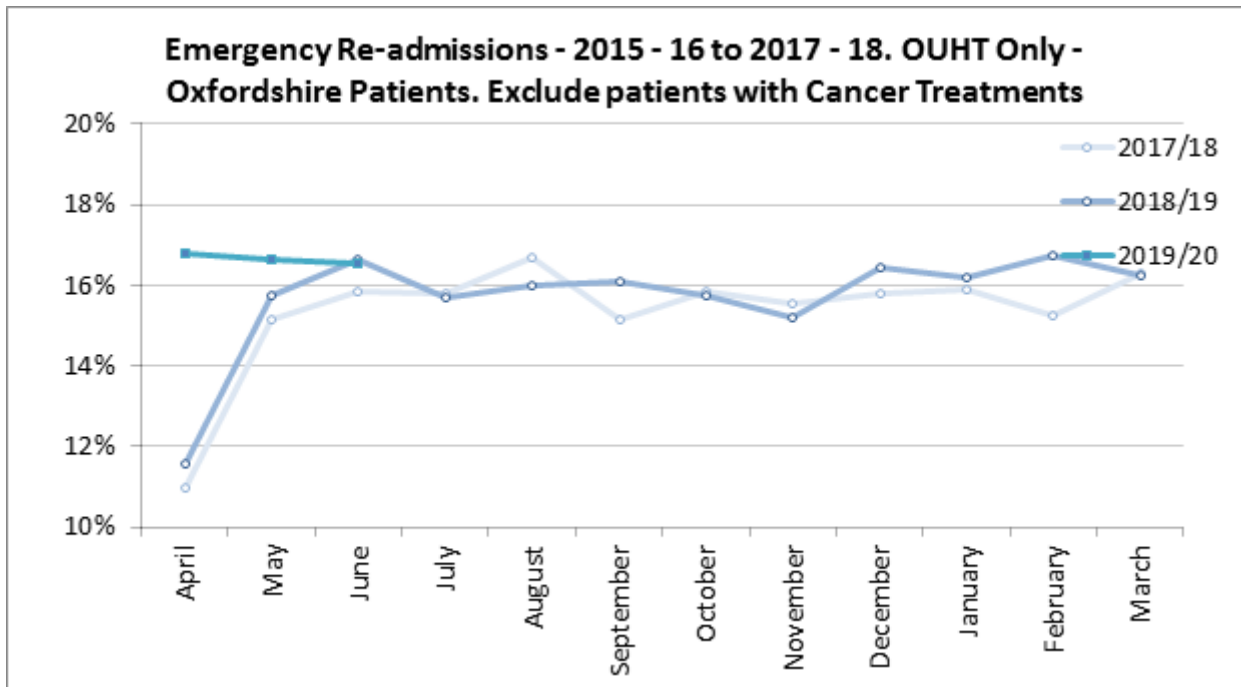
3.9 Information was requested on section 136 (mental health crisis) incidents. A graph is provided (below) which shows a varying pattern of section 136 incidents over the last few years.



- We are not able to say definitively whether the number of section 136 will increase, stabilise / plateau or decrease. The trend looks like it is overall on an increasing trajectory but there have been spikes in the past that then resolved back to the average. However the increase could be attributed to:

- A change in legislations in 2017 which meant that no S136 were allowed in police custody and there was an increase in the places where people could be taken on a S136
- There has been an increase in people being placed on a S136 in police custody and taken to a place of safety and there has been an increase in people being placed on a S136 in emergency departments
- There has also been an increase in people from other areas on a S136 in Oxfordshire.

3.11 The committee requested information on readmissions data. It was confirmed that the Emergency Re-admission Rate is reported nationally and excludes patients with cancer treatments. The graph below shows that the rates have remained relatively stable over the last few years. Numbers for April 2017/18 and 2018/19 are being reviewed as it appears that there is a data collection issue.



3.12 HOSC requested information on the Emergency Medical Unit (EMU) activity. It was confirmed that the predicted growth for 2019/20 is 2.5% (additional 194 contacts).

3.13 The committee asked for information on ‘acuity’. The CCG have confirmed that “generally acuity means that the patient group is more complex, with a number of underlying conditions and co-morbidities which means that the resources required to manage the patient are higher and more intense. This may mean that the patient will require a longer length of stay and/or that discharge arrangements and onward support may also be more complex. The increased complexity over winter usually manifests in patients with respiratory conditions”.

3. HOSC Training

- 3.0 On 13th September 2019 HOSC members had a half day training session which consisted of; an introduction to health scrutiny for the newer members of the committee and served as a refresher for the more long-standing members. The training also covered how to effectively scrutinise an Integrated Care Systems (ICS).
- 3.1 In the afternoon of the 13th September members were also given a presentation by the CCG on Primary Care Networks within Oxfordshire.

4.0 Co-opted Members

- 4.1 After the last HOSC meeting on 19th September 2019 Mrs Anita Higham OBE decided to resign as a co-opted member of HOSC. We will be advertising for a new co-opted member to join the committee in the new year.

5.0 BOB Integrated Care System

- 5.1 As the new Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) develops stakeholders are being asked to engage and share views on a number of areas. HOSC is engaging with this process. In early October stakeholders were asked to submit views on the priorities within the BOB ICS interim report. A copy of the HOSC response to this is included in Appendix 5.
- 5.2 HOSC members are now being asked to share views on the future commissioning arrangements which will be collated and submitted by the 1st December deadline.

6.0 Task and Finish Group: OX12

- 6.1 The HOSC OX12 Task and Finish Group has met two more times since the last HOSC meeting; 8th October and 6th November. Summaries of each meeting are loaded onto the OX12 project area of the CCG website, they can be reached at the following link:
<https://www.oxfordshireccg.nhs.uk/about-us/planning-for-future-health-and-care-needs-in-wantage-and-grove-ox12.htm>
- 6.2 Members of the Task and Finish Group will be holding a meeting with the Stakeholders in the new year, to hear views from them, as a follow up session to the one held on 22nd May. Members also attended a Solution Building Workshop on 18th September.
- 6.3 The group was on track to complete the work prior to Christmas, however the recently announced general election and period of Purdah has meant that deadlines have needed to be extended. This is to account for the delay in publication of key pieces of information from the NHS and the early December Health and Wellbeing Board meeting being moved to the end of January 2020.

6.4 The Task Group are planning to meet a final time in January after which the draft recommendations will be finalised, and a final report will be produced. This will be shared with the Project Group to enable them to consider actions to the recommendations, before being presented to HOSC at the next meeting.

7.0 Horton HOSC

- 7.1 The Horton HOSC met on the 19th of September 2019. The meeting sought to discuss and reason why the outcome of the work was recommending the CCG Board to “Confirm the decision made in August 2017 to create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the John Radcliffe Hospital and establish a Midwife Led Unit (MLU) at the Horton General Hospital, for the foreseeable future.”
- 7.2 Members heard from a number of speakers including MPs, local councillors and the Chair of Keep the Horton General, all in disagreement with the decision. The considerable experiential evidence was also queried with health partners as this was all pointing towards two obstetric-led units being the preferred option for the county and wider Horton catchment area. Concerns were also raised around the engagement with the committee in terms of evidence not being forthcoming, queries remaining unanswered and quality of evidence or information being presented.
- 7.3 Members unanimously agreed that if the CCG Board proceeded to confirm the decision in their meeting on 26th of September 2019 there were sufficient grounds to refer this back to the Secretary of State based on the following two requirements:
- Regulation 23(9)(a) – consultation on any proposal for a substantial change or development has been adequate in relation to content.
 - Regulation 23(9)(c) - the decision is not in the best interests of the health service or local residents.
- 7.4 At the Board meeting on 26th of September 2019 the CCG Board confirmed the decision to create a single obstetric unit at the John Radcliffe Hospital and establish an MLU at the Horton, for the foreseeable future. As such, a referral letter is being drafted and will be submitted to the Secretary of State imminently.
- 7.5 It was agreed to revise the Terms of Reference of the Horton HOSC to enable it to continue with an expanded remit, allowing scrutiny of development of a masterplan for the Horton General Hospital (for the patient flow population across Oxfordshire, Northamptonshire and Warwickshire).